



## **Health Scrutiny Committee**

Date: Wednesday, 12 January 2022  
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 10 January 2022 via MS Teams. A separate invite will be sent to Committee Members.**

### **Access to the Public Gallery**

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

### **Filming and broadcast of the meeting**

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

## **Membership of the Health Scrutiny Committee**

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

## Agenda

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**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 8 December 2021.

Pages  
5 - 12

**5. [10.05-10.30] 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. [10.30-11.15] Alcohol, Drugs, and Tobacco Addiction Treatment Services in Manchester**

Report of the Director of Public Health

Pages  
15 - 42

The report provides the Committee with an overview of the Drug and Alcohol Treatment and Support and Tobacco Addiction Treatment Services commissioned by the Manchester Population Health/Public Health Team.

**7. [11.15-11.50] Health Infrastructure Developments**

Report of Executive Director of Strategy, Manchester Health and Care Commissioning, Group Executive Director of Workforce and Corporate Business, Manchester University NHS Foundation Trust, Deputy Chief Executive, Greater Manchester Mental Health

Pages  
43 - 78

NHS Foundation Trust, Director of Strategic Projects, Manchester University NHS Foundation Trust and Director of Inclusive Economy, Manchester City Council

This report provides an update on health infrastructure developments in North Manchester, including New Park House, the North Manchester General Hospital (NMGH) site redevelopment and the associated North Manchester Strategy; and at Wythenshawe Hospital. Partners will present the accompanying slide deck at the Committee meeting.

**8. [11.50-12.00] Overview Report**

Report of the Governance and Scrutiny Support Unit

Pages  
79 - 88

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

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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

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

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This agenda was issued on **Tuesday, 4 January 2022** 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 8 December 2021

#### Present:

Councillor Green – in the Chair  
Councillors Curley, Hussain, Leech, Monaghan, Newman and Richards

**Apologies:** Councillors N. Ali, Appleby, Cooley, Reeves and Riasat

#### Also present:

Councillor Midgley, Deputy Leader  
Dr Manisha Kumar, Executive Clinical Director, Manchester Health and Care Commissioning (MHCC)  
Chris Gaffey, Head of Corporate Governance, MHCC  
Professor Navneet Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester  
Charles Kwaku-Odoi, Caribbean & African Health Network  
Lynne Stafford, Chief Executive, Gaddum  
Dorothy Evans, Chief Executive, African Caribbean Care Group  
Gaynor Morgan, Carer and Chair of the Manchester Carers Forum  
Saeed Jan, Carer and citizen of Manchester

### HSC/21/50 Minutes

#### Decision

To approve the minutes of the meeting held on 10 November 2021 as a correct record.

### HSC/21/51 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.

The Director of Public Health provided the latest information and response to the variant of concern, Omicron. He noted that at that time of reporting there had been no deaths in Manchester attributed to Omicron, however the emerging situation continued to be monitored very closely both at a local and national level to understand the transmissible rates of this variant and levels of community transmissions. He described that local teams were in place to support those people required to self-isolate and he further commented that sites, such as schools, would be supported to manage any outbreaks.

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

- Noting the variant of concern, Omicron;

- An update was sought on the impact of the mandated COVID-19 vaccinations for Health and Social Care staff;
- Recognising the urgent need for all residents to come forward for their booster jabs and in particular those who had still not had their first vaccination;
- Describing inconsistencies in the approach taken by some Care Homes in regard to the numbers of visitors permitted;
- The need to understand the correlation between the number of hospital admissions and patients who had been vaccinated; and
- Welcoming the extension to the cohorts being encouraged to obtain their booster jabs.

The Director of Public Health stated that Care Homes were required to comply with the current guidance regarding visitors. He said that if the Member had specific concerns regarding a site that he could discuss this outside of the meeting.

In regard to the issue of mandated COVID-19 vaccinations for Health and Social Care staff, the Deputy Director of Adult Social Services stated that currently this only applied to staff in Care Homes, noting that the deadline for all Health staff, including ancillary staff such as porters or receptionists who might have social contact with patients but were not directly involved in their care, as well as staff in the wider care market e.g. homecare, supported accommodation was 1 April 2022. She described that the uptake amongst care homes in Manchester had been positive, however some staff had been lost due to not wishing to take the vaccine. She advised that regular contact was maintained with providers to ensure safe and appropriate levels of care continued to be provided.

The Director of Public Health noted the comment regarding the relationship between hospital admissions and patients who were not vaccinated or partially vaccinated. He stated that he would discuss with health partners to ascertain if this data was collected and if so, this would be reported to the Committee in a future update. In regard to the importance for those residents who had not been vaccinated to come forward he made reference to the role of trusted community messaging and the breadth of work of COVID-19 Health Equity Manchester who had attended and presented at the October meeting (see minutes of 13 October 2021 reference HSC/21/40 Building Back Fairer in Manchester).

### **Decision**

The Committee recommend that information on the relationship between COVID-19 hospital admissions and patient vaccination status be provided in future updates.

### **HSC/21/52 Suicide Prevention Local Plan**

The Committee considered the report of the Director of Public Health and Professor Navneet Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester that provided the Committee with an update on the paper on suicide prevention submitted in December 2019 and specifically reported progress on the delivery of the local Suicide Prevention Plan (2017 - 2019) and on the development of a refreshed plan for 2020 – 2024.

Key points and themes in the report included:

- 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; and
- Progress on delivery of actions within the local plan.

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

- Welcoming the report and noting that it provided a useful context for the subject area;
- An explanation was sought as to why suicide rates in Manchester had fallen;
- Welcoming the stated commitment to the Armed Forces Covenant to support veterans and their families and enquired if any additional support was available for this cohort;
- Was Greater Manchester Police (GMP) a member of the Manchester Suicide Prevention Partnership;
- Suicide awareness training should be extended to as many front-line staff as possible, noting that Further Education providers should also be included in this;
- How was success to be measured against the pillars articulated within the Action Plan;
- Recommending that Manchester should participate in the reported pilot for the collection of key 'real time' data, co-ordinated by the Greater Manchester Suicide Prevention lead;
- What alternatives were there for residents experiencing crisis or at risk of crisis for whom traditional services were not appropriate or preferred; and
- Noting that Manchester was a Marmot City and this understanding and approach to tackle health inequalities would support the ambitions of the city to address incidents of suicide.

Professor Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester stated that suicide was a very complex issue, commenting that it was an intensely personal expression of acute distress. He informed the Members that the accepted term to describe such tragic events was 'died by suicide' rather than 'committed suicide'. He described that nationally the rates of suicide had reduced, stating that the accepted national drivers were economic factors, public health factors and the delivery of clinical service, adding that good progress had been achieved in Manchester to improve these. He described that the impact of the pandemic, both in the immediate and long term would be closely monitored.

Professor Kapur commented that the specific needs of veterans was understood and was a live issue with work ongoing. In regard to how success was to be measured he advised that the levels of self-harm were an indicator of suicide rates and trends across the population.

Professor Kapur stated that Manchester had progressed significantly in its understanding and response to the issue of suicide and paid tribute to the work of the Manchester Suicide Prevention Partnership.

The Programme Lead, Manchester Population Health Team advised that the delivery of suicide awareness training to front line staff, including call centre staff and homelessness workers was an ongoing project, noting that during the pandemic this had continued to be delivered online. The Locality Manager advised that staff were trained and encouraged to engage in conversations on suicide, recognise trigger signs and escalate when appropriate. She described that there was a good relationship across the Manchester Suicide Prevention Partnership and good practice and experiences were regularly shared across staff and teams.

Charles Kwaku-Odoi, Caribbean & African Health Network, described the programme of delivering training across the Voluntary Community and Social Enterprise (VCSE) partners. He stated that despite the pandemic this had continued to be delivered virtually and the challenge to partners was to understand and address the reasons and barriers as to why people did not access services.

The Programme Lead, Manchester Population Health Team confirmed that GMP were a member of the Manchester Suicide Prevention Partnership, adding that they had their own suicide prevention training. In response to the point raised regarding the GM pilot and real time data, she advised that in Manchester a good relationship already existed with the local Coroner and those in the neighbouring boroughs, however consideration would be given as to how the Manchester data could contribute to the pilot. She further commented that data from the North West Ambulance Service was now available.

In response to the discussion regarding alternative services and support for residents, Professor Kapur commented that all services needed to be fit for purpose and appropriate for those people accessing them, adding that this was national issue. The Director of Public Health commented that alternative routes of support and pathways were available, such as Be Well services and Social Prescribing, noting that the Committee would be receiving a report on this subject at a future meeting. He further commented that the recommendations of the Marmot Review were understood and incorporated into this important area of work.

The Deputy Leader advised the Committee that she was Chair of the Manchester Suicide Prevention Partnership and provided testimony to the positive and committed approach by all of those involved. She described that significant progress had been achieved over the years in the city on the issue of suicide and stated that this learning and good practice was shared across Greater Manchester. The Deputy Leader concluded by thanking all involved in this important activity of work.

## **Decision**

The Committee recommend that consideration is given to Manchester contributing to the Greater Manchester pilot for the collection of key 'real time' data co-ordinated by the Greater Manchester Suicide Prevention lead.

## HSC/21/53 Our Manchester Carers Strategy Update

The Committee considered the report of the Executive Director of Adult Social Services that provided an update on progress to further develop the Our Manchester Carers Strategy since the last update to Health Scrutiny in September 2019.

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

Key points and themes in the report included:

- Providing a background and introduction to the report, describing that the nationally-adopted definition was 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’.
- Evidence how additional funding, secured in 2019, had 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;
- Noting that effective support for unpaid, informal or family-based caring arrangements remained 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;
- Describing that progress in some areas had been hindered through the impact of the Covid-19 pandemic;
- Information on the report ‘Breaks or Breakdown’, published by Carers UK in 2021 that described the impact of the pandemic on carers;
- Detailing the Adult Social Care Statutory duties under the Care Act 2014;
- The Vision for Carers in Our Manchester Carers Strategy and how this could be achieved by a new delivery model;
- An update on the Carers Manchester Network Coordination; Carers Manchester Contact Point and Locality Partnerships;
- Describing how the NHS Long Term Plan would support carers;
- Information on the Manchester City Council Carers Emergency Fund, noting the positive impact this had;
- Key highlights from the academic survey that had been undertaken of Carers in 2021;
- Other key developments that benefited Carers, including work on the Covid-19 vaccine uptake for Carers and partnerships with cultural, leisure and sport outlets;
- Describing that options for developing a Carer Break, building on the Liverpool City Council developments, were being progressed;
- Identified challenges and risks; and
- Conclusions.

Members heard from Saeed, a Carer who described his lived experience and difficulties when trying to navigate the benefits system to access Carer's Allowance. Members acknowledged the frustration and distress experienced by Saeed and encouraged him to contact his local MP who would be able to assist with issues relating to the Department of Work and Pensions.

The Committee also heard from Gaynor Morgan, Carer and Chair of the Manchester Carers Forum who articulated her lived experience as a full-time carer. She described the immense positive support she had received from the Carers Manchester Contact Point and how she had encouraged other carers she came into contact with to access this free service.

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

- Thanking the invited guests for attending the meeting and sharing their lived experience with the Committee;
- Noting that the issue of young carers fell within the remit of the Children and Young People Scrutiny Committee;
- Welcoming the delivery of the Carers Manchester Contact Point (CMCP) and noting the positive experience of this articulated by the invited guests;
- Noting the significant contribution the Carers Emergency Fund had made in supporting Carers and recognising the importance of this and the need to promote all avenues of financial support available to carers;
- The future funding of Gaddum and other VSCE organisations;
- The need to identify and engage with 'hidden carers' noting that often individuals do not identify themselves as carers;
- Further information was sought on the reported underspend of the Carers' Personal Budget; and
- Noting the importance of informal information sharing and signposting amongst carers.

The Strategic Lead (Commissioning) advised the Committee that the additional investment in the Our Manchester Carer Support was realised through the Greater Manchester Transformation Fund (GMTF) and the Our Manchester Investment Fund (OMIF – MCC) over a two-year period which would come to an end in March 2022 and this would impact both Gaddum and the other eighteen Voluntary Community and Social Enterprise (VCSE) partners. She described that discussions were currently ongoing with the Deputy Director of Adult Social Services to consider all future funding options, noting the importance of maintaining the progress that had been made to date, in particular the CMCP. In response to the question relating to the Personal Budget underspend she advised that any reported underspend would be included back into the global budget, however they remained fully committed to a balanced budget and staff were actively working to identify additional carers who would be eligible for this fund.

The Strategic Lead (Commissioning) noted the comments from the Member in regard to the important contribution the Carers Emergency Fund had made to the lives of carers and she further paid tribute to the staff in the Carers Manchester Contact Point and those in the Revenues and Benefits Unit who had administered this fund.

Lynne Stafford, Chief Executive, Gaddum described the challenges that the pandemic had presented when trying to deliver the CMCP, noting that this had to be delivered by staff working remotely. She stated that despite this challenge the service had been launched successfully and provided a free, single point of contact for carers.

Dorothy Evans, Chief Executive, African Caribbean Care Group provided an account of the activities and work delivered at a local level to provide culturally appropriate support and advice to the local community. She described that this was delivered by engaging with and understanding the specific needs and barriers experienced by the community before they reached a crisis point. Lynne Stafford, Chief Executive, Gaddum also described the work delivered in localities to identify and support those hidden carers, adding that there was specific pathway designed to support young carers.

### **Decision**

The Committee recommend that the Deputy Leader consider the options to maintain the Carers Emergency Fund.

### **HSC/21/54 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.

In response to a question from a Member regarding the reported Care Quality Commission rating awarded to a Dental Practice, Officers reported that a response would be provided following the meeting.

### **Decision**

The Committee notes the report and agrees the work programme.

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**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 12 January 2022

**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

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

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
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 – 12 January 2022

**Subject:** Alcohol, Drugs, and Tobacco Addiction Treatment Services in Manchester

**Report of:** The Director of Public Health

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**Summary**

The report provides the Committee with an overview of the Drug and Alcohol Treatment and Support and Tobacco Addiction Treatment Services commissioned by the Manchester Population Health/Public Health Team. For each service there is a description of the service offer, an outline of the performance and an overview of the successes and challenges.

The Manchester Drug and Alcohol Treatment and Support Service and Tobacco Addiction Treatment Service is provided by Change, Grow, Live (CGL) and representatives from this service will attend the Committee.

**Recommendations**

The Committee are asked to note the contents of the report.

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**Wards Affected:** All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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Creating the conditions for people to live healthier lives (for example, reduced smoking, reduced alcohol and/or drug use) will impact not only on population health but also on the wider environment (for example, improved air quality, reduction in anti-social behaviour and crime.)
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CGL consistently report that most waste generated by their service is diverted from landfill to recycling into various products or utilised in generating renewable energy, thereby supporting the zero-carbon target for the city. Also, 65 discarded needle litter picking sessions were delivered by CGL between 1 April 2021 – 30 September 2021.
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The Our Manchester Strategy underpins the work presented in this report.
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 Substance misuse is a significant challenge for many residents of Manchester. It includes the use of illegal drugs and the inappropriate use of legal substances such as alcohol and tobacco. Whether through overindulgence in alcohol, misuse of prescription medication, or use of illegal drugs, such misuse is harmful to health and can become addictive. Although these issues are sometimes seen as less serious than each other and the issues associated with them can be different, there are common themes and substance misuse takes place across a spectrum ranging from problematic to life threatening.

1.2 This report provides the Committee with a description of the following alcohol, drug and tobacco addiction services, that are commissioned by the Population Health Team and that work in partnership with other services to improve the health and wellbeing of our residents and communities: -

- Manchester Integrated Alcohol & Drug Service for adults provided by Change, Grow, Live (CGL)
- Young Person's Specialist Substance Misuse Service, also provided by CGL
- In-patient Detoxification and Residential Rehabilitation Services provided by various providers
- Primary Care Community Pharmacy Services provided by various providers
- Manchester Dual Diagnosis Liaison Service provided by Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Drug and Alcohol Social Work Team, delivered by Manchester City Council (MCC)
- Tobacco Addiction Treatment Service (Be Smoke Free) provided by CGL

1.3 Also, links are made to three other services or programmes: -

- GM Smoking in Pregnancy Service provided by Manchester University NHS Foundation Trust (MFT)
- CURE programme provided by MFT
- Alcohol Care Teams (ACTs) that are being developed by MFT

## 2.0 Strategic Context (National and Local)

### 2.1 Tobacco

2.1.1 The World Health Organisation (WHO) states that "the tobacco epidemic is one of the biggest public health threats that the world has ever faced" and that it kills up to half of its users. Smoking is the biggest cause of preventable disease in the UK and in Manchester. It results in the premature death of many Manchester residents each year and may negatively impact on the health of the smoker and those that they live with, including children, for many years. Smoking impacts heavily on personal and family poverty, with a smoker of 20 cigarettes a day spending in the region of £3,650 per year for the cheapest brand of duty paid tobacco

2.1.2 Smoke free Generation: the national tobacco plan sets an ambition for England to be Smoke free by 2030. Achieving this ambition is a prerequisite for its intention to increase healthy life expectancy by 5 years by 2035. This plan adopts the WHO Framework Convention on Tobacco Control which recommends a whole system multi agency approach to tobacco control. The Manchester Tobacco Plan is based on the WHO Framework and Smoke free Generation, and many of our workstreams have been co-designed and co-delivered with GM Health & Social Care Partnership.

## 2.2 Drugs & alcohol

2.2.1 From Harm to Hope: a ten-year drugs plan to cut crime and save lives (6 December 2021) is the new national Drug Strategy. From Harm to Hope is underpinned by a clear recognition that illegal drugs cause damage to our society, affecting both individuals and neighbourhoods. The collective ambition of the strategy is to achieve a generational shift in the country's relationship with drugs and to reduce overall drug use. To do this, From Harm to Hope has three overarching priorities: -

- Break supply chains
- Deliver a world class treatment and recovery service
- Achieve a shift in the demand for recreational drugs

2.2.2 The above priorities reflect the recommendations outlined in part 2 of the Dame Carol Black Review, an independent review commissioned by the Home Office in 2020 to explore the challenges of drug supply and demand, and recommendations for drug prevention and treatment to help more people recover from dependence. The review provided detailed analytical insights into the complexities of the illicit drug market, the scale of the challenge ahead, and also provided the government with evidence-based recommendations on how we can reduce the demand for illegal drugs, decrease drug related deaths and get more people into higher quality services, the latter of which is reflected in the above priorities.

2.2.3 From Harm to Hope recognises the need for alignment between national expectations and local delivery. A local outcomes framework will be introduced to sit alongside the national outcome framework detailed in the strategy and will cover all three of the strategic priorities. To support this work, the strategy identifies an additional £780 million that will fund the first three years of a decade-long transformation of drug treatment and wider recovery support services. This includes the extension of additional grant funding that was made available via the Office for Health Improvement and Disparities (OHID) in 2020 and a 'place based approach' to targeted funding for the 50 areas with the highest level of need in year 1, subsequent 50 in year 2 and remaining areas in year 3. This does not affect the Public Health Grant allocation.

2.2.4 The Modern Crime Prevention Strategy (Home Office, 2016) identifies alcohol and drugs as two of the key drivers of crime and disorder. Tackling alcohol and drug related crime is one of the thematic priorities of the Manchester Community Safety Strategy.

2.2.5 In recognition of the importance of joined up action on alcohol & drugs, Manchester works closely with the other Greater Manchester local authorities, supported by the Greater Manchester Combined Authority (GMCA). Following public consultation in 2018, the Greater Manchester Drug & Alcohol Strategy 2018-21 was developed to set out a collective approach to reducing the harm caused by substance misuse in our communities, and the pressures on public services. An Implementation Plan supports delivery of the strategy, however more recently, a Greater Manchester Drug & Alcohol Transformation Board has been established to support the extension of the strategy to 2023 and identify commitments to prioritise.

2.2.6 The Manchester Population Health Plan 2018-2027 describes the city's overarching plan for reducing health inequalities and improving health outcomes. This includes reducing preventable disease caused by smoking and reducing the harm caused to individuals and communities by problematic substance misuse. Drug, alcohol, and tobacco addiction often co-exist with deprivation, poor mental health, stressful life events such as homelessness. Ensuring that physical and mental health needs are addressed as part of an integrated approach is an important part of reducing harm and supporting recovery.

2.2.7 The key performance indicators (KPIs) in the national Public Health Profiles that are relevant to this report are -

- Smoking 4 week quit rates
- Smoking related deaths
- Hospital admissions attributable to smoking
- Successful completion of drug treatment
- Successful completion of alcohol treatment
- Hospital admission episodes for alcohol specific conditions
- Drug related deaths

### **3.0 Key Statistics**

#### **3.1 Smoking rates and smoking related disease**

3.1.1 The latest data from the Office of National Statistics (ONS) Annual Population Survey (Q2-4, 2020) suggests that smoking prevalence among adults aged 18 and over in Manchester is 20.8% (95% confidence intervals 15.4%-26.2% which is wider than normal.) This compares with 12.1% for England and 14.9% for Greater Manchester (GM.) (Note that due to the Covid-19 pandemic, the data collection methodology for this indicator has significantly changed such that the current figure is not comparable with previously published data and it isn't possible to determine whether the latest published data represents an increase or decrease on previous years.) Smoking rates are higher in more deprived areas of Manchester and some groups typically experience higher rates of smoking such as people in routine and manual occupations, people with mental health problems, homeless people, the LGBTQ community and some BAME groups. The tobacco plan recommends

a targeted approach for these groups and Be Smoke Free is specified to focus on the most deprived areas in the city and the groups mentioned above.

3.1.2 There were an estimated 4,393 hospital admissions attributable to smoking in Manchester residents in 2019/20, a rate of 2,422 admissions per 100,000. This compares with 1,398 per 100,000 for England.

3.1.3 In the 3-year period 2017-2019, there were estimated to be 1,910 deaths attributable to smoking in Manchester residents, an average of 637 per year. This equates to a rate of 388.5 deaths per 100,000 population compared with 202.2 per 100,000 in England.

### 3.2 Drugs & alcohol prevalence

3.2.1 There are an estimated 8,671 adults who are alcohol dependent in Manchester, a rate of 20.4 per 1,000 population. This is higher than the estimated national rate for England which is 13.7. 23.4% of adults in Manchester are estimated to drink over 14 units of alcohol per week (the recommended safe limit for alcohol with at least 2 alcohol free days), compared to 22.8% nationally.

3.2.2 There are an estimated 4,150 adults in Manchester who are dependent on opiate (heroin) and/or crack cocaine (OCU), a rate of 10.7 per 1,000 population. This is higher than the estimated national rate for England which is 8.9. According to the Crime Survey of England and Wales (CSEW) in the year prior to March 2020, 1 in 11 adults (aged 16-59) and 1 in 5 younger adults (aged 16-24) reported past year drug use, although recent research suggests the CSEW under reports prevalence by up to 20%. Between 2013 to March 2020, the proportion reporting past year drug use increased by 15% in adults and 28% in younger adults. This rise was mainly driven by Class A drug use and the use of powder cocaine. (Manchester Metropolitan University, 2021.)

3.2.3 National statistics for pupils (mainly aged 11 to 15) show that after large increases between 2014 (14.6%) to 2016 (24.3%); lifetime prevalence of drug use in 2018 (23.7%) was similar to 2016, as was past year (17%), and past month drug use (9%). The rate of drug use increases dramatically with age; 9% of 11-year-olds reported ever having taken drugs compared to 38% of 15-year-olds (NHS Digital, 2019). Local authority-level prevalence data for school age pupils is not available.

3.2.4 According to part 1 of the Dame Carol Black Review, cuts to funding in treatment and other support services had led to an increase in unmet treatment need. The proportion of OCUs not in treatment in Manchester is 45% which is lower than the proportion for England (53%.) The proportion of dependent alcohol users not in treatment in Manchester is 85% which is higher than the proportion for England (82%.) According to a GMCA review in 2021, the gap between the estimated need for alcohol treatment and the actual numbers in treatment services is so large that even a massively

expanded treatment system would struggle to help all these people estimated to be in need.

- 3.2.5 There were 141 young people in treatment in Manchester during 2020/21, a reduction of 17% when compared to the previous year. The main drugs used were cannabis and alcohol.
- 3.2.6 There were an estimated 1,066 per 100,000 hospital admission episodes for alcohol specific conditions in Manchester in 2019/20 (this equates to 4,095 admission episodes.) This compares with a rate of 644 per 100,000 in England.
- 3.2.7 There were 120 drug related deaths in Manchester from 2018-20, a rate of 9 per 100,000. This compares with a rate of 5 per 100,000 in England.

#### 4.0 Tobacco Services in Manchester

##### 4.1 Tobacco Addiction Treatment Service

Provider	CGL (Change Grow Live)
Service name	Be Smoke Free
Annual budget, 2021/22	£656,984

4.1.1 Be Smoke Free was designed in line with NICE guidance for Specialist Stop Smoking Services (NG 92, March 2018.) Two core principles were reflected in the service design –

- Smoking (or any kind of tobacco use) causes an addiction because it contains nicotine, a highly addictive psychoactive drug. Nicotine itself is harmless physiologically to most people, but the tobacco is highly toxic and carcinogenic. Whilst behaviour is influenced by social and psychological factors, it is extremely hard to change these behaviors' whilst the brain and smokers' body are addicted to nicotine. Giving up smoking is not simply a matter of 'will power.' Smokers have an addiction which should be treated using pharmacotherapy, as are other addictions, to support withdrawal. This acceptance of smoking and tobacco use as an addiction is central to how the service was designed.
- Knowing that illness, deprivation, stress, cultural norms and easy access to cheap, illicit tobacco in some parts of Manchester, make it extremely hard for some people to stop smoking, we determined that a highly mobile nurse led service was needed which could work in the community including in peoples homes, prescribing and supporting stop smoking medications directly, in person, as part of regular stop smoking support sessions. We called this a 'one stop shop' model and the ethos is to reduce barriers to treatment by making access to medicine and support as easy as possible with as few steps as possible.

## 4.2 Impact of Covid-19

4.2.1 Be Smoke Free launched on 1 April 2020 (during lockdown) at a time when no face to face work could take place. In line with national guidance, a digital service was launched and Nicotine Replacement Therapy (NRT) was offered from the outset to smokers needing this. A medication called Varenicline is now also offered and supplied. In response to the easing of restrictions in August 2021, a hybrid service is now in place which includes face to face appointments and community clinics and events.

## 4.3 Key Performance Indicators

4.3.1 Activity levels and performance indicators have exceeded expectations. See Appendix 1.

## 4.4 GM Smoking in Pregnancy Service

4.4.1 The GM Health & Social Care Partnership (GMHSCP) lead and performance manage this initiative which started in 2017 (as part of the Saving Babies Lives work.) Manchester University Hospital NHS Foundation Trust (MFT) are the provider. This GM pathway means that all women booked to receive maternity services have their smoking status checked (using Carbon Monoxide Validation) and are advised of the risks to themselves and the baby during pregnancy and after delivery if they smoke. Women are offered stop smoking treatment in line with NICE guidance on an opt out basis. Women that do not 'opt in' are asked to take part in more comprehensive 'risk perception' training. Furthermore, some women qualify for inclusion in an incentive scheme which offers shopping vouchers if they remain smoke free before and after pregnancy. An in-maternity stop smoking service was designed for Manchester women and this is provided by midwives and midwifery support workers alongside the provision of NRT. The service is considered to be a great success. It was a new development for GM and has received national recognition.

4.4.2 The national tobacco control plan includes an ambition to reduce smoking in pregnancy to 6% by 2022 (this is measured at the time of giving birth.) In Manchester, the smoking at time of delivery (SATOD) rate has been falling in recent years and is 8.9%. The national average for SATOD is 9.6%.

## 4.5 CURE Programme

4.5.1 This initiative is led by the NHS and provided by MFT. The programme treats hospital in-patients at Wythenshawe Hospital who are referred to Be Smoke Free on discharge. Be Smoke Free and the Population Health Team have worked closely with CURE to develop pathways and information sharing. Planning is taking place for the roll out of CURE to north Manchester Hospital and the MRI.

## 5.0 'Be Smoke Free' Successes and Challenges

5.1 Despite the service exceeding expectations, smoking prevalence rates in Manchester remain stubbornly high. Service user feedback indicates that 86% of people are happy to recommend the service to others. The Covid-19 pandemic has brought into sharper focus the need to address underlying health inequalities caused by smoking. In 2022, it is hoped to extend the number of community venues from which the service can see smokers, and for these to be spread across the city with a focus on areas where smoking prevalence is highest. Developments will be influenced by the pandemic and, at the time of writing, new restrictions are possible due to Omicron.

### 5.2 Vaping (Electronic Cigarette) Pilot

5.2.1 E-cigarettes have grown in popularity in recent years and can be an effective way to stop smoking. When regulated devices are provided, they are thought to be 95% safer than smoking cigarettes. At the time of writing, they may soon be available on prescription to smokers as a licensed stop smoking medicine. E-cigarettes or vaping devices are essentially another form of NRT.

5.2.2 Be Smoke Free started to deliver the Vaping Pilot in October 2021. To date, 129 devices have been provided. The monitoring of this method of treatment is like other forms of NRT and the aim is to stop smoking and to stop smoking in due course.

### 5.3 Shisha and Non-Smoked Tobacco Pilot

5.3.1 In some communities in Manchester, other forms of tobacco use are very popular. The use of shisha in domestic or café settings and chewing tobacco also present serious risks to health. Be Smoke Free will be starting this pilot in January 2022 which will involve outreach to communities where shisha and chewing tobacco are used.

### 5.4 Very Brief Advice about Covid-19 vaccinations

5.4.1 Be Smoke Free are supporting the vaccination programme by taking a 'making every contact count' approach and having brief conversations with service users about whether they have been vaccinated and if not, encouraging them in a supportive way to do so.

### 5.5 Pharmacotherapy challenges

5.5.1 Be Smoke Free are required to provide combination pharmacotherapy (which means NRT, Bupropion and Varenicline.) Operating a digital service meant it wasn't possible to supply Bupropion due to the requirement to monitor blood pressure. Be Smoke Free are hoping to deliver this in 2022. Since late 2020, there has been a national supply alert for one of the most popular medications, Varenicline. This is due to manufacturing and safety issues. The shortage has continued for longer than expected but has now been resolved. Many

smokers request this medication and it is assumed that quit rates have been negatively impacted by this shortage.

## 6.0 Drug & Alcohol Services in Manchester

### 6.1 Integrated Drug & Alcohol Treatment and Support Service

Provider	CGL (Change Grow Live)
Service name	CGL Manchester
Annual budget, 2021/22	£6,237,358.00 (adults) + £646,031 (young people) Note – additional OHID (Office of Health Improvement & Disparities) Grant contribution not included in these figures. See paragraph 7.2 below.

6.1.1 The drug & alcohol treatment & support service provides the following key components –

- **Prevention & self-care including training on alcohol & drugs for other providers and services.** A comprehensive programme of drug & alcohol awareness and early intervention training, resulting in increased capacity for prevention of drug & alcohol related harm.
- **Engagement and early intervention including harm reduction.** A single referral, triage and assessment process for all drug & alcohol interventions delivered from a range of community settings including early help hubs and homeless/rough sleeper settings. The provision of Needle & Syringe Programmes (NSP) across service sites. The distribution of naloxone, a medication used to block the effects of opiates, to assist in reversing opiate overdoses and reduce drug related deaths.
- **Structured treatment.** A comprehensive package of concurrent or sequential specialist drug & alcohol focused interventions that address multiple/more severe needs.
- **Recovery support.** An increased focus on recovery from drug & alcohol dependence so that more individuals successfully complete their treatment and are able to access education, training and employment opportunities and reintegrate into the community.

6.1.2 The service is available to access citywide both digitally and in a range of community settings. The service is available through a range of referral pathways with a particular focus on those individuals and groups who pose a high risk of harm to themselves and others. The service works with users/misusers or a range of substances including alcohol, illegal drugs, prescription and over the counter medication. As well as providing clinical treatment for drug & alcohol dependency, the service works in partnership with other services to support individuals to achieve their goals. These arrangements are summarised below –

- Acorn Housing Association who deliver structured group work programmes including RAMP (Recovery and Motivation Programme) which aims to motivate people to consider and become abstinent from drugs or alcohol and DEAP (Dependency Emotional Attachment Programme) for people who have achieved abstinence and are motivated to achieve long term recovery.
- Emerging Futures who deliver asset-based community development (ABCD) across the city, engaging with people in treatment for 2 years or more.
- LGBT Foundation who support people to access structured treatment, support people involved in chemsex and provide harm reduction advice to communities.

6.1.3 KPI information is provided in Appendix 2.

## 6.2 Eclipse (Young Person's Specialist Substance Misuse Service)

6.2.1 The service is for young people under the age of 19 who are using or at increased risk of using any substance or those up to the age of 25 who may be best served in a young person's service (for example, due to learning needs). The service employs assertive outreach and motivational techniques to work with young people and families who may be reluctant to enter treatment. A peripatetic model operates citywide where young people and their families can receive support in the community, at a location/venue most convenient and comfortable for them. Under normal circumstances this includes home visits, schools and youth centres, however the service is now also offering triage and assessment via online digital platforms where appropriate.

6.2.2 For those that do enter treatment, a comprehensive assessment which appraises all risk and protective factors is undertaken and actively seeks to involve parents/carers and other professionals involved with the young person (where appropriate.) Specialist treatment/interventions such as psychosocial interventions are delivered, under-pinned by a young person led care plan involving family members and professionals where appropriate. The service delivers a model that proactively reaches out to young people.

6.2.3 Key Performance Indicators (KPIs) is provided in Appendix 3.

## 6.3 Drugs & alcohol In-patient Detoxification and Residential Rehabilitation

Provider	Various providers (Greater Manchester Framework contract) 10 in-patient detoxification providers 29 residential rehabilitation providers
Service name	Drugs & alcohol in-patient detoxification or drugs & alcohol residential rehabilitation

Annual budget, 2021/22	Approximately £1M (for spot purchasing) Note – additional OHID Grant not included in this figure. See paragraph 7.2 below.
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#### 6.4 In-patient detoxification service

6.4.1 The service provides short episodes of alcohol and/or drug specialist treatment interventions in a hospital or in-patient setting, including assessment, stabilisation and assisted withdrawal/detoxification, where it is not possible or safe to provide these interventions in the community. This normally includes 24-hour medical cover and multidisciplinary team support and relates to:

- i. Medically managed treatment characterised by:
  - Care for clients whose severe and complex medical and/or psychiatric needs require supervision in a controlled medical environment
  - A planned programme of medically supervised evaluation, care and treatment of mental and substance related disorders, delivered in acute care in-patient settings by clinicians including psychiatrists with appropriate substance misuse qualifications
  - 24-hour clinical cover for medically supervised evaluation and withdrawal management
- ii. Medically monitored treatment characterised by:
  - Care planned assessment, stabilisation and assisted withdrawal/detoxification delivered in non-acute residential settings under clinically approved and monitored policies, procedures and protocols
  - 24-hour nursing cover for more complex cases with greater needs
  - Care for clients with lower levels of dependence, without severe medical and/or psychiatric problems

#### 6.5 Residential Rehabilitation Service

6.5.1 The service provides placements for residents who have been assessed by the Drug & Alcohol Social Work Team as requiring this as part of their treatment and care plan. Residential rehabilitation provides accommodation, support and rehabilitation to clients with complex drug and/or alcohol issues who may have co-existing physical and/or mental health needs. These are delivered where drug and/or alcohol use is not permitted. There are a range of approaches to delivering residential rehabilitation, including 12 step programmes, therapeutic communities, cognitive behavioural and social learning, personal and skills development, and faith-based programmes. Some services target specific groups of clients and provide programmes tailored to needs, for example, pregnant women and women with children, individuals with severe and enduring mental illness.

6.5.2 Activity data is provided in Appendix 4.

## 6.6 Primary Care (Ancoats Urban Village Medical Practice and Community Pharmacies)

Provider	Ancoats Urban Village Medical Practice and various community pharmacies (cost & volume contracts)
Service name	Drug misuse 'shared care', Ancoats Urban Village Medical Practice OSA (Observed Supervised Administration), 89 community pharmacies Needle & Syringe Programmes (NSP), 29 community pharmacies
Annual budget, 2021/22	Approx. £390K Note – additional OHID Grant for NSP is not included in this figure. See paragraph 7.2 below.

## 6.7 Drug Misuse 'shared care'

6.7.1 Ancoats Urban Village Medical Practice (UVMP) deliver this service alongside CGL Manchester. The service provides assessment, treatment and regular review of registered patients who are problematic drug users. UVMP are required to undertake drug screening, undertake screening for blood borne viruses and take appropriate action such as refer to treatment, prescribe substitute medication and carry out an annual health assessment.

## 6.8 Observed Supervised Administration (OSA)

6.8.1 The service supervises the consumption of medication prescribed for opiate substitution to service users. The service is primarily to support users new to treatment or those individuals with greater complexity or higher needs. Pharmacies must ensure that prescribed medication is consumed under professional supervision and that appropriate information is recorded. A confidential service must be provided, and the service is required to signpost on to other services when appropriate and provide advice on safer lifestyles. Consultation/the supervision of prescribed medication must take place in a designated area/private room.

## 6.9 Needle & Syringe Programmes (NSP)

6.9.1 The service provides a NICE Guidance Level 2 NSP service for people who inject drugs (PWID). The service provides safe and sterile injecting equipment to reduce the transmission of viruses and other infections that can be caused by the sharing of equipment or poor injecting practices. The service also provides sharps boxes for the safe return of used equipment, reducing the incidences of drug related litter. Associated health promotion materials are provided, for example, information on safe injecting practice and advice on reducing the transmission of infections. Support and advice is also provided, such as signposting to other professionals and referring to CGL Manchester. The service is accessible city-wide, with 29 pharmacies now delivering the NSP service, which has increased from 13 pharmacies who were delivering a

basic service offer in 2020, ensuring greater accessibility. A user friendly, non-judgmental, client centered, and confidential service is provided.

#### 6.10 Dual Diagnosis Liaison Service

Provider	Greater Manchester Mental Health Foundation Trust (GMMH)
Service name	Dual Diagnosis Liaison Service
Annual budget, 2021/22	£151,677.00

6.10.1 The service provides a liaison service across mental health and drug & alcohol services in Manchester. The key components are summarised below:

- Training – the service delivers core skills in dual diagnosis training to all practitioners from alcohol & drug and mental health services. This is to ensure that practitioners are competent in the essential skills required to work with individuals experiencing both problems. Advanced skills training is also offered to practitioners.
- Policy and procedure development – the service develops and reviews joint working policies and procedures between alcohol & drug services and the mental health services. This includes a local policy on how both services should respond to individuals with co-existing alcohol and/or drug problems and mental health problems.
- Consultation and advice to practitioners – the service offers consultation and advice to support practitioners with individual service users. This may involve providing advice about other services that are available and development needs.
- Naloxone pilot – see paragraph 7.4.2. The pilot will identify at risk patients in in-patient mental health settings in Manchester and supply them with naloxone and harm reduction information.

#### 6.11 Drug & Alcohol Social Work Team

Provider	Manchester City Council
Service name	Drug & Alcohol Social Work Team
Annual budget, 2021/22	£295,090.00 contribution from the Public Health Grant

6.11.1 The team provide a social care service working with individuals misusing either, or both, alcohol and drugs. Social workers work primarily with individuals who are physically dependent on alcohol or drugs, as well as those individuals who are drinking at high risk levels where there is an identified social care need (and where an individual may be experiencing as a direct result of their substance misuse, such as homelessness or exploitation). The team works with individuals who are seeking support to address their substance misuse as well as those who may be change resistant, working with

individuals to design interventions to address barriers that prevent them accessing treatment services.

6.11.2 The team manages the budget for residential rehabilitation and form part of the panel for in-patient detoxification and residential rehabilitation along with CGL Manchester and the Population Health Team.

## 6.12 Impact of Covid-19 on Drug & Alcohol Services

6.12.1 Like Be Smoke Free, drug & alcohol services were affected by the need to protect staff and service users, especially in the early stages of the pandemic. Drug & alcohol services had to restrict face to face contacts which affected the types of interventions that service users received. For example, the majority of service users whose opiate substitution prescriptions prior to the pandemic included a requirement for their consumption of this medication to be supervised were transferred to take home doses from March 2020. Fewer service users accessed in-patient detoxification. Testing and treatment for blood borne viruses were also greatly reduced. As with Be Smoke Free, CGL implemented a digital service offer, a postal NSP offer was also made available, and a hybrid service is now in place.

6.12.2 According to OHID (Office of Health Improvement & Disparities), it is likely that changes to drug treatment, reduced access to broader healthcare services, changes in lifestyle and social circumstances during lockdown as well as Covid-19 itself, will have contributed to the rise in the number of service users who died in treatment in 2020/21 (see Appendix 2.)

## 7.0 **Drugs & Alcohol Services Successes and Challenges**

### 7.1 'Everyone In' scheme

7.1.1 As part of the 'Everyone In' homelessness policy, CGL and the Population Health Team worked with GMCA and other GM local authorities on developing minimum standards for harm reduction which ensured a consistent approach across GM. CGL Manchester delivered drug & alcohol treatment in-reach to 'Everyone In' temporary accommodation schemes and 'A bed every night' schemes.

### 7.2 Additional funding initiatives

7.2.1 Over the past 12 months, Manchester has been successful at drawing down additional Government funding for drug & alcohol treatment. These Grants are summarised as follows –

Grant	Award
MHCLG (Ministry of Housing, Communities & Local Government) Drug & alcohol treatment for rough sleepers funding (via OHID)	£1,104,079.00 for Year 1 (2020 to 2021)

OHID Section 31 Grant for Reducing crime, reducing harm, and reducing drug related deaths	£737,000 for Year 1 (2020 to 2021)
OHID Section 31 Grant for Drug & Alcohol In-patient Detoxification	£111,090.00 for Year 1 (2020 to 2021)

### 7.3 MHCLG Drug & alcohol treatment for rough sleepers

7.3.1 In summer 2020, the MHCLG announced £16M for drug & alcohol treatment services for people who sleep rough in targeted local authorities, to provide additional support to the Covid-19 rough sleeping response. This was to be part of a wider settlement over 4 years, for drug and alcohol treatment and related provision, specifically to meet the needs of people experiencing rough sleeping or at imminent risk of doing so. The purpose of the 2020-21 funding was to –

- Ensure that the engagement that people have had with drug & alcohol treatment services whilst in emergency accommodation as part of the Covid-19 response is maintained as they move into longer term accommodation.
- Support people to access and engage in substance misuse services who have not yet done so.
- Build resilience and capacity in local drug & alcohol treatment systems for future years.

7.3.2 As a MHCLG Taskforce Priority Area (area with the highest numbers of people sleeping rough who have been moved into emergency accommodation during the pandemic), Manchester was eligible to apply for this grant funded scheme, along with 42 other LAs across the country. This provided the opportunity to bolster the community treatment support offer to those individuals housed in emergency accommodation, to take account of the greater complexity of need, and ensure capacity down the line to maintain treatment contact and engagement.

7.3.3 The grant scheme is comprised of a number of key components:

- Wrap around engagement & support – to support individuals in accessing, engaging with and sustaining engagement with drug and alcohol treatment and other relevant services. This component will resource two additional Dual Diagnosis Key Workers and additional Consultant Psychiatrist time within the GMMH Homeless Team and a Social Worker in the Drug & Alcohol Social Work Team.
- Structured drug & alcohol treatment – to boost structured drug & alcohol treatment services, to account for additional costs from increased access and engagement from this population. This component will resource 12 additional members of staff within CGL Manchester. This includes a variety of posts to deliver key worker support to individuals engaged in

treatment, non-medical prescriber resource, prison in-reach, communications and a newly formed team to deliver trauma informed psychological support.

- Commissioning and project coordination – support to existing commissioning teams to ensure services are integrated with drug and alcohol treatment as part of wider health and care support alongside homeless outreach services.

7.3.4 Funding is dependent on the activity reported in data returns from LAs.

#### 7.4 OHID Section 31 Grant for Reducing crime, reducing harm, and reducing drug related deaths

7.4.1 In early 2021, the government announced £80 million of new and additional funding for drug treatment as part of a £148 million funding package for reducing crime. The funding aims to enhance the drug treatment system, focussing on reducing drug-related crime and the rise in drug related deaths. The funding was made available for 1 year as part of a grant application process, allocated by a formula developed by OHID to make sure allocations met need in the most deprived areas of the country. The funding aims to:

- offer more treatment places (including in residential services), particularly to improve pathways from the criminal justice system.
- expand provision of inpatient detoxification.
- expand needle and syringe programme (NSP), reduce blood-borne viruses, provide more naloxone and prevent overdose deaths.

7.4.2 Under this grant scheme, Manchester were successful at drawing down funds to complement existing structures, increase capacity to respond to challenges and improve pathways, and to also develop new initiatives and ways of working. It is of note that the new drug strategy Harm to Hope identifies continue funding for existing grant schemes, however exact confirmation is pending. The following bullet points provide an overview of the additionality –

- Commissioning support
- NSP – equipment and fees to community pharmacies for the new Level 2 NSP provision (mentioned in paragraph 6.9 above)
- Naloxone – additional kits for CGL and a pilot in the Mental Health in-patient settings across Manchester
- Novel long acting OST (opiate substitution treatment) – pilot the provision of Buvidal (an injection provided weekly or monthly) in CGL. This can be a useful approach for individuals who have a chaotic lifestyle or with more complexity.
- Residential rehab placements – up to 15 additional placements to be provided directly from criminal justice settings.
- Treatment capacity – 5 additional members of staff within CGL to improve the continuity of care collaboration and pathways from criminal justice settings.
- Treatment support interventions for Out of Court and Test on Arrest processes – 4 additional members of staff to support the Women's

Problem Solving Court, Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs.) This work will increase capacity to support domestic abuse work (such as input to Multi Agency Risk Assessment Conferences or MARACs.)

- Recovery communities and peer support – training and supporting peers in the use and distribution of naloxone and building visible recovery in criminal justice settings.
- Drug Related Death Surveillance Panel – to work as part of a GM collaborative. GMCA have commissioned Liverpool John Moores University (LJMU) to develop and run the panel. This initiative aims to develop local intelligence on drug related deaths and a panel is to meet quarterly to review reported deaths, share good practice and learning.

## 7.5 OHID Section 31 Grant for In-patient Detoxification

7.5.1 A GM consortium has developed to enable the 10 LAs to work together as a regional integrated care system to commission additional medically managed capacity in local hospital or in-patient settings. In GM, the local providers are Smithfield Detoxification Unit in Manchester (provided by Turning Point) and the Chapman Barker Unit located on the Prestwich Hospital site (provided by GMMH.) The grant includes a small element for Capital improvements. This funding provides an additional 420 bed nights for Manchester.

## 7.6 Alcohol Care Teams (ACTs)

7.6.1 ACTs provide specialist expertise and interventions to alcohol dependent patients in hospital settings including those presenting in Emergency Departments (ED.) Wythenshawe Hospital has provided an ACT for a number of years. As part of the NHS Long Term Plan, NHS England & Improvement (NHSE&I) have made a commitment to optimise alcohol care teams across England to reduce alcohol related harm in alcohol dependent patients. North Manchester hospital was selected for initial funding to develop and optimise system readiness, with the MRI to follow. The financial award for each hospital site is as follows –

North Manchester General Hospital	£181,200
Manchester Royal Infirmary	£223,789
Wythenshawe Hospital	£113,667

7.6.2 A steering group is in place (led by MFT) and the Population Health Team have commissioned research and consultancy from Manchester Metropolitan University (MMU) to support the development and implementation of the North Manchester General Hospital ACT and establish good practice recommendations.

## 8.0 **Next steps and recommendations**

- The services commissioned by the Population Health Team will continue to be monitored by them.
- The Committee are asked to note the contents of this report.

**Appendix 1 – KPIs for the Tobacco Addiction Treatment Service, 2020 and 2021****4 week Quit Rate –**

Nationally, a 35% quit rate is expected for Tobacco Addiction Treatment Services. Be Smoke Free's quit rate is included in the table below.

Year	Total sessions completed	Average 4 week quit rate	No of home deliveries of pharmacotherapy	No of postal deliveries of pharmacotherapy
1/4/2020 – 31/3/21	3,340	52.6%	3,226	Postal service not yet started.
1/4/2021- 30/9/21	1,904	63.85%	558	1,241

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## Appendix 2 – KPIs for the Drug & Alcohol Service, 2020-21

### 3 weeks wait –

People who need drug and/or alcohol treatment need prompt help if they are to engage in treatment and recover from dependence. Keeping waiting time short plays a vital role in supporting recovery.

- 2% of alcohol users waited longer than 3 weeks for an intervention, compared with 2% in England.
- 1% of drug users waited longer than 3 weeks for an intervention, compared with 1% in England.

### Treatment engagement –

When engaged in treatment, people use alcohol and illegal drugs less, commit less crime, improve their lives, and manage their health better which also benefits the community. Preventing unplanned drop out and keeping people in treatment long enough to benefit contributes towards these improved outcomes. As people progress through treatment, the benefits to them, their families, and their community start to accrue. The information below shows the proportion of people in Manchester who left treatment in an unplanned way before 12 weeks.

- 10% of opiate users left treatment in an unplanned way before 12 weeks, compared with 15% in England.
- 10% of non-opiate users left treatment in an unplanned way before 12 weeks, compared with 17% in England.
- 14% of alcohol users left treatment in an unplanned way before 12 weeks, compared with 13% in England.

### Average time in treatment –

NICE Clinical Guideline CG115 recommends that mildly dependent and some higher risk drinkers receive a treatment intervention lasting 3 months, those with moderate and severe dependence should usually receive treatment for a minimum of 6 months while those with higher or complex needs may need longer in specialist treatment. The optimum time in treatment is agreed based on individual assessment of need. In Manchester, the typical length of time in treatment for alcohol users is 6 months though 8% of users were in treatment for longer than a year in 2020/21 (compared with 10% in England.)

Opiate users that have been in treatment for lengthy periods of time (6 years or over) usually find it harder to successfully complete treatment. Current data shows that opiate users who successfully complete within 2 years of first starting treatment have a higher likelihood of sustaining recovery.

- 49% of opiate users in treatment have been in treatment for 2 years or less, compared with 46% in England.
- 27% of opiate users in treatment have been in treatment for 6 years or more, compared with 27% in England.

### **Successful completions –**

The PHE (Public Health England) alcohol evidence review indicates that treatment is effective and cost effective and is a necessary part of any overall approach to reduce alcohol related harm. Although there is no single measure of effective treatment for alcohol dependence, the following data gives an indication of how well the current system is working in treating those in structured treatment.

Likewise, helping people to overcome drug dependence is a core function of any drug treatment system. Many individuals require a number of separate treatment episodes spread over many years. As stated above, most individuals who successfully complete do so within 2 years of entry.

- 59% of alcohol users left treatment successfully, as a proportion of all exits. This compares with 62% in England.
- 4% of opiate users as a proportion of all in treatment completed their treatment free of dependence and did not represent within 6 months. This compares with 5% in England.
- 31% of non-opiate users as a proportion of all in treatment completed their treatment free of dependence and did not represent within 6 months. This compares with 33% in England.

### **Deaths in treatment –**

In 2020/21, there was a 18% increase at a national level of the number of people who died while they were in treatment for drug misuse. It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdown, as well as Covid-19 itself will have contributed to this increase.

- 2.3% of the opiate treatment population (52 people) died while they were in treatment. This compares with 1.7% in England.
- 0.3% of the non-opiate treatment population (1 person) died while they were in treatment. This compares with 0.3% in England.
- 0.38% of the alcohol treatment population (3 people) died while they were in treatment. This compares with 1.54% in England.

## **Appendix 3 – KPIs for the Young Person’s Substance Misuse Service, 2020/21**

### **Numbers in specialist treatment -**

- 141 young people were in specialist treatment including 70 new presentations to the service. When compared to 2019/20, this represents a drop of 17% (compared with a drop of 23% nationally.)

### **3 weeks wait -**

- 99% of young people did not wait longer than 3 weeks for a 1<sup>st</sup> intervention. This compares with 98% nationally.

### **Average time in treatment -**

Young people spend less time in specialist treatment than adults because substance misuse is not as entrenched. However, those with complex needs often require support for longer.

- The average length of time in treatment in Manchester is 30.66 weeks. This compares with 24.8 weeks nationally.

### **Successful completions -**

- 83% (69 young people) completed treatment successfully. This compares with 79% nationally.

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**Appendix 4 – Activity data for in-patient detoxification and residential rehabilitation, 2020/21**

**Number of in-patient detoxification placements -**

- 176 drug users were admitted to in-patient detox (6% of the treatment population. This compares with 3% nationally.)
- 143 alcohol users were admitted to in-patient detox (18% of the treatment population. This compares with 4% nationally.)

**Number of residential rehabilitation placements -**

- 24 drug users were placed in residential rehab (1% of the treatment population. This compares with 1% nationally.)
- 12 alcohol users were placed in residential rehab (2% of the treatment population. This compares with 2% nationally.)

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## **Appendix 5 – References**

Adult Drug Commissioning Support Pack, 2022-23: Key Data, OHID

Adult Alcohol Commissioning Support Pack, 2022-23: Key Data, OHID

From harm to hope: A 10-year drugs plan to cut crime and save lives, HM Government, 6 December 2021

Greater Manchester Drug & Alcohol Strategy 2019-2021, GMCA

Making Smoking History: A Tobacco Free Greater Manchester, 2017-2021, GMCA

Manchester Population Health Plan, 2018-2027

Manchester Emergent Substance Use Survey 2021, Manchester Metropolitan University, 2021

Smoke free Generation: The National Tobacco Control Plan for England, 18 July 2017

Smoke free Manchester: Our Plan for Tobacco Control, 2018-2021

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**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 12 January 2022

**Subject:** Health Infrastructure Developments

**Report of:** Executive Director of Strategy, Manchester Health and Care Commissioning  
Group Executive Director of Workforce and Corporate Business, Manchester University NHS Foundation Trust  
Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust  
Director of Strategic Projects, Manchester University NHS Foundation Trust  
Director of Inclusive Economy, Manchester City Council

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### Summary

This report provides an update on health infrastructure developments in North Manchester, including New Park House, the North Manchester General Hospital (NMGH) site redevelopment and the associated North Manchester Strategy; and at Wythenshawe Hospital. Partners will present the accompanying slide deck at the Committee meeting.

### Recommendations

Health Scrutiny Committee is asked to note the contents of the paper and presentation.

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**Wards Affected:** North Manchester: Higher Blackley, Crumpsall, Cheetham, Harpurhey, Moston, Charlestown, Ancoats and Beswick, Miles Platting and Newton Heath and Clayton and Openshaw. Wythenshawe: Baguley.

<p><b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>
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<p>Health infrastructure investments have an important contribution to make to the city's zero-carbon target, through sustainable design and development methods and sustainable placemaking strategies.</p>
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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	Health and care organisations, as Anchor institutions in their local communities, have a key role to play in supporting employment and an inclusive economy in the city. Social value will be driven through the health infrastructure developments in North Manchester and at Wythenshawe Hospital.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and care organisations, as Anchor institutions in their local communities, have a key role to play in supporting employment and an inclusive economy in the city. Social value will be driven through the health infrastructure developments in North Manchester and at Wythenshawe Hospital.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The health infrastructure developments will improve health and care facilities and wider social assets and amenities; enable service integration; and support partners to work with communities to progress prevention and early intervention, thus contributing to improved experiences and outcomes.
A liveable and low carbon city: a destination of choice to live, visit, work	The health infrastructure investments have an important contribution to make to the city's zero-carbon target and sustainable placemaking.
A connected city: world class infrastructure and connectivity to drive growth	The planned developments in North Manchester and at Wythenshawe Hospital would bring significant capital investment and infrastructure improvements – both in facilities and digital capabilities – to the city.

### Contact Officers:

Name: Stephen Gardner  
 Position: Director, Single Hospital Service, Manchester University NHS Foundation Trust  
 E-mail: [stephen.gardner@mft.nhs.uk](mailto:stephen.gardner@mft.nhs.uk)

**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.

North Manchester Strategy, Executive Summary – attached at Appendix 1.

North Manchester Health Campus Strategic Regeneration Framework – Economy Scrutiny Committee 5 November 2020 and Executive 17 March 2021.

Victoria North progress update – Economy Scrutiny Committee 22 July 2021.

Wythenshawe Hospital Campus Strategic Regeneration Framework – Economy Scrutiny Committee 11 March 2021 and Executive 17 March 2021.

## 1.0 Introduction

- 1.1 Health and care partners, through the Manchester Partnership Board, are committed to using health infrastructure developments to drive economic regeneration; and to delivering major transformation programmes in order to change how health, care and the wider public sector deliver within a place for the benefit of improved patient care. Furthermore, partners are committed to addressing inequalities in the city and promoting the social determinants of health.
- 1.2 The planned health infrastructure developments in North Manchester and at Wythenshawe Hospital will be key to the delivery of these ambitions. This paper provides an update on the health infrastructure developments in North Manchester, including New Park House, the North Manchester General Hospital (NMGH) site redevelopment and the associated North Manchester Strategy; and at Wythenshawe Hospital. The paper is accompanied by a slide deck which partners will present at the Committee meeting.

## 2.0 Developments in North Manchester

- 2.1 The North Manchester Strategy seeks to achieve civic regeneration through investment and innovation in healthcare and housing and, in doing so, to address inequalities and improve outcomes for people in one of the most socio-economically disadvantaged parts of the country. It has its origins in *The future of the North Manchester General Hospital site: A healthcare-led approach to civic regeneration* (“The Proposition”), which was produced in 2019 and refreshed in 2020. The strategy has recently been redeveloped to ensure that it remains contemporary given the changing strategic and operational context e.g. the implications of the pandemic and of national and local policy developments. An Executive Summary version of the strategy is attached at Appendix 1.
- 2.2 The North Manchester Strategy brings together three major capital developments in North Manchester: the re-provision of the Park House inpatient mental health facility; the redevelopment of the NMGH site; and the residential-led Victoria North development. This will enable partners to maximise the social value of what will be the biggest combined investment ever made in North Manchester – in the region of £4.5bn over the next two decades. The benefits of this will be felt locally and in surrounding areas in the north of Greater Manchester.
- 2.3 The regeneration and social value opportunities arising from these three infrastructure schemes have been explored through Economy Scrutiny Committee. The update presented to Health Scrutiny Committee focuses on the progress being made in relation to the re-provision of Park House and the NMGH site redevelopment.
- 2.4 Greater Manchester Mental Health NHS Foundation Trust (GMMH) is leading the process for the £105.9m re-provision of Park House. On 11 November 2021, the UK government formally approved the Full Business Case (FBC) for

the development, to release the necessary capital investment – the final approval needed to allow construction to begin. This followed approval of the FBC by both the Department of Health and Social Care (DHSC), and NHS England and Improvement (NHSEI), on 30 September 2021. The facility will be reprovided on the NMGH site, with construction work due to start in April 2022 and the new building due to be complete and in use by 2024. Plans for the development include:

- 150 single en-suite bedrooms, over nine single sex wards. This will include a purpose built Psychiatric Intensive Care Unit (PICU), seven adult acute wards, and one older adults' ward.
- An assessment suite (specifically for people needing a place of safety and assessment under Section 136 of the Mental Health Act).
- A variety of internal activity areas and multiple outside garden spaces specifically designed to enhance the environment and aid recovery.

2.5 NMGH became part of Manchester University NHS Foundation Trust (MFT) in April 2021. MFT is leading the process to redevelop the NMGH site. The redevelopment plans encompass the significant redevelopment of the hospital and the creation of integrated health and social care facilities alongside high-quality new homes, access to better education and training and inviting public spaces which support wellbeing. This civic campus will provide a focal point for the community. Outline Business Cases relating to the site redevelopment and associated digital investment were submitted in January 2021. The proposed preferred way forward would require £578m investment for the redevelopment and £96m for digital. The NMGH site redevelopment is part of the national New Hospitals Programme (NHP) and is subject to NHP timescales and processes.

2.6 Circa £70m of enabling funding has already been secured to fund NMGH site redevelopment enabling works including the demolition of trust headquarters and Limbert House and the construction of the multi-storey car park and cycle hub. Work started on site in 2021 and will continue throughout 2022.

2.7 To date, the combined investment secured for New Park House and the NMGH site enabling works has a value of over £170m.

### **3.0 Developments at Wythenshawe Hospital**

3.1 The Strategic Regeneration Framework (SRF) for MFT's Wythenshawe site was endorsed by the Executive Committee on 17 March 2020. The SRF envisages the development of the Wythenshawe Hospital Campus and its environs as a sustainable health village over a 10 to 15 year period, enhancing the Hospital whilst diversifying uses to include complementary commercial, housing, leisure and retail set within a high quality, greener public realm. The SRF also addresses the opportunities to deliver a range of economic, social and environmental benefits for residents and across Greater Manchester, whilst also placing net zero carbon ambitions for the Campus at the heart of the strategy.

- 3.2 The Trust submitted an Expression of Interest for delivery funding for the Wythenshawe masterplan to the New Hospitals Programme and await the first stage outcome in the new year. Within the submission, the Trust highlighted the potential of the site to attract significant complementary economic activity such as research, innovation and development and ways in which this could be harnessed to support the implementation of the masterplan and subsequently reduce the requirement for public sector investment. Such an approach would require a change in national policy and the Trust will continue to work closely with key local stakeholders and government to identify opportunities to commence delivery of the masterplan.

#### **4.0 Recommendations**

- 4.1 Health Scrutiny Committee is asked to note the contents of the paper and presentation.

# **The North Manchester Strategy**

**Civic regeneration through investment and innovation in  
Healthcare and Housing**

## **Executive Summary**

**December 2021**

**Final version**

## 1. Introduction

This document is a summary of *The North Manchester Strategy: Civic regeneration through investment and innovation in Healthcare and Housing*. The full strategy document was developed between July and October 2021 and was formally approved by the North Manchester Strategic Board on 1 November 2021. The organisations involved in developing the strategy include Manchester City Council (MCC), Manchester Local Care Organisation (MLCO), Manchester Health and Care Commissioning (MHCC), Greater Manchester Mental Health NHS Foundation Trust (GMMH), and Manchester University NHS Foundation Trust (MFT).

The North Manchester Strategy sets out the shared ambition of the key partner organisations in Manchester to deliver much-needed investment in North Manchester, and to use this as a stimulus to drive economic regeneration and improved health and wellbeing for the local population. Importantly, these benefits will reach beyond the city boundaries into the neighbouring areas of Heywood, Middleton, Rochdale, Bury, Oldham and Salford.

The strategy brings together three significant investment opportunities:

- The reprovision of Park House mental health inpatient unit on the North Manchester General Hospital (NMGH) site.
- The redevelopment of the NMGH site, encompassing a redesigned and substantially rebuilt hospital; Wellbeing and Education Hubs; a 'Healthy Neighbourhood' with residential and commercial space; and a Village Green.
- The development of 15,000 new homes (20% affordable), improved connectivity and amenities at Victoria North.

- **Challenges to address**

There are many challenged communities in Manchester and Greater Manchester but North Manchester and the surrounding areas in the north of Greater Manchester have some important characteristics that require a specific strategic response.

Whilst Manchester as a whole has seen significant economic growth over the past 20 years, North Manchester has not been connected to this transformation as much as other areas, and so has not experienced the benefits of regeneration.

Despite a long history of community and industry, and the pride people feel in their communities, the local population in North Manchester consistently experiences some of the worst health outcomes and highest levels of deprivation in England:

- In the Index of Multiple Deprivation, most areas in North Manchester are routinely in the most deprived 10% in England.
- Rates of preventable deaths from respiratory disease, cardiovascular disease and cancer; and premature mortality in people with severe mental illness are amongst the worst in the country.
- Men and women in North Manchester can expect to live nine fewer years in good health than the England average.

## The North Manchester Strategy: Executive Summary

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The Covid-19 pandemic has highlighted and exacerbated inequalities, particularly for people from Black, Asian and Minority Ethnic (BAME) groups, disabled people, older people, children and young people, women, and those living on low incomes. There have been disparities in the risks of illness and death from Covid-19 itself – with mortality in Greater Manchester 25% higher than in the rest of England – and in the socio-economic impacts of the response to the pandemic (e.g. the effect of lockdown on local employment). For North Manchester as a place with high levels of ill health and disability, high socio-economic disadvantage, and a diverse population (particularly in relation to ethnicity and age), the consequences are profound.

Healthcare services also have a major challenge to deal with in recovering from the effects of the Covid-19 pandemic, including restoration of services; managing waiting lists; adapting to on-going endemic Covid-19 illness in the community; and supporting a growing group of people who have longer-term health problems following Covid-19.

It is important to recognise that critical elements of infrastructure in North Manchester have experienced systematic under-investment over many decades, limiting how effectively local health and care needs can be addressed. In particular:

- Inpatient care in the Park House mental health facility is largely provided in dormitory wards that provide a suboptimal care environment and are not compliant with national standards.
- NMGH still provides much of the care for local communities from Victorian buildings which are in an advanced stage of dilapidation, not capable of being brought up to an acceptable standard for modern healthcare, and not suitable for models of service focused on providing care closer to home.
- Overall, the health and care capacity is skewed towards traditional inpatient facilities and care homes. There is a lack of appropriate capacity for primary / community services, integrated care, supported living / extra care residential space, and facilities for Voluntary, Community and Social Enterprise (VCSE) organisations.
- Historic underinvestment in informatics means that health and care systems are not able to capitalise on the opportunities that are emerging for digital technologies and data to improve care and outcomes.
- Lack of investment in housing stock means that too many people are living in poor quality accommodation that is not energy efficient and may be contributing to health problems, and in neighbourhoods that do not contribute positively to residents' wellbeing.

Importantly, North Manchester currently has no other major economic players outside the health service and the local authority. For example, there are no other enterprises employing more than 200 people. As such, these entities and their partners must function as the “Anchor” institutions for the locality.

- **Strengths to build on**

It is in seeking to address these challenges that the Manchester partners have developed the North Manchester Strategy. In progressing this work, it has been recognised that there are a number of important strengths which can be built on.

At the present time there is a set of investment opportunities in North Manchester which have the potential to create powerful positive synergies. The Victoria North residential development has commenced and is expected to underpin major inward investment into the local area over

## The North Manchester Strategy: Executive Summary

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an extended period; the NMGH site redevelopment has received significant enabling monies and the business case for the comprehensive renewal and restructuring of the site is currently being reviewed; and the capital to fund the New Park House scheme at NMGH has recently been approved and construction will begin next year.

North Manchester also has a very important asset in its diverse, vibrant and growing population, which possesses enormous potential to take advantage of increased opportunities for education, training, improved lifestyles and greater economic activity.

At a national level, the government has set out a clear policy agenda around “levelling up” which seeks to address the needs of places like North Manchester and surrounding areas: Manchester and Greater Manchester have a strong track record of working constructively with central government to deliver regeneration and there is clear potential to develop a creative partnership approach.

Finally, local partner organisations have well established and effective mechanisms for working together, and a strong commitment to seeking improvement and regeneration in North Manchester. This is evidenced from the original North Manchester Proposition (2019) through to the development of this document, which is referenced explicitly in the priorities of the Manchester Partnership Board through the Manchester Locality Plan. At the same time, work on developing MLCO, on transferring NMGH into MFT, and on bringing Northwards Housing back into MCC has minimised many of the previous barriers to collaboration and integration.

The objective of the North Manchester Strategy is to build on existing strengths and new opportunities to address historic challenges in North Manchester and the surrounding areas, and so ensure that the life chances of local people are levelled up in terms of health, wellbeing and prosperity.

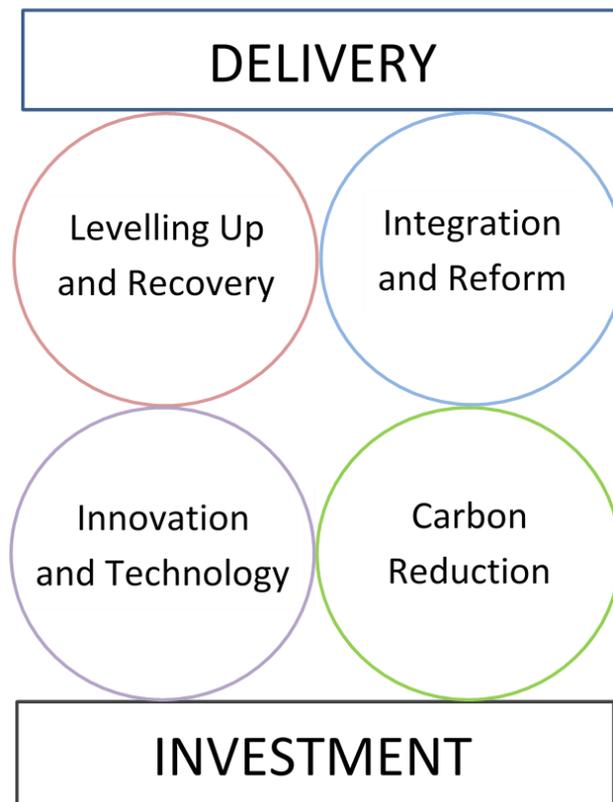
- **Getting the right approach**

The approach taken in the North Manchester Strategy focuses on four key areas for action:

- Levelling up and recovery.
- Integration and reform.
- Innovation and technology.
- Carbon reduction.

The strategy has a long-term timeframe, which seeks to build on the convergence of the planned major investments over five to fifteen years, working through the four key policy themes, and capitalising on Manchester’s proven ability to deliver regenerative change. Implemented with confidence and conviction, the strategy will optimise early opportunities that can then become the sustained benefits that transform the future of North Manchester and the north of Greater Manchester in the medium and long term.

## North Manchester Strategy



These building blocks are mutually supportive and interdependent, and each is essential to the overall strategic approach. More details on the key elements of the strategy are given in the following sections.

The North Manchester Strategy is intended to have wide-ranging benefits from improving healthcare, to strengthening communities, connecting local people to the benefits of enhanced economic activity, and addressing the wider determinants of health. These are set out in the North Manchester Social Benefits Framework and focus on:

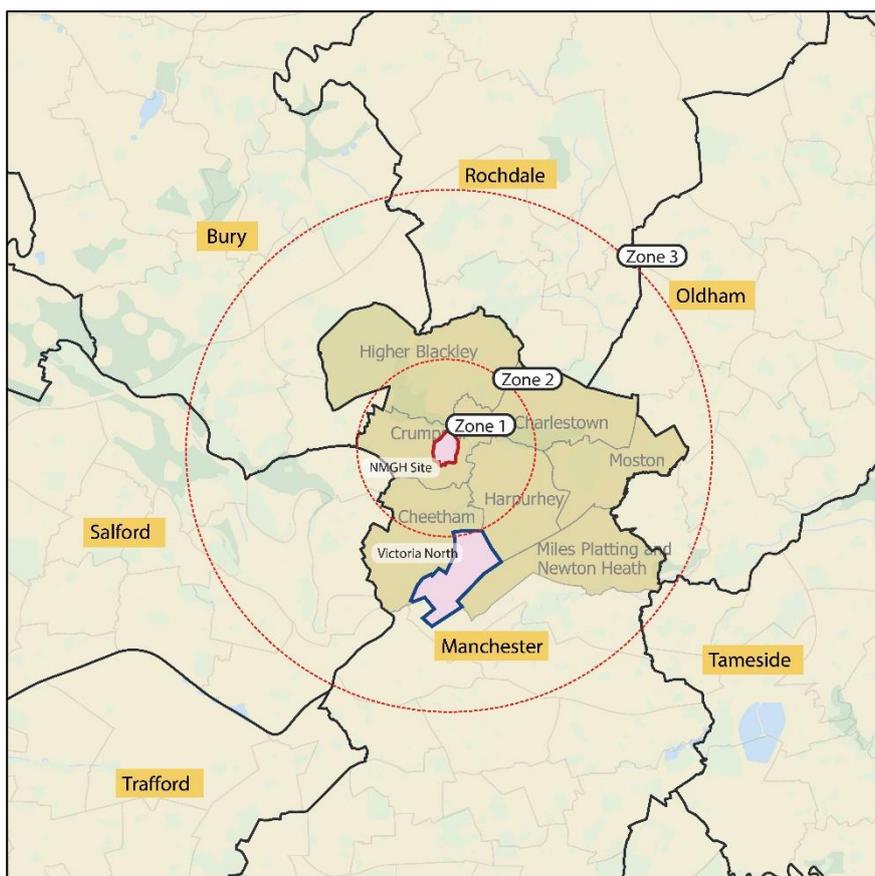
- Education, employment and skills: supporting young people's work readiness and reducing the rates of young people who are not in education, employment or training; maximising new job creation and supporting residents into these opportunities.
- Health and wellbeing: improving physical and mental health outcomes and ensuring good access to integrated health and care services.
- Community resilience: developing a VCSE ecosystem that reflects the needs of North Manchester, makes a positive contribution, and retains money in the local economy.
- Digital: Ensuring that North Manchester is digitally inclusive, with better digital infrastructure, access to digital technology, and strong digital skills.
- Zero carbon: North Manchester projects to result in the city's first low / zero carbon communities / neighbourhood / hospital.

## The North Manchester Strategy: Executive Summary

These benefits are likely to have a differential impact on different communities and localities. The strategy has been designed to operate at three main geographical levels:

- The redeveloped NMGH health and care campus will provide specific benefits for people living in the proposed new Healthy Neighbourhood and for those working in the new facilities.
- For communities living in the local neighbourhoods, in addition to ensuring high quality integrated health and social care, the redevelopment of the NMGH site and the wider strategy will bring benefits by optimising the relationship between the campus and the rest of the locality, including Crumpsall Park, the Abraham Moss Centre, local residential areas and the shops and other amenities in and around Cheetham Hill Road and Rochdale Road.
- The wider catchment area brings together the healthcare infrastructure developments on the NMGH site and the residential investment in Victoria North, and takes account of the importance of NMGH for surrounding boroughs. For towns such as Middleton (in Rochdale) and Prestwich (in Bury), NMGH is the community's local general hospital, and many NMGH staff also live in these areas. The economic and social value benefits described in the strategy (including training and employment opportunities) can be best understood in relation to this wider geography.

These geographies are illustrated in the image below (source: Sheppard Robson).



- Zone 1: NMGH health campus
- Zone 2: immediate surrounding wards
- Zone 3: the wider geography across the north of the conurbation, including communities in surrounding boroughs

## 2. Investment

The planned major capital investments are the foundation of the North Manchester Strategy. The NHS and the local authority are the only major economic players in North Manchester and healthcare and housing investment is effectively the only route to improving infrastructure and catalysing broader economic regeneration and community development of the scale required to level up health and economic outcomes and address longstanding socio-economic inequalities in North Manchester and the surrounding towns. To this end, the North Manchester Strategy seeks to align the three major developments in the north of the city.

- **New Park House**

The new state-of-the-art unit will see a great improvement to patient experience, with spacious single bedrooms each with private en-suite bathrooms, a variety of indoor activity areas, and multiple outside garden spaces. The modern facilities will utilise the latest technology and therapeutic design, to ensure an environment that is both conducive to recovery and pleasant to live in, work at and visit.

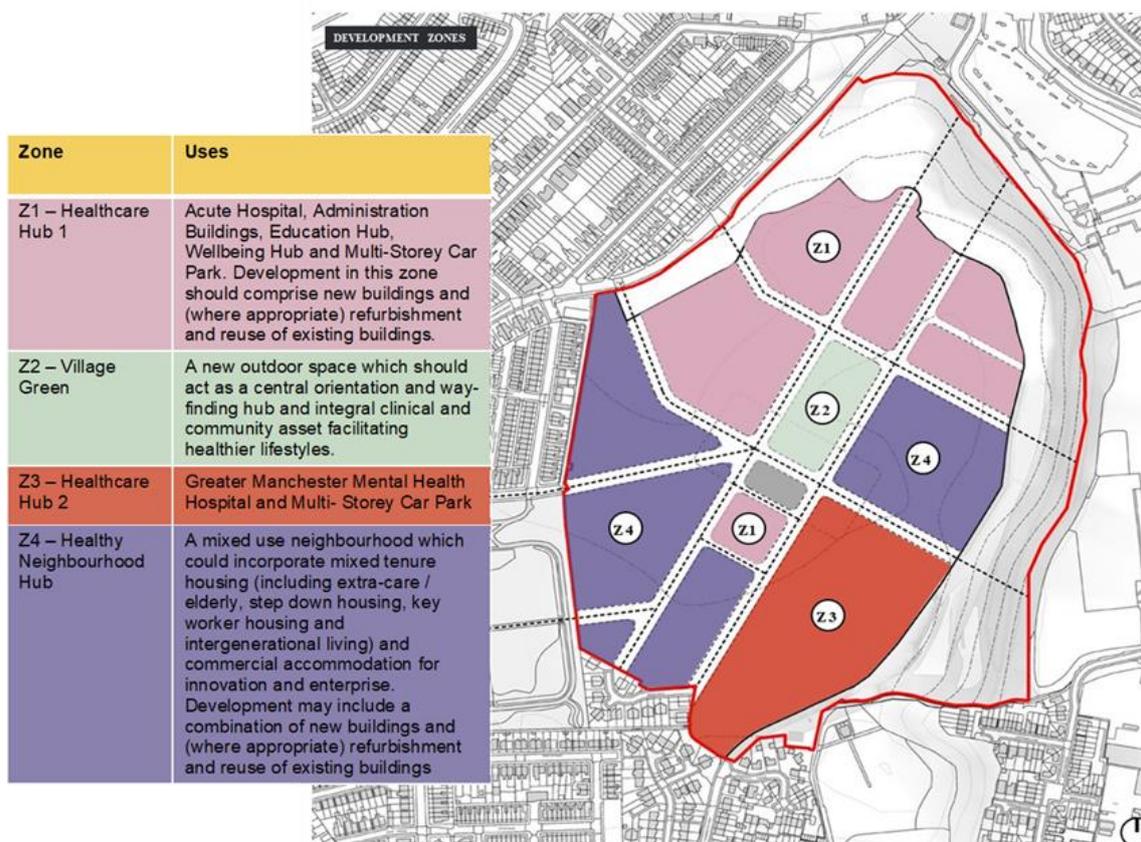
The development was formally approved by Treasury on 11 November 2021. Enabling works are already proceeding on site, and the construction programme will commence in April 2022. The total overall investment is £105.9m, and the new facility is scheduled to be operational in Q2 2024.

- **NMGH site redevelopment**

This programme encompasses the redevelopment of the hospital and the creation of integrated health and social care facilities alongside high-quality new homes, access to better education and training and inviting public spaces which support wellbeing. As the illustration shows, this civic campus will provide a focal point for the community and will include:

- A redesigned hospital providing modern best-in class facilities that will embrace new technologies and innovation.
- A Wellbeing Hub delivering integrated community-based care and wellbeing services that will impact on the factors that determine health.
- An Education Hub at the heart of the site providing education and learning opportunities for healthcare staff and the local community.
- The creation of a Healthy Neighbourhood combining residential and commercial space with a focus on healthy ageing, flexible accommodation, and training and education to meet the needs of the local community.
- A new Village Green for use by patients, residents and staff that will serve as the spatial and psychological focus of the site.

## The North Manchester Strategy: Executive Summary



The Outline Business Cases for the redevelopment of the site and associated digital investment seek a combined funding package of £768.2m. These were submitted in January 2021 to the national New Hospitals Programme and are awaiting approval. In the meantime, the Strategic Regeneration Framework for the site has been approved and enabling funding to the value of £69.7m has been secured and is being deployed on decanting and site preparation works.

- **Victoria North**

The Victoria North development strategy encompasses 15,000 new homes (20% affordable) across seven new and improved sustainable, healthy and connected neighbourhoods in 155 hectares of land north of Manchester city centre in the coming two decades, along with improved connectivity and amenities including a city river park. Over a strategic timescale, it is expected that the programme will have a value of more than £4bn. Manchester City Council in partnership with commercial partners Far East Consortium (FEC) have secured £51.6m investment from the Housing Infrastructure Fund to facilitate the initial phases of the programme, and the first development (Victoria Riverside) has now commenced.

The figure below shows the relationship between the three major investments over the strategic timescale.

## The North Manchester Strategy: Executive Summary

### Major Investments in North Manchester

Project	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Victoria North	Strategic redevelopment and construction														
New Park House	<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #ADD8E6; margin: 5px auto;"></div>														
NMGH Redevelopment	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 150px; height: 20px; background-color: #ADD8E6; margin-right: 20px;"></div> <div style="border: 1px dashed black; width: 250px; height: 20px; background-color: #FFDAB9;"></div> </div>														

\* Subject to business case approval

### 3. Levelling up and recovery

The North Manchester Strategy presents the opportunity to improve the experience of living and working in North Manchester by bringing health outcomes, economic opportunities and life chances up to the levels experienced more broadly across the city, keeping pace with the conurbation as it recovers from Covid-19 and continues its journey of growth and development.

- **Levelling up health and healthcare**

The North Manchester Strategy pursues a unique opportunity to develop place-based, integrated health, care and wellbeing services to meet the needs of its local communities. This encompasses the new acute hospital; the new mental health hospital; the existing Crumpsall Vale intermediate care facility; the new Wellbeing Hub; and new therapeutic green spaces. Together, these facilities will enable the delivery of ambitious, best-practice, multi-disciplinary care.

In parallel with improvements to service, a new model of care will be developed which focuses on prevention, keeping people well and getting people back to health, restoring independence and helping to get people back into employment quicker. At the heart of this are proposals for a Wellbeing Hub on the NMGH campus focused on health and wellbeing and the wider determinants of health.

- **Levelling up housing**

The Victoria North development will radically improve access to good quality, affordable housing in North Manchester, regenerating some of the most deprived communities in the city and creating more attractive neighbourhoods of choice. At the same time, the Healthy Neighbourhood on the NMGH site will provide a variety of extra care or supported living environments, alongside affordable and market rate accommodation in a multi-generational, age-friendly community. The lives of residents in existing social housing stock will also be

## The North Manchester Strategy: Executive Summary

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improved through an extensive retro-fitting programme to improve environmental performance.

As well as delivering homes that provide safe, secure places for individuals and families to live, thrive and grow old in, and avoiding the negative effects of poor housing on health, these initiatives will regenerate key areas within North Manchester, providing a much improved living environment and public realm.

The approach encompasses further work on developing transport links, planning education and healthcare provision for new and growing communities, and creating new green and blue infrastructure connecting the development areas.

- **Levelling up employment and training**

Economic inclusion is a crucial cornerstone to effect long term, sustainable change in health and wellbeing. Through the implementation of the North Manchester Strategy, people who live and work in North Manchester and the north of Greater Manchester will have access to new education and training opportunities and routes into more rewarding and better paid work suited to their needs. Partners are committed to working with local communities to maximise their work readiness and access to high quality employment opportunities.

Activities highlighted in the strategy include prioritising local recruitment, improving work readiness through the delivery of employability programmes, providing more internships and apprenticeships, and working with local schools and colleges to raise aspirations for local young people. In essence widening participation and capitalising on the role of the NHS as an anchor institution.

A North Manchester Social Benefits Framework has been developed, and this will support the overall approach on levelling up. As part of this, all key organisations and supply chain partners are being asked to commit to the North Manchester Social Value Charter.

## 4. Integration and reform

Manchester and Greater Manchester have been leading the national agenda on system-wide working and service integration for many years, but there is still more progress to be made. The North Manchester Strategy pursues several integration and public service reform themes, and focuses particularly on transformation of services, workforce and systems.

- **Service transformation**

This area of work is focused on identified priority service areas for North Manchester, including:

- The first 1,000 days of life and early years.
- Cardiovascular Disease, Respiratory Disease and Cancer.
- Mental health.
- Frailty.
- Outpatient reform.
- Alternatives to A&E.

## The North Manchester Strategy: Executive Summary

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The work aims to reduce variation, improve equity of access, ensure services are provided close to home, and enable people to live well at home. Emerging themes from this on-going work include identification of:

- Areas where more progress is needed locally – e.g. the development of prehabilitation / rehabilitation community models.
- Areas where there are issues around interfaces and / or gaps between organisations – e.g. around care home provision.
- Services for groups and communities which are currently underserved by the existing health and care system – e.g. transient and vulnerable communities.

### • Workforce transformation

The workforce transformation approach within the strategy includes thinking on the development of new health and care roles (particularly in the context of digital technology deployment and service integration), optimising employment opportunities for local people, progressing future workforce planning, and supporting and developing current staff. It is recognised that there are further benefits to be gained from the partner organisations working together more closely on developing novel roles and aligning approaches to workforce planning: going forward, it is important that a credible collaborative approach is adopted to ensure the synergies are exploited and roles that operate across organisational boundaries are effectively planned and provide access to good employment and career progression.

### • System transformation

The strategy recognises that much has already been done to optimise the provider structure in Manchester, and we now benefit from effective single provider functions for local and specialist hospital care (MFT), community / primary / social care (MLCO), and mental health services (GMMH). The challenge is to utilise these structures to deliver greater benefits for patients and local communities, including:

- A consistent level of specialist expertise across all of the city's hospitals.
- Increased resilience in hospital care through the operation of Trust-wide services and use of capacity across the city.
- Whole-system pathway design and delivery with a particular focus on transitions of care between community and hospital settings and services tailored to neighbourhood need.
- The electronic integration of care records to aid the quality and efficiency of care.

Our health and care joint working arrangements remain strong, with the ambitions of the North Manchester Strategy being aligned to the Manchester Locality Plan and the Our Manchester Strategy, and featuring explicitly in two of the Manchester Partnership Board's eight priorities:

- Using health infrastructure developments as a driver of economic regeneration.
- Major transformation programmes, such as the North Manchester Strategy, as game changers for how health, care and the wider public sector deliver within a place.

Furthermore, the strategy has a vital role to play in the Manchester Partnership Board's aim to tackle inequalities within the city, based upon geography, deprivation and protected characteristics; by focusing efforts and resources on one of the city's most disadvantaged areas.

## The North Manchester Strategy: Executive Summary

The approaches set out in the North Manchester Strategy, supported by the planned investments, offer the opportunity to deliver significant benefits through the radical transformation of how services are organised and delivered, and how staff are deployed.

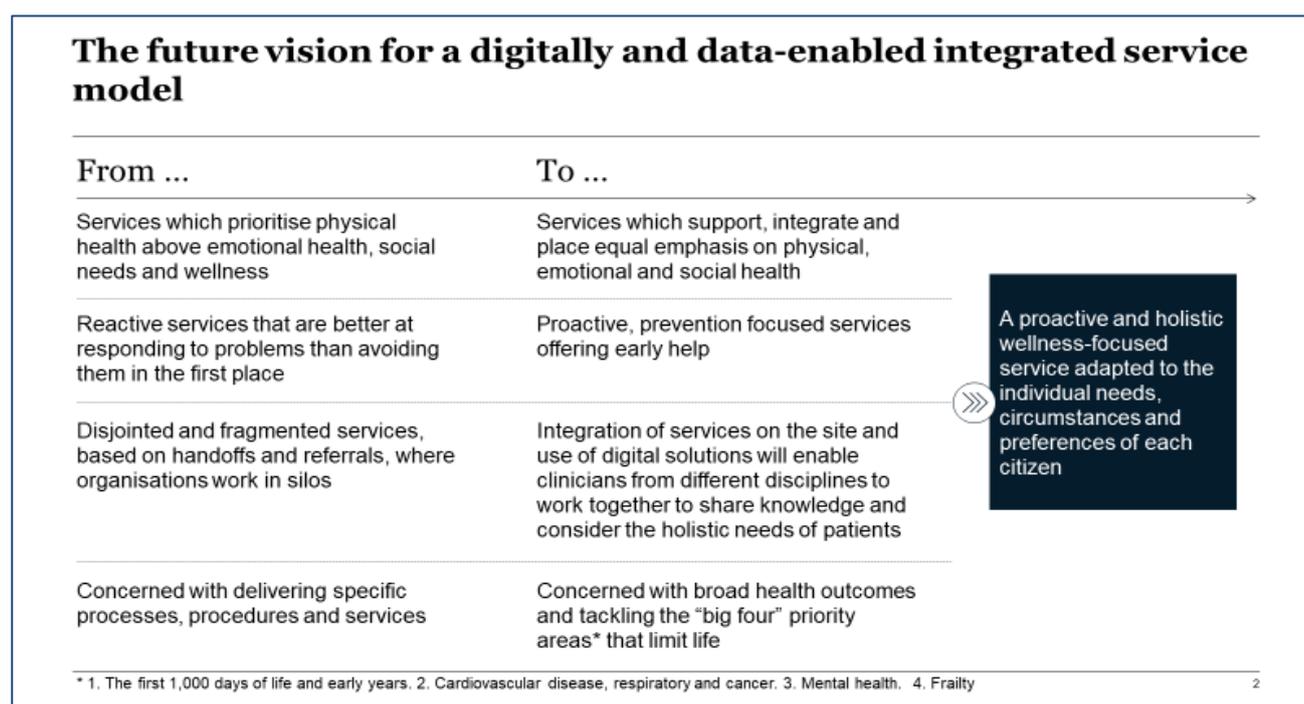
### 5. Innovation and technology

- **Digital and technology innovation**

Innovation and the deployment of novel technologies will be at the centre of the approaches adopted in the North Manchester Strategy. Digital technologies will be deployed in an increasingly wide variety of settings and scenarios. In the context of the development of the NMGH site, the Healthy Neighbourhood will have a particularly strong emphasis on innovation.

Underpinning the new model of care delivered from the North Manchester site will be the thoughtful application of digital technology and better use of data. Embedded from the outset, digital technology and enhanced use of data will support service integration and inclusion and will drive the reduction of health inequalities. North Manchester will be at the forefront of Greater Manchester's ambition to be an international centre of excellence for digital innovation and it will become a blueprint for whole system digital transformation for the wider NHS.

These ambitions will be delivered across the full landscape of health and care, social services, community services, and into people's homes and daily lives. This will enable more person- and wellness-focused care, extending the reach and impact of services whilst empowering people and better meeting their needs. At the same time, digital innovation will contribute to improved productivity in the way services are provided. The shift towards proactive, wellness-centred care is illustrated below.



## The North Manchester Strategy: Executive Summary

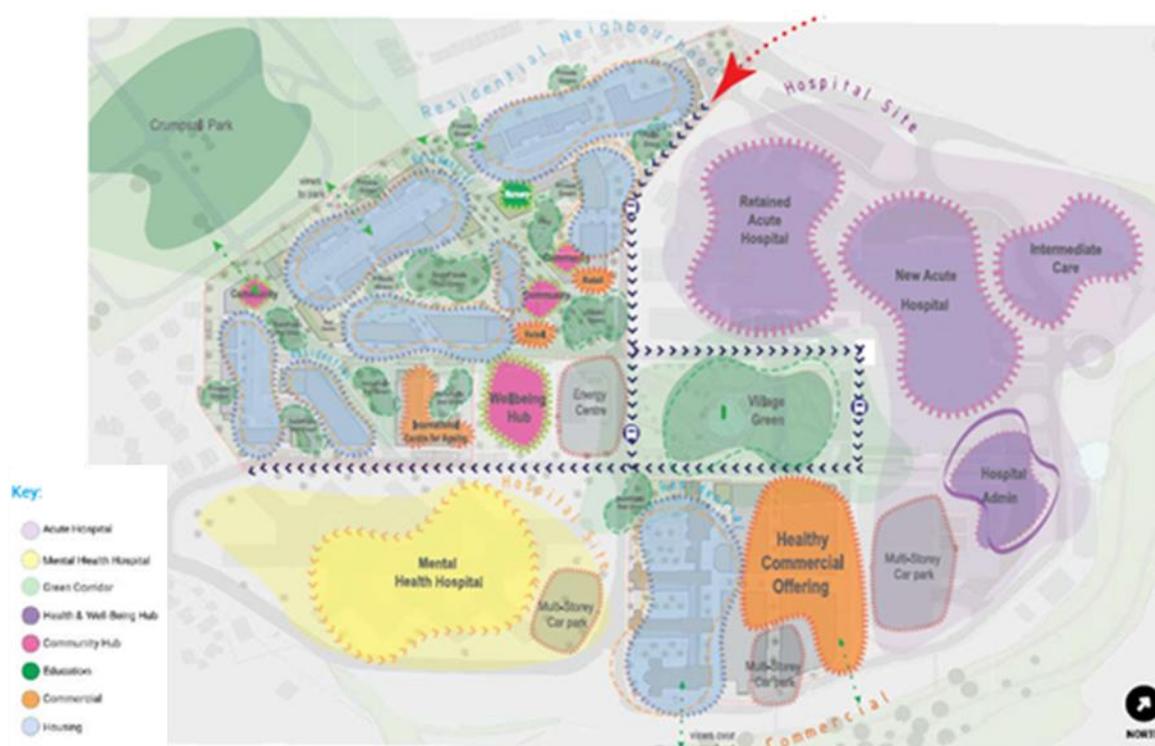
### • System innovation – the Healthy Neighbourhood

The plan to establish a Healthy Neighbourhood as part of the NMGH site redevelopment represents a key opportunity to innovate in housing, in supported living, in community development, in commerce, in technology, and in the way the whole health and care system operates – all in the context of an overarching focus on healthy ageing.

The master plan for NMGH identifies areas that can be released on the western edge of the site, contiguous with Crumpsall Park and local residential accommodation, and on the eastern perimeter overlooking the Irk Valley. This space has great potential to facilitate innovation in several fields that would help address the major challenges in North Manchester. As such, the rationale for the utilisation of this space has been focused on optimising its contribution to innovative thinking in:

- Transforming the local health and care system, particularly through the creation of a Wellbeing Hub.
- Improving access to good quality affordable housing, including addressing supported living needs.
- Creating commercial opportunities and fostering economic regeneration, including the development of an International Centre for Action on Healthy Ageing.
- Enhancing education, training and access to work.
- Developing community infrastructure and organisations.

The illustration below (source: Pozzoni) shows how the Healthy Neighbourhood will be an integrated part of the NMGH campus, whilst functioning as a crucial interface between the health and care facilities and the neighbouring locality.



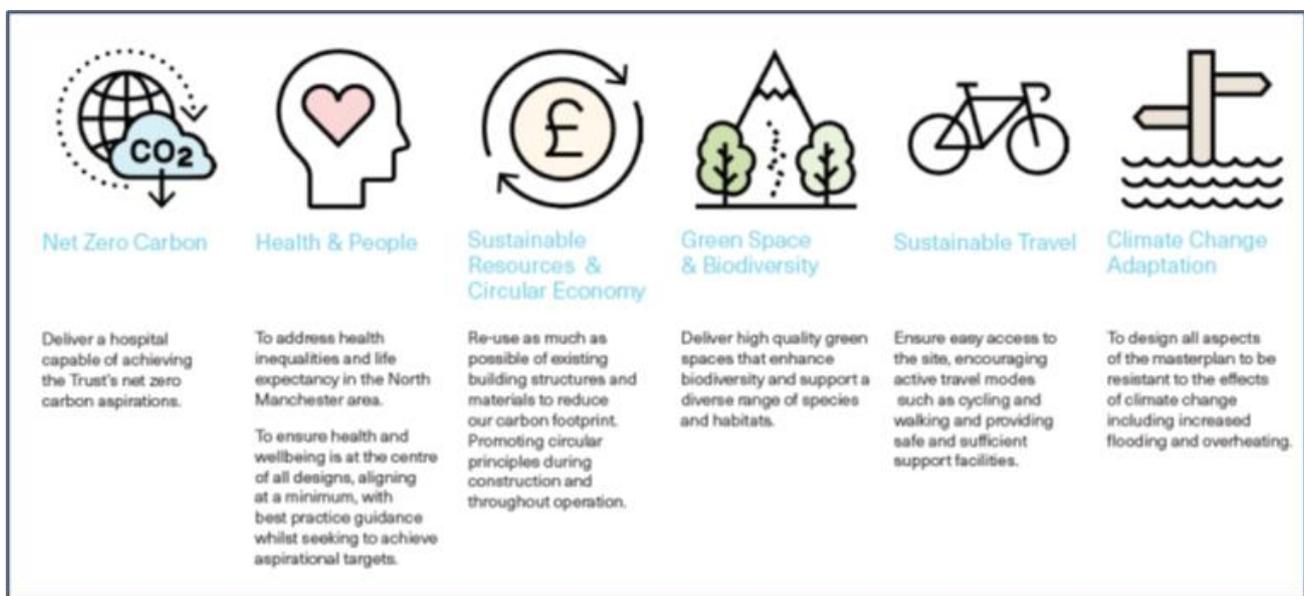
## The North Manchester Strategy: Executive Summary

### 6. Carbon reduction

Manchester City Council declared a climate emergency in July 2019, setting a target to be carbon neutral with an aspiration of making Manchester a zero carbon city by 2038. To achieve this, Greater Manchester's Plan for Homes, Jobs and the Environment specifies that all new developments are to be net zero carbon by 2028 and are to keep fossil fuels in the ground i.e. no gas combustion. This was shortly followed by a climate emergency declaration from the NHS Trusts in Greater Manchester in August 2019. The global significance of addressing the climate emergency was reinforced at the COP26 Climate Summit in 2021.

The redevelopment of the NMGH site with both the MFT and GMMH developments, alongside the Victoria North programme represents the greatest opportunity for North Manchester to significantly contribute to net zero aspirations and align with the best practice guidance by industry bodies. These challenging targets have been captured in the NMGH Sustainable Placemaking Strategy which was endorsed as part of the NMGH Strategic Regeneration Framework in March 2021. As illustrated below, the strategy is built around the following six key themes:

- Net zero carbon.
- Health and People.
- Sustainable resources and circular economy.
- Green Space and biodiversity.
- Sustainable travel.
- Climate change adaptation.



## 7. Delivery

The communities of North Manchester and surrounding areas experience significant disadvantage in several ways, but particularly in respect of health and wellbeing. The effects of long-term underinvestment are evident. When the Covid-19 pandemic began, many people in North Manchester were already unusually vulnerable, and this has resulted in the pre-existing disadvantage being exacerbated, and pressures on health, care and wider public services being amplified. There are four factors which are now creating a once in a generation opportunity to turn around the fortunes of communities in and around North Manchester:

- Opportunities to secure major investment in healthcare and housing have been identified and are in the process of being secured.
- Health service and local authority partners in Manchester have developed a shared agenda to optimise the beneficial impact of investment in the north of the city and surrounding areas, to achieve civic regeneration and growth.
- The government has made commitments to its Levelling Up agenda, and the focus in local plans is on North Manchester.
- The potential of the vibrant and diverse communities in North Manchester is waiting to be realised.

The work that has been done so far has been supported partly by contributions in kind from partner organisations, and partly by one-off funding sources that have been available in 2020/21 and 2021/22. There is on-going commitment to make contributions in kind, and discussions are continuing around resourcing for the North Manchester programme management function, to ensure that momentum is maintained in taking forward the North Manchester Strategy.

## 8. Next steps

Key next steps in the development and deployment of the North Manchester Strategy include:

- Maintaining effective mechanisms, within Manchester, and in discussion with external decision-makers, to ensure delivery of the three major health and housing investment programmes at the planned scale and timing.
- Continuing to enhance the partnership working that supports the strategy, with the contributions of the supporting programmes organised around the four key policy imperatives of:
  - Levelling up outcomes and recovering from the pandemic.
  - Integration and public service reform.
  - Innovation and technology.
  - Carbon reduction and a green recovery.
- Developing better connected work on:
  - Education / skills.
  - Service transformation.
  - Workforce transformation.
  - Digital (particularly digital inclusion).
- Considering the most appropriate mechanism and timing to carry forward the Placemaking Partnership work.
- Maintaining a keen focus on addressing inequalities and disparities in outcomes.
- Extending involvement and engagement activities with the VCSE sector, patient and public fora, neighbouring boroughs, the local community, and a broader range of partner organisations (including housing, academic, industrial / commercial and technology partners).
- Progressing the Social Benefits Framework and the Social Value agenda, including the development of Anchor strategies and social / economic inclusion.
- Ensuring effective deployment of any bespoke funding that becomes available in the short- to medium- term (e.g. Innovation Deal monies).
- Seeking opportunities to secure resourcing for those elements of the North Manchester Strategy that do not yet have a funding stream.
- Developing and maturing discussions between partner organisations about how to resource effective programme management arrangements for the North Manchester Strategy going forwards.

Although the current challenges are significant, this strategy attempts to demonstrate the potential for optimism about the future, if an effective and consistent approach is agreed and maintained between all parties.

# Health Infrastructure Developments

## Health Scrutiny Committee, 12 January 2022

### What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



#### **Purchasing more locally and for social benefit**

In England alone, the NHS spends £27bn every year on goods and services.



#### **Using buildings and spaces to support communities**

The NHS occupies 8,253 sites across England on 6,500 hectares of land.



#### **Working more closely with local partners**

The NHS can learn from others, spread good ideas and model civic responsibility.



#### **Reducing its environmental impact**

The NHS is responsible for 40% of the public sector's carbon footprint.

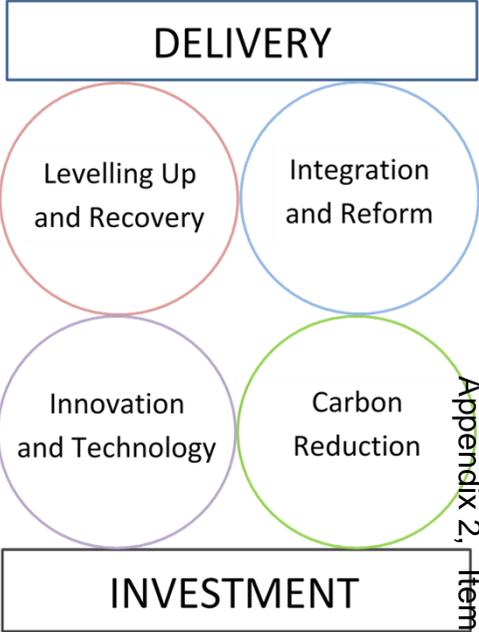
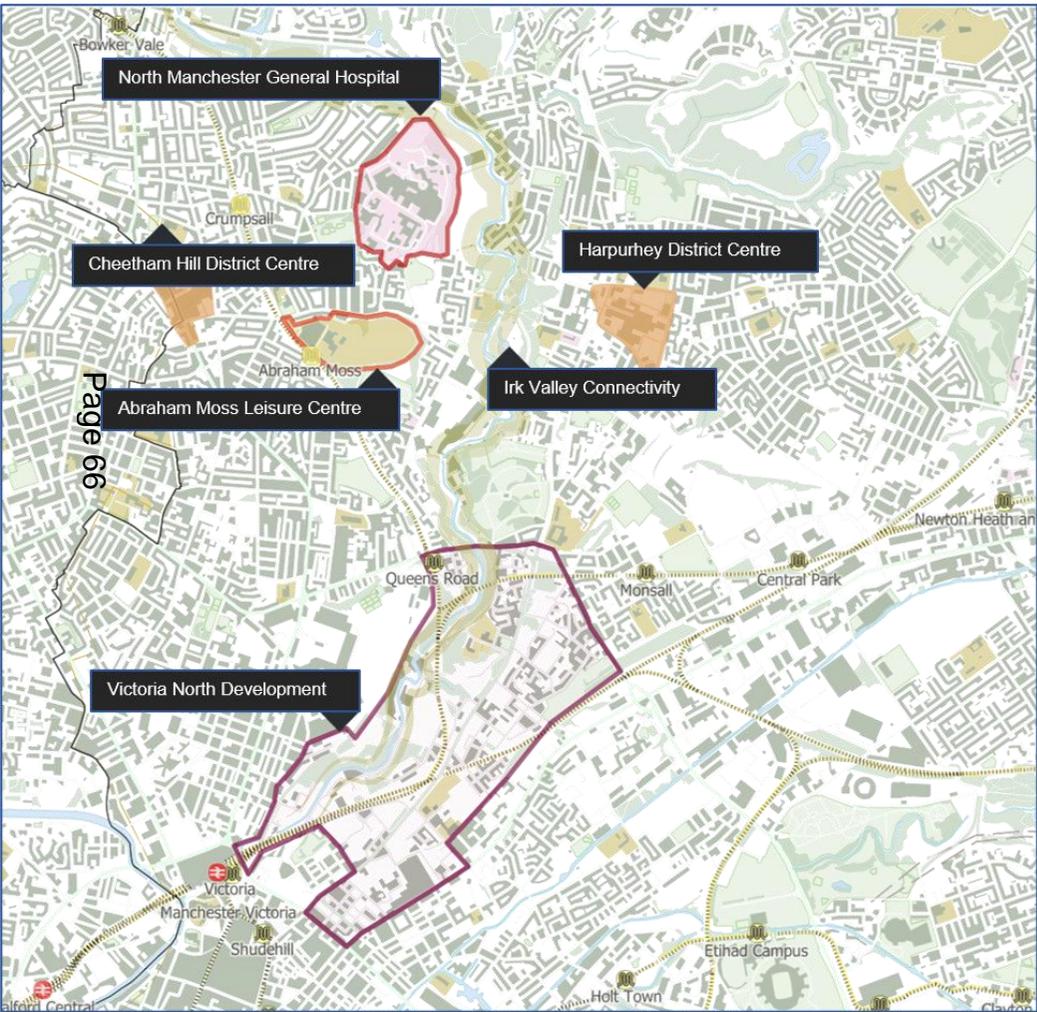


#### **Widening access to quality work**

The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

# The North Manchester Strategy



Appendix 2, Item 7

# North Manchester Investments

## Major Investments in North Manchester

Project	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Victoria North	Strategic redevelopment and construction														
New Park House		Construction													
NMGGH Redevelopment	Enabling				Construction*										

\* Subject to business case approval

# Update on the New Park House Development (NPHD)

Improving Mental Health  
in North Manchester

# Delivery Programme



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Improving Mental Health in North Manchester

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En-Suite Bedrooms



Therapeutic Outdoor Spaces



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Modern and Sustainable Design

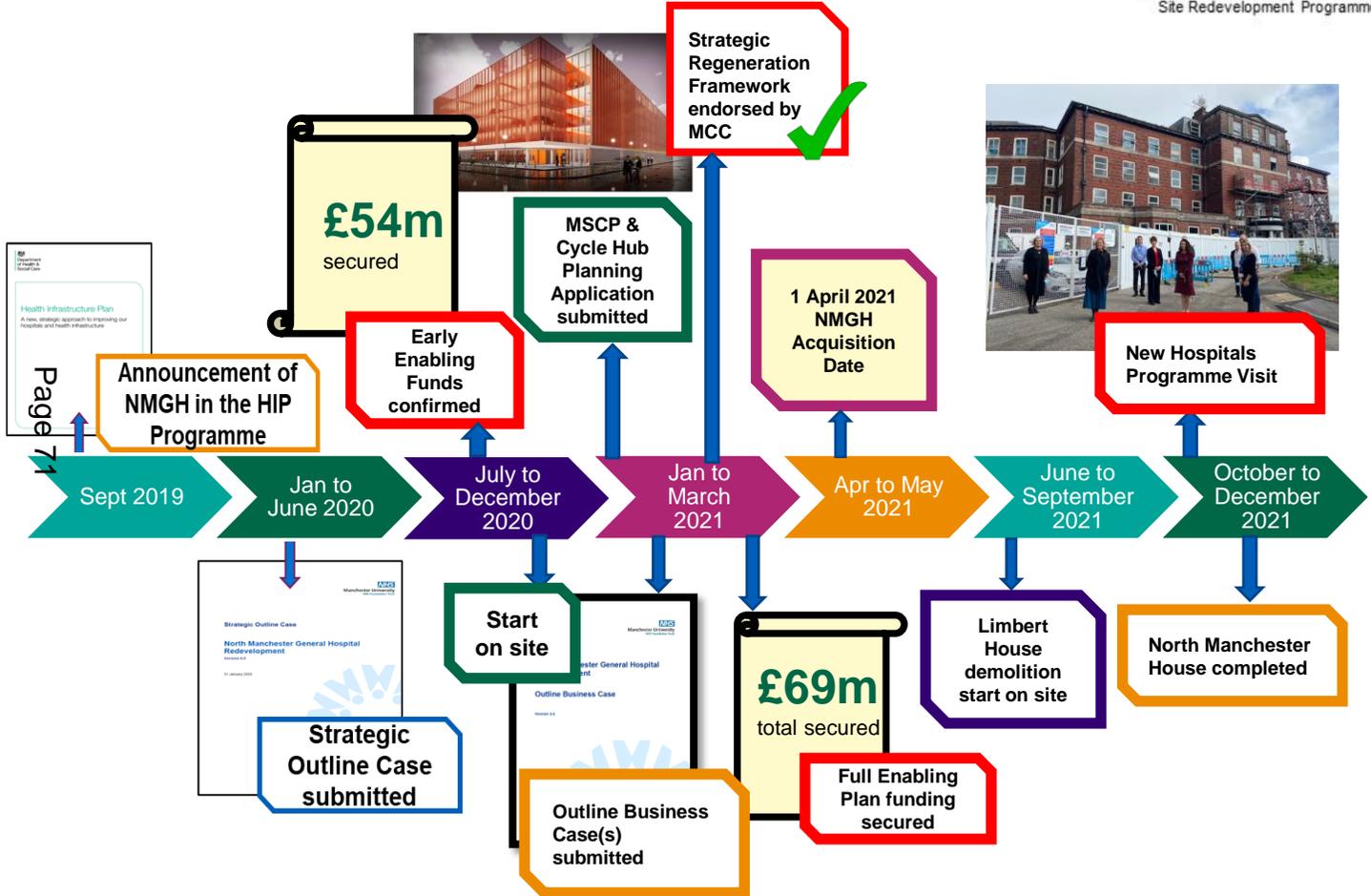


Communal and Activity Spaces



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# NMGH Redevelopment Timeline



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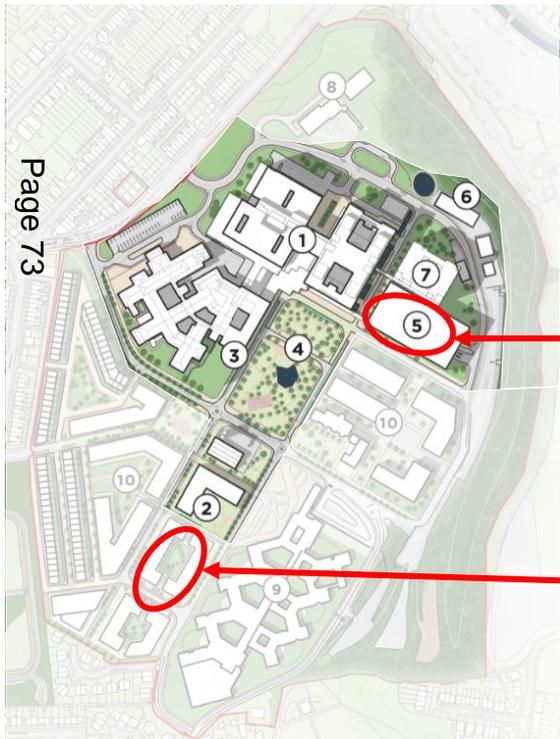


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# Multi Storey Car Park with Cycle Hub and North Manchester House offices

£69.7m approved to date from the New Hospitals Programme for the Enabling Plan: Demolitions, Multi Storey Car Park with Cycle Hub and North Manchester House Modular Accommodation on site



c1,000 space  
MSCP with EV  
Charging and  
Cycle Hub  
On site in 2022



Modular office  
accommodation  
providing 300  
desks.  
Completed  
November 2021

# Wythenshawe Masterplan

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Appendix 2, Item 7

# Wythenshawe Masterplan: Objectives



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- CQC ‘Good’ Rating with ‘Outstanding’ for Caring
  - Key strengths in Cardiac and Respiratory work
  - Site development has been opportunistic over time
  - Inward looking estate with challenging wayfinding
  - Significant surface car parking utilising much of the estate
- 
- **Retention** of the existing hospital services and facilities throughout
  - Create a **modern, efficient and flexible** healthcare estate
  - Opportunity to create a **mixed use development** with a redeveloped hospital at its heart
  - Build on Wythenshawe’s strengths to harness **research opportunities**
  - Utilise the estate to **maximise economic impact** for this part of the City, linking in with neighbouring developments
  - Ensure a **social value strategy** is embedded into the development

# Wythenshawe Masterplan: Vision



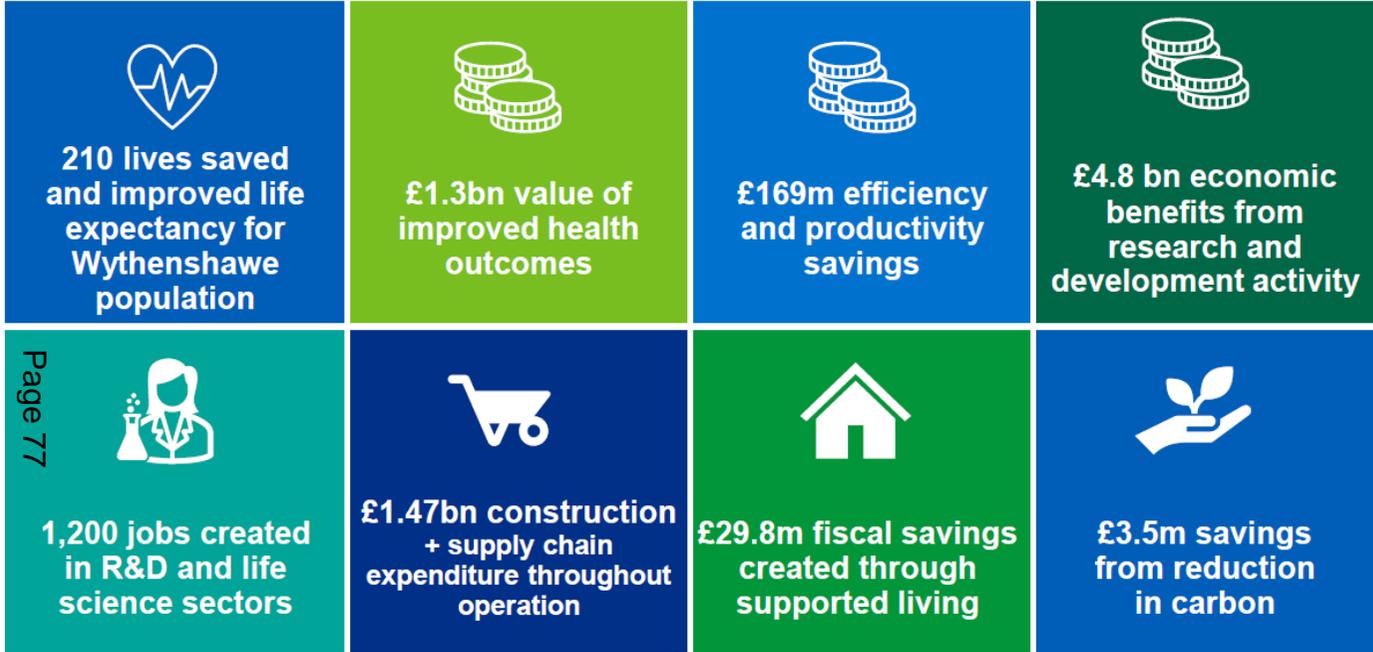
Manchester University  
NHS Foundation Trust



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Appendix 2, Item 7

# Wythenshawe Masterplan: Benefits & Next Steps



Assessed over a 30 year period

- ✔ Strategic Regeneration Framework Approved
- ✔ Expression of Interest submitted to the NHP Programme
  - Key Stakeholder Partnership and Innovation Strategy
  - Unlocking Investment

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**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 12 January 2022

**Subject:** Overview Report

**Report of:** Governance and Scrutiny Support Unit

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### **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.

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**Wards Affected:** All

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### **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):** 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
8 December 2021	HSC/21/52 Suicide Prevention Local Plan	The Committee recommend that consideration is given to Manchester contributing to the Greater Manchester pilot for the collection of key 'real time' data co-ordinated by the Greater Manchester Suicide Prevention lead.	This recommendation has been forwarded for consideration. Any reply will be reported to the Committee via the Overview Report.	David Regan
8 December 2021	HSC/21/53 Our Manchester Carers Strategy Update	The Committee recommend that the Deputy Leader consider the options to maintain the Carers Emergency Fund.	This recommendation has been forwarded for consideration. Any reply will be reported to the Committee via the Overview Report.	Councillor Midgley, Deputy Leader

## 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 **31 December 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**

<b>Subject</b>	<b>Care Quality Commission (CQC) Reports</b>
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
Yorklea Ltd	Yorklea Nursing Home 15-17 York Road Manchester M21 9HP	<a href="https://www.cqc.org.uk/location/1-126286676">https://www.cqc.org.uk/location/1-126286676</a>	21 December 2021	Nursing Home	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Skolak Healthcare Limited	Beechill Nursing Home 25 Smedley Lane Cheetham Hill Manchester M8 8XB	<a href="https://www.cqc.org.uk/location/1-121486305">https://www.cqc.org.uk/location/1-121486305</a>	24 December 2021	Nursing Home	<b>Overall: Requires Improvement</b> Safe: Good Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement
Whalley Range Dental Practice	Whalley Range Dental Practice 132 Withington Road Whalley Range Manchester M16 8FB	<a href="https://www.cqc.org.uk/location/1-195546535/contact">https://www.cqc.org.uk/location/1-195546535/contact</a>	20 December 2021	Dentist	<b>No Action Required</b>

**Health Scrutiny Committee  
Work Programme – January 2022**

**Wednesday 12 January 2022, 10am (Report deadline Thursday 30 December 2021)**

<b>Item</b>	<b>Purpose</b>	<b>Lead Executive Member</b>	<b>Strategic Director/ Lead Officer</b>	<b>Comments</b>
COVID-19 Update	The Director of Public Health 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, Deputy Leader	David Regan Dr Manisha Kumar	
Health Infrastructure Developments	To provide an update on health infrastructure developments in North Manchester, including New Park House, the North Manchester General Hospital site redevelopment and the associated North Manchester Strategy; and at Wythenshawe Hospital.	Councillor Midgley, Deputy Leader	Ed Dyson Angela Harrington Stephen Gardiner Andrew Maloney Peter Blythin David Furnival Chris Gaffey	
Alcohol, Drugs and Tobacco Control services	To receive a report on Alcohol, Drugs and Tobacco Control services in Manchester.	Councillor Midgley, Deputy Leader	David Regan	
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 9 February 2022, 10am (Report deadline Friday 28 January 2022)**

<b>Item</b>	<b>Purpose</b>	<b>Lead Executive Member</b>	<b>Strategic Director/ Lead Officer</b>	<b>Comments</b>
COVID-19 Update	The Director of Public Health 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, Deputy Leader	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 Deputy Leader	David Regan	Invitation to be sent to Sir Richard Leese, Chair of The Greater Manchester

				Integrated Care Board
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 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, Deputy Leader	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 Manchester and across Greater Manchester; information on how GPs are engaging in this programme and examples of good practice and case studies.	Councillor Midgley, Deputy Leader	David Regan	
Overview Report		-	Lee Walker	

<b>Items to be Scheduled</b>				
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, Deputy Leader	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, Deputy Leader	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, Deputy Leader	David Regan Dr Cordelle Ofori Sharmila Kar	Previously considered at the October 2021 meeting.
Gorton Health and Community Hub	To receive a report on Manchester's first multi-service health and community hub in Gorton.	Councillor Midgley, Deputy	Chris Gaffey	

		Leader		
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