



## **Health Scrutiny Committee**

Date: Wednesday, 9 February 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 7 February 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 12 January 2022.

Pages  
5 - 12

**5. [10.05-10.20] COVID-19 Update**

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.

Pages  
13 - 14

**6. [10.20-10.50] 2022/23 Budget Report - To follow**

**7. [10.50-11.20] Greater Manchester Integrated Care System and Integrated Care Board arrangements and the Manchester Locality Plan Refresh**

Report of the Executive Director of Strategy / Deputy Chief Accountable Officer, Manchester Health and Care Commissioning

Pages  
15 - 38

Part one of the report provides an update on the establishment of a Greater Manchester Integrated Care System/Integrated Care Board (ICB) and Manchester Locality Board. The Chair Designate for the ICB will attend the Scrutiny meeting.

Part two of the report provides an update on the refreshed Manchester Locality Plan which will ensure that local priorities continue to be delivered during the transition to the new arrangements in 2022/23.

8. **[11.20-11.55] An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester** Pages 39 - 62  
Report of the Director of Public Health

The purpose of this report is to provide an introduction to climate change in Manchester and the city's ambitions and activities to date. The report provides an overview of the impact that climate change is having, and is predicted to have in the future, on the health of Manchester's residents and the potential impacts on healthcare services and facilities in Manchester.

9. **[11.55-12.00] Overview Report** Pages 63 - 70  
Report of the Governance and Scrutiny Support Unit

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.

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public.

Agenda, reports and minutes of all Council Committees can be found on the Council's website [www.manchester.gov.uk](http://www.manchester.gov.uk).

Smoking is not allowed in Council buildings.

Joanne Roney OBE  
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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, 1 February 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 12 January 2022

#### Present:

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

**Apologies:** Councillors Cooley, Green and Reeves

#### Also present:

Councillor Midgley, Deputy Leader  
Stephen Gardner, Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust  
Andrew Maloney, Director of Human Resources and Deputy Chief Executive, Greater Manchester Mental Health Trust  
Michelle Humphreys, Director of Strategic Projects, Manchester University NHS Foundation Trust  
Jackie McVan, Greater Manchester Head of Services for Change, Grow, Live  
Caitriona Gallagher, Be Smoke Free, Team Manager for Change, Grow, Live

#### **HSC/22/01 Appointment of Chair**

Councillor Richards was nominated to Chair the meeting. This was seconded and approved by the Committee.

#### **Decision**

To appoint Councillor Richards as Chair for the meeting.

#### **HSC/22/02 Minutes**

#### **Decision**

To approve the minutes of the meeting held on 8 December 2021 as a correct record.

#### **HSC/22/03 COVID-19 Update**

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director, Manchester Health and Care Commissioning, that had been circulated to all Members in advance of the meeting. The presentations provided an update on COVID-19 activity that included the latest available information on data and intelligence.

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

- The Committee again reiterated their recognition and appreciation for all involved with the vaccination programme;

- What was the correlation between COVID-19 related hospital admissions and the patients' vaccination status;
- The need to challenge and counter the misinformation relating to the vaccination and pregnancy that was being circulated on social media, particularly amongst young people;
- Commenting that due to the high infection rates and transmissibility of OMICRON it was important for all to observe mask wearing, adding that this was a societal, in addition to a personal responsibility to protect everyone;
- Patients and their families' lived experience of COVID-19 should be used to articulate the importance of receiving the vaccination and the serious consequences of not doing so;
- It was the responsibility for everyone to come forward and receive their vaccination and noting the vaccination rates in Manchester it was important to keep articulating this and encouraging people to come forward; and
- Noting the recent changes announced in relation to the requirement not to obtain a PCR test following a positive LFT result, was there a possibility that this would skewer the reported infection rates as people either did not always formally record their results or were reluctant to report a positive test.

The Director of Public Health provided the Committee with the figures of those patients currently admitted to hospital with COVID-19 related illness and their vaccination status, noting that in critical care this was five times higher. He stated that this clearly demonstrated the need and importance of receiving the vaccination and booster. He stated that there was no call for mandatory vaccination in the UK and the approach was for citizens to take the vaccination on a voluntary basis, with the caveat in relation to specific professions and settings. He further commented that people who may have been hesitant may decide to take up the offer of the vaccination when they were required to provide vaccination passports to undertake travel or participate and access events.

In response to a request for more granular data on the cohorts admitted to hospital as a result of COVID-19, the Director of Public Health advised there was a challenge to providing this data in real time to report to the Committee.

The Director of Public Health informed the Committee that there was a pilot being delivered at the Etihad stadium where those people who had received their vaccination overseas could attend to have their vaccination validated, their COVID-19 passport records updated, and a booster administered where appropriate.

The Director of Public Health stated that they remained committed to work with communities and networks, including schools to address concerns people had and challenge prevailing myths to maximise the take up of the vaccination. In response to a comment regarding the infection rates across different wards and the demographic profiles he stated that this was closely monitored and analysed to understand specific trends and where appropriate deploy targeted interventions.

The Director of Public Health accepted the comment made regarding the reporting of LFT results and advised that the Communications Team were delivering a campaign to encourage people to regularly test and report the results. He added that he understood that PCR testing would resume at some point and had only been

suspended temporarily as a result of the demand experienced by the service. He said that he would keep the Committee informed of these developments.

The Director of Public Health commented that he acknowledged the comment regarding using lived experience and case studies in campaigns to promote the vaccination programme and made reference to the Communications and engagement focus slide within the pack that had been provided to Members. The Chair commented that it would be useful to have a more detailed update on the Communications strategy, both at a local and national level in a future update.

The Deputy Leader paid tribute to all staff and partners working to address COVID-19 for their continued dedication and hard work. She particularly paid tribute to the teams working in Adult Social Care who were working to safely discharge patients from hospital settings into alternative, appropriate and safe care pathways. She commented that this was testimony to the positive partnership approach to working to deliver improved health outcomes for Manchester residents.

### **Decision**

The Committee recommend that a future update includes a detailed discussion on the vaccination and COVID-19 communications strategy, with specific discussion in relation to the measures taken to counter misconceptions and myths surrounding the vaccination, noting that the Committee request that appropriate officers are in attendance.

### **HSC/22/04 Alcohol, Drugs, and Tobacco Addiction Treatment Services in Manchester**

The Committee considered the report of the Director of Public Health that provided 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.

To accompany the report a video was played that articulated the voice of the service user.

Key points and themes in the report included:

- The Manchester Drug and Alcohol Treatment and Support Service and Tobacco Addiction Treatment Service is provided by Change, Grow, Live (CGL);
- Providing a strategic context both at a local and national level;
- Key statistics;
- A description of the service offer for each service;
- An outline of the performance and an overview of the successes and challenges;
- The impact of COVID-19; and
- Next steps.

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

- Recognising the valuable and important role that the services provided;

- Had there been a reduction in the numbers of clients seen due to the impact of COVID-19 and the move to online consultations;
- The need to recognise and address the correlation between socio-economic deprivation and smoking and drug consumption;
- Was there any evidence to suggest that the increased cost of tobacco had any impact on the numbers of smokers;
- Was there any evidence to indicate if the historic reduction and closure of services had any impact on the numbers of people seen or being supported by the drug and alcohol service;
- Noting the prevalence in specific areas of needles being disposed of irresponsibly and what was being done to address this; and
- Was there any evidence currently available to identify the number of COVID-19 related deaths amongst drug users.

In presenting the report, the Strategic Commissioning Manager advised the Committee that there was a correction at sections 4.2.1 and 5.5.1 of the paper. She reported that the service is specified to supply Varenicline, commonly known by its trade name Champix, which was an important stop smoking medication, often used alongside Nicotine Replacement Therapy, but because of a national issue, this currently cannot be sourced or provided at the moment. She reported that there was no end date for this situation currently and it was likely that it would impact on quit rates.

In response to the question on the issue of historic reduction and closure of services and the impact on the numbers of people seen or being supported by the drug and alcohol service, the Strategic Commissioning Manager advised that any data available would be circulated for information following the meeting.

The Greater Manchester Head of Services for Change, Grow, Live discussed the impact that COVID-19 had placed on the delivery of services, in particular the planned launch of the Be Smoke Free programme that coincided with the beginning of the pandemic. She said staff had responded quickly and effectively to deliver these sessions online and commented that the numbers of people seen had not reduced as a result, adding that some people who might otherwise not have attended an in-person appointment had accessed services online. She commented that where appropriate medication had been delivered to people's doors.

The Be Smoke Free, Team Manager for Change, Grow, Live supported the comments previously given as to the challenge presented by COVID-19. She said that the intention was to continue to deliver a hybrid model of service delivery and to raise the profile of the service amongst communities going forward.

The Greater Manchester Head of Services for Change, Grow, Live discussed the successful response to bring homeless people indoors at the start of the pandemic. She described the wrap around support that had been provided to both homeless people, including providing vaping devices for smokers, and support for the staff working in those sites. She stated this had been very successful and had provided an opportunity to engage with and assist homeless people around often complex issues to achieve long term positive outcomes.



In response to the question asked relating to the number of COVID-19 related deaths amongst drug users, the Director of Public Health stated this data was not currently available. He further responded to an earlier comment regarding the figures provided within the report relating to alcohol dependency by advising that these were compiled using Public Health England National Data.

The Greater Manchester Head of Services for Change, Grow, Live responded to the issue of the disposal of needles and needle exchanges by commenting that there was no need for people to use dirty needles and there were provisions across a range of locations to dispose of needles safely. She described that there were outreach workers, that included ex-users with lived experience, who would attend specific sites at the appropriate times to engage with users and offer advice and signpost to help and support. She further described the locations around the city as to where advice and information could be obtained, in addition to their social media presence. Noting the positive comments from the Members she extended an invitation to any Member wishing to visit the teams and accompany them when they were out and engaging with users to further understand the work of the service and witness the impact this had.

The Programme Lead stated that the prevalence of smoking in Manchester was high, noting that it was recognised that the incidents of smoking was related to deprivation. She stated that a Tobacco Control Programme had been developed at a Greater Manchester level, based on the World Health Organisation framework. She said this had an emphasis on prevention and de-normalisation of tobacco in addition to treatment services. In reply to the question relating to the pricing of tobacco as an incentive to quit smoking she stated that whilst the cost of tobacco was high it was important to acknowledge that there was a significant presence of organised crime that flooded communities across the city with illicit tobacco. She described that e-cigarettes and similar devices were not licensed medication and as such were regulated by Trading Standards legislation. In response to a question relating to the smoking of shisha she said that the Licensing Out Of Hours Team had been proactive in monitoring and visiting those establishments where this activity was undertaken across the city to ensure they were compliant with the relevant legislation.

## **Decision**

The Committee note the report and thanked all of the invited representatives for attending the meeting and contributing to the Members' discussion.

## **HSC/22/05 Health Infrastructure Developments**

The Committee considered the joint report of the 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 and Director of Inclusive Economy, Manchester City Council that provided 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.

The report was accompanied by a presentation that further articulated the key points within the report.

Key points and themes in the report included:

- Providing an introduction and background;
- An update on the developments in North Manchester, noting the North Manchester Strategy, 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;
- An update on the New Park House Development; and
- An update on the developments at Wythenshawe Hospital, noting that the Strategic Regeneration Framework (SRF) for MFT's Wythenshawe site was endorsed by the Executive on 17 March 2020.

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

- Noting that the plans for North Manchester presented an exciting and positive development for the site that was in much need of modernisation and recognising the significant wider benefits to the local area in terms of employment and skills;
- Noting that it was important to ensure that public transport links to hospital sites were improved;
- Seeking an assurance that services would not be relocated from North Manchester General Hospital, stressing the importance of retaining the status of the provision as a General Hospital;
- Welcoming the proposals to develop Park House and enquiring what support would be offered to patients transferring from the old provision into the new one;
- Expressing concern that the proposals for Wythenshawe Hospital to release the potential of the site to attract significant complementary economic activity such as research and innovation was dependant on a change to national policy;
- Recommending that a substantive report specifically on the plans for Wythenshawe Hospital be submitted for consideration at an appropriate time; and
- Had COVID-19 impacted on the budget to deliver the ambitions described for North Manchester and would the delivery of the scheme described result in any debt for the Trust.

The Director of Human Resources and Deputy Chief Executive, Greater Manchester Mental Health Trust described that patients accessing Park House typically stayed for 30 days on average, so there were no long-term patients. However, patients who would transfer into the new unit would be supported by staff to help familiarise and orientate them into the new and improved environment. He further informed the Members that service users had been consulted with and closely involved with the design of the new facility.

The Director of Strategic Projects, Manchester University NHS Foundation Trust stated that the plan would be to develop a multi storey car park at the Wythenshawe

site and noted the comment regarding the need for improved public transport links. She said that the move to regulate the bus network in Manchester was an opportunity to address this and would further support the environmental ambitions of the city. She reassured the Members that this was a live and ongoing discussion.

In response to a comment made regarding the digital offer, the Director of Strategic Projects, Manchester University NHS Foundation Trust stated that digital was embedded in all aspects of the site, stating that there were many examples of how this had improved the patient experience and improved the efficiency of service delivery. She stated that they were mindful of digital exclusion and were working to address this where appropriate.

The Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust noted the comments regarding the opportunity to utilise the plans as a catalyst to deliver employment and skills to the local community in north Manchester by adding that it would also deliver commercial opportunities in the localities and physical improvements and connectivity in those areas. He described that this scheme would be delivered in partnership with the Council and partners to maximise the full potential of the project and maximise the benefits and opportunities to local residents. He described that the programme would be delivered via national funding so there would be no debt incurred by the Trust. He further added that the financial implications resulting from inflation and the sourcing of materials and resources would be addressed through the ongoing discussions with central government.

The Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust reassured the Committee that in terms of service delivery there would be no visible change in North Manchester, and the intention was to retain the existing specialist services at the site, noting that there were still issues to be resolved as part of the transition to the Single Hospital Service discussions and agreements. He stated that any proposals to change or alter the provision of a service would be subject to formal consultation and discussion with the Health Scrutiny Committee.

The Deputy Leader stated that the plans described represented a unique opportunity to improve the outcomes for many Manchester residents. She stated that this programme would further support the stated commitment for Manchester to be a Marmot City Region and tackle health and socio-economic inequalities experienced in the city. She stated that local residents and local Members would be consulted with as these projects developed.

## **Decision**

The Committee recommend;

1. That a substantive report that describes the plans for Wythenshawe Hospital, including funding agreements be added to the Committee's Work Programme for consideration at an appropriate time.

2. That the Chair of Health Scrutiny discuss with other Committee Chairs the division of scrutiny of the Key Performance Indicators (KPIs) for North Manchester Hospital to ensure they were monitored by the appropriate committee. Noting that the data to be monitored and any benchmarking / baseline that are set were scrutinised before being finalised by the appropriate committees.

### **HSC/22/06 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.

### **Decision**

The Committee notes the report and agrees the work programme.

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 9 February 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 – 9 February 2022

**Subject:** Greater Manchester Integrated Care System and Integrated Care Board arrangements and the Manchester Locality Plan Refresh

**Report of:** Executive Director of Strategy/ Deputy Chief Accountable Officer, Manchester Health and Care Commissioning

### Summary

Part one of the report provides an update on the establishment of a Greater Manchester Integrated Care System/Integrated Care Board (ICB) and Manchester Locality Board. The Chair Designate for the ICB will attend the Scrutiny meeting.

Part two of the report provides an update on the refreshed Manchester Locality Plan which will ensure that local priorities continue to be delivered during the transition to the new arrangements in 2022/23.

### Recommendations

The Health Scrutiny Committee is asked to note the report.

### Wards Affected: All

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

The Greater Manchester ICS/ICB will have a key role to play in ensuring NHS organisation across the City contribute significantly to the zero-carbon target for Manchester.

Our Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Healthy and resilient residents and communities' will be able to thrive in employment and opportunities which will support the local economy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	A healthy population is essential for the city's future economic success and NHS anchor institutions have a major role to play in skills development and job opportunities

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Tackling health inequalities is a priority for the emerging GM ICB and population health work will be implemented at a GM, City and Neighbourhood level
A liveable and low carbon city: a destination of choice to live, visit, work	The health benefits of a liveable low carbon city relate to the wider determinants of health.
A connected city: world class infrastructure and connectivity to drive growth	Digital inclusion and active travel are two examples of how the GM system and the City can work together

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### Background documents (available for public inspection):

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

NHSE ICS guidance documents and the NHSE system oversight framework:

<https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>  
<https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/>



## 1. Introduction

- 1.1 This paper updates the Manchester Health Scrutiny Committee on the development of Integrated Care Systems (ICS) and the approach to implementation for Greater Manchester and the City of Manchester.
- 1.2 It also includes the refreshed Locality Plan for Manchester, which recommits to the strategic intent to improve the health and care outcomes for the people of Manchester and recognises the significant change in context following the COVID-19 pandemic.

### PART ONE

## 2. Background

### 2.1 National context

- 2.1.1 Subject to legislation passing through parliament, Integrated Care Systems (ICS) will be established in England from 1<sup>st</sup> July 2022. This change was originally planned for 1<sup>st</sup> April 2022 but has been delayed to allow sufficient time for the legislative process to conclude. ICS will have four aims: -

- **Improve outcomes** in population health and healthcare;
- **Tackle inequalities** in outcomes, experience and access;
- **Enhance productivity** and value for money;
- Help the NHS support broader **social and economic development**.

- 2.1.2 National guidance sets out the core building blocks of an ICS including: -

- **An ICS Partnership**, convened between the ICS Board and Local Authorities as a broad strategic alliance;
- **An ICS NHS Body**, as a statutory NHS organisation, which will deliver the following functions: -
  - Developing a plan to meet the health needs of the population and to ensure NHS services and performance are restored;
  - Allocating resources;
  - Establishing governance arrangements;
  - Arranging for the provision of health services;
  - Leading system implementation of the people plan;
  - Leading system-wide action on data and digital;
  - Working with Councils to invest in local community organisations and infrastructure;
  - Joint work on estates, procurement, supply chain and commercial strategies;
  - Planning for, responding to, and leading recovery from incidents;
  - Functions NHS England/Improvement (NHSE/I) will be delegating including primary care and appropriate specialised services.

2.1.3 The ICS NHS Body will put necessary governance arrangements in place, including a unitary board (ICB), committees and a scheme of delegation.

2.1.4 The ICS NHS Body may delegate some of these functions to either: -

- **Place based partnerships** between NHS, local councils, VCSE, residents, patients and carers.
- **Provider collaboratives**, bringing NHS providers together across one or more ICSs to secure benefits of working at scale. As a minimum these will cover acute physical and acute mental health services. Some services, such as ambulance services may cover more than one ICS area.

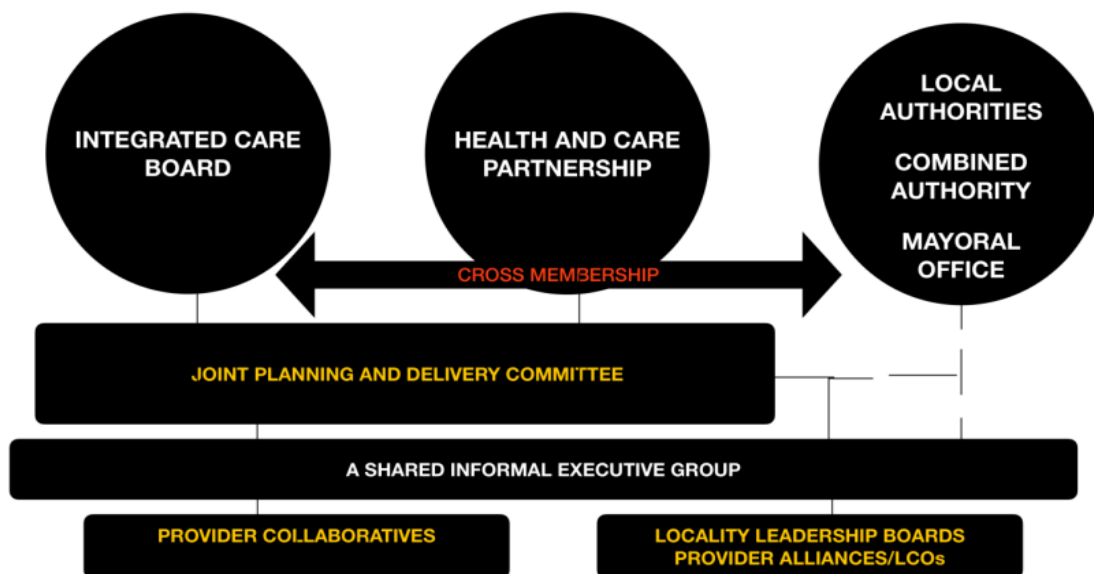
2.1.5 The statutory organisation within this new system will be the Integrated Care Board (ICB). This will take on the functions of Clinical Commissioning Groups (CCGs) which will be disestablished on the 30<sup>th</sup> June 2022.

## 2.2 Greater Manchester context

2.2.1 In Greater Manchester this will mean a shift from the Greater Manchester Health & Social Care Partnership (GMHSCP) arrangements to a new Greater Manchester ICS and ICB. Work is underway to prepare for this shift, determining the future role and governance of the GM ICS and ICB and the 10 localities in the new structure.

2.2.2 Sir Richard Leese has been appointed Chair designate of the Greater Manchester ICB along with two non-executive directors. The Chief Executive Officer recruitment is in progress, with a planned interview date in February, and recruitment to the Chief Finance Officer, Medical Director and Chief Nurse roles has also commenced.

2.2.3 The GM ICB will operate within the governance structure shown below:



2.2.4 Work is underway to develop a Greater Manchester operating model. This will include actions focussed on five 'integrating processes'

1. Creation of a simple narrative as to how the new system will work
2. ICB and ICP governance and priority setting
3. Agreeing financial flows and responsibilities
4. Signing off locality leadership arrangements
5. Agreeing running cost allocations and deploying staff within the national HR framework

2.2.5 In addition, there is significant thematic work focussed upon areas such as finance, workforce, digital etc.

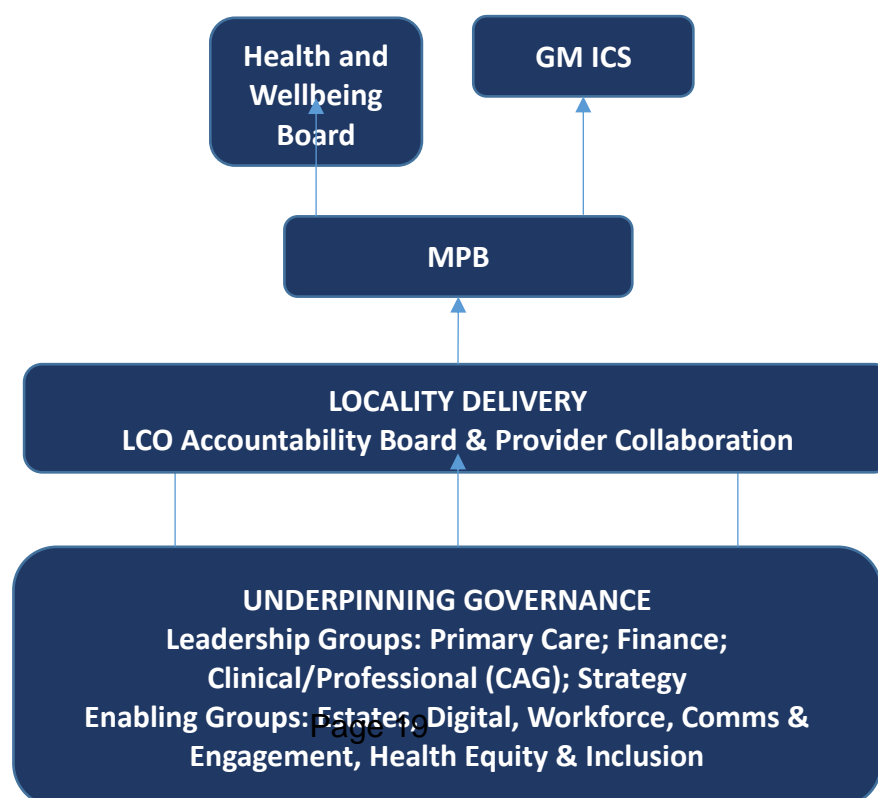
2.2.6 The ten GM localities are each considering this operating model in light of how their own arrangements develop.

### 3. Manchester Partnership Board (Locality Board)

3.1 In response to the national guidance and forthcoming legislative change described above, Manchester City Council and NHS leaders have both contributed to the developing GM ICS and ICB arrangements and worked to develop locality arrangements for the City of Manchester.

3.2 The Manchester Partnership Board (MPB) will act as the Locality Board for Manchester, as described in the GM governance model (above) and developing operating model. The MPB succeeds the Transformation Accountability Board, which previously had oversight of Manchester's Locality Plan and associated transformation funding.

3.3 It is proposed that MPB functions within the governance model described below:



- 3.4 As the senior leadership forum for health and care within the City, MPB's role will include the Manchester locality health and wellbeing plan, production and implementation; any delegated responsibilities by GM ICB and improving agreed areas of unwarranted variation. It will comprise political, clinical and managerial leadership.
- 3.5 It will be the strategic interface between the NHS and wider public sector strategy in the City, optimising the wider determinants of health and the NHS' contribution to the City strategy.
- 3.6 As described in the diagram above, the Manchester Partnership Board will have the primary line of reporting for Manchester's responsibilities to both the NHS ICB Board and the Manchester Health and Wellbeing Board (HWB), bringing together key partners to plan health & social care services for Manchester.
- 3.7 Work continues to develop an operating model for the Manchester locality that meets the expectations, City strategy, national guidance and complements the emergent GM Operating Model and governance model.
- 3.8 In addition to establishing the set-up arrangements of Manchester within the GM ICS the MPB is also focussing on key City transformation programmes as set out in the locality plan. These include Recovery, North Manchester Strategy and the new Marmot task force work to tackle health inequalities.

## **PART TWO**

### **4. Our Healthier Manchester: Locality Plan Refresh 2022**

- 4.1 The original Locality Plan: Our Healthier Manchester, produced in 2016, set out the ambition to improve health and care outcomes for the people of Manchester within a financially sustainable health and social care system. The initial focus led to a rationalisation of the Manchester system, through the creation of a single commissioning function (SCF), a single hospital service (SHS), and a local care organisation (LCO). The first update to the Locality Plan (April 2018) was set within the context of the city's Our Manchester strategy, shifting the emphasis away from structural change to a focus on Our People, Our Services and Our Outcomes.
- 4.2 A Locality Plan Refresh (November 2019) was produced within the context of a maturing health and social care system, and in response to both the Greater Manchester Health and Social Care Partnership's (GMHSCP) Prospectus (March 2019) and the requirements of the NHS Long Term Plan. It was reflective of key Greater Manchester strategies, including the Greater Manchester Unified Model of Public Services and the Local Industrial Strategy – underpinned by the Greater Manchester Independent Prosperity Review. Turning the 3<sup>rd</sup> Locality Plan into delivery was, however, interrupted by the advent of the COVID-19 pandemic.

- 4.3 This latest refresh of Manchester's Locality Plan was produced at a time of unprecedented change, recognising that we don't yet know or understand the full impact that this has had on the health and wellbeing of our people. Nevertheless, this Plan seeks to reaffirm our City's ambition to create a population health approach that puts health at the heart of every policy, improving health and care outcomes for the people of Manchester, whilst recognising that our plans for the future will need to continue to evolve and respond to those changing needs, within a new governance structure.
- 4.4 Like previous refreshes of the strategy, it doesn't change the overall direction but reflects the evolution of our arrangements, the progress made and the shift in context due to the impact of the Covid pandemic. This refresh did not have significant engagement as it was undertaken during the Covid period and quickly in order to give some direction to the recovery phase of the City. We expect a more fundamental refresh, with wider stakeholder engagement to be undertaken in due course.
- 4.5 The Locality Plan Refresh (2022) has been approved by the MPB. It is attached as Appendix 1.

## **5. Recommendation**

- 5.1 The Health Scrutiny Committee is asked to note the report.

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# MANCHESTER LOCALITY PLAN

## *“Our Healthier Manchester”*

2021 REFRESH

	Section	Page(s)	
1.	Strategic context	3	
2.	How Manchester’s strategy has developed	4	
3.	Strategic aims and priorities	5	
4.	System challenges	6-8	
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	The wider determinants of health	10	
7.	Our health behaviours and lifestyle	11	
8.	An integrated health & care system	12	
9.	The places and communities we live in and with	13	Appendix 1, Item 7
10.	How we are organised - System architecture	14	
11.	Annex 1 – Key priorities and programmes	15-16	



The original Locality Plan: Our Healthier Manchester, produced in 2016, set out the ambition to improve health and care outcomes for the people of Manchester within a financially sustainable health and social care system. The initial focus led to a rationalisation of the Manchester system, through the creation of a single commissioning function (SCF), a single hospital service (SHS), and a local care organisation (LCO). The first update to the Locality Plan (April 2018) was set within the context of the city's Our Manchester strategy, shifting the emphasis away from structural change to a focus on Our People, Our Services and Our Outcomes.

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The pandemic has had a major impact on the health and wellbeing of the people of Manchester, as it has impacted people all across the world. We are incredibly grateful for the herculean efforts made by NHS & Council staff, carers and the voluntary, community and social enterprise (VCSE) sector to maintain essential services and support people through such challenging times. What we have learned, however, is that the long-standing inequalities in our City have significantly disadvantaged people further in respect of COVID-19 morbidity and mortality, widening the gap in health outcomes still further. We need to recognise, therefore, that our vision, strategic aims and intended outcomes may still remain true to that original Locality Plan in 2016, but the targets we set for improved health outcomes have become more challenging.

We also need to recognise that the context in which we operate is going to change. The recent Health & Care Bill introduced new measures to promote and enable collaboration and integration in health and care. It also seeks to formalise Integrated Care Systems (ICS) by turning them into statutory bodies, whilst disestablishing Clinical Commissioning Groups (CCGs). In Greater Manchester this will mean a shift from the Greater Manchester Health & Social Care Partnership (GMHSCP) arrangements to a new Greater Manchester ICS. Work is underway to prepare for this shift, determining the future role and governance of the GM ICS and the 10 localities in the new structure. The Manchester health and care system continues to work collaboratively in pursuit of the Locality Plan vision, whilst the new health infrastructure and governance develops (see page 14).

Manchester was ranked as the 6<sup>th</sup> most deprived Local Authority in England in the 2019 Index of Multiple Deprivation<sup>1</sup>, which takes into account factors such as income, housing, education and employment, all of which contribute to people's health and wellbeing. Furthermore, we are operating in the context of a growing and changing population in Manchester. The population is forecast to grow by more than 14% over the next decade, which is the equivalent of 84,900 people. This presents opportunities for the city, but also some challenges in how we plan for the health and care needs of this expanding population.

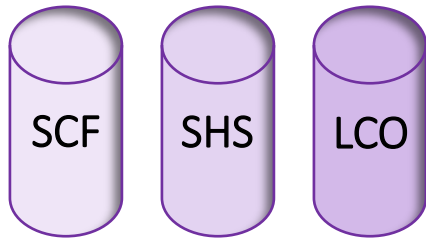
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1. To allow comparison between the 317 English local authorities, the deprivation scores of each small area (LSOA) in a district are averaged and then the districts are ranked based on these averages. Manchester ranks as the 6th most deprived local authority on the index of multiple deprivation.

Manchester's approach to achieving the strategic aims of the Locality Plan has evolved since the first Locality Plan was written in 2016. The graphic below charts this evolution.

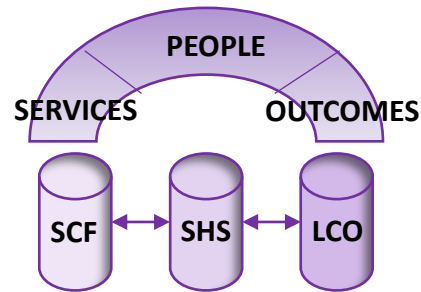
2016

## Three Pillars



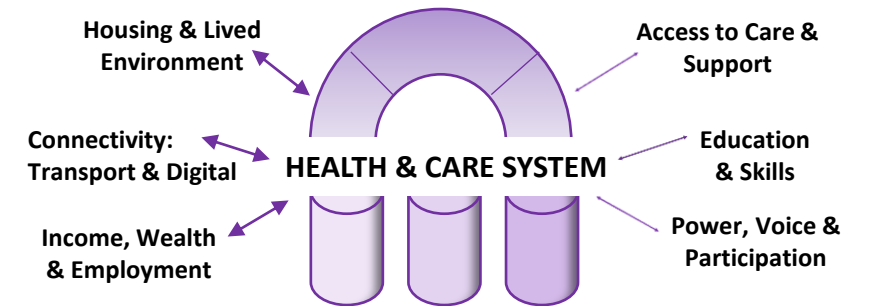
2018

## The Rainbow



2021

## System Integration & Collaboration



Page 26

### Laying the foundations

Manchester's first Locality Plan in 2016 emphasised the need to focus efforts on establishing the building blocks for system integration by prioritising structural change. This involved the creation of three new integrated organisations (three pillars): a single commissioning function (SCF); a single hospital service (SHS); and a local care organisation (LCO), plus confirmation of Greater Manchester Mental Health Trust (GMMH) as the provider of integrated mental health and care for the City.











### Focusing on outcomes for people

The second iteration of the Locality Plan in 2018 emphasised the need to switch the focus from structural transformation – the three pillars – to achieving better outcomes for people. A 'Rainbow' graphic was introduced to illustrate the new focus. A number of key milestones were identified up to 2026/27 under the headings: 'Our Services'; 'Our People'; and 'Our Outcomes'.

### Build Back Better – Build Back Fairer

Health care is only one of the many factors that impacts on health outcomes and we know that the COVID-19 pandemic has further exacerbated deep-seated inequalities experienced by many in our population. Building on the 2020 Refresh, this plan acknowledges the many challenges that we face, whilst reaffirming our resolve to work collaboratively, as an integrated system, to improve outcomes. We also recognise that the Locality Plan doesn't exist in isolation. It sits alongside the Manchester Population Health Plan (2018-2027) as primary strategy driving improved health and care outcomes, and together they form the health & care element of the overall city strategy: **Our Manchester**.

Manchester’s Locality Plan has five Strategic Aims, outlined in the graphic below. Progress is tracked against a range of indicators in the Locality Plan Outcomes Framework, with the key intended outcomes included below. The Manchester Partnership Board (the City’s newly formed senior leadership forum for integrated health and care) has identified eight key priorities that will contribute to the achievement of these strategic aims. The priorities and associated work programmes are explained in more depth in Annex 1.

STRATEGIC AIMS	KEY INTENDED OUTCOMES	NOTABLE PROGRESS/CHANGES	MANCHESTER PARTNERSHIP BOARD PRIORITIES
 <p><b>Improve the health and wellbeing of people in Manchester</b></p>	<ul style="list-style-type: none"> <li>➤ Narrow the life expectancy gap between the city’s residents</li> <li>➤ Improved health &amp; well-being – social care quality of life</li> <li>➤ Reduction in preventable deaths (all causes).</li> </ul>	 <p>Under 75 Mortality Rate from causes of death considered preventable *</p>	<ol style="list-style-type: none"> <li>1. Health infrastructure developments as a driver of economic regeneration</li> </ol>
 <p><b>Strengthen the social determinants of health and promote healthy lifestyles</b></p>	<ul style="list-style-type: none"> <li>➤ Reduction in smoking prevalence to 15% or lower by 2021</li> <li>➤ Increase in the number of children who are school ready</li> <li>➤ Reduction in residents who are out of work due to an underlying health condition/disability.</li> </ul>	 <p>A sustained decrease in smoking prevalence **</p>	<ol style="list-style-type: none"> <li>2. Covid response and recovery</li> </ol>
 <p><b>Ensure services are safe, equitable and of a high standard with less variation</b></p>	<ul style="list-style-type: none"> <li>➤ All providers have a CQC rating of good or above</li> <li>➤ All national and local quality standards are met.</li> </ul>	 <p>Percentage of GP practices, Nursing and Care Homes CQC rated good or above **</p>	<ol style="list-style-type: none"> <li>3. Reduce inequalities</li> <li>4. Supercharging the MLCO</li> </ol>
 <p><b>Enable people and communities to be active partners in their health and wellbeing</b></p>	<ul style="list-style-type: none"> <li>➤ Increase the level of knowledge and confidence that people have in managing their own health.</li> </ul>	 <p>People feeling in control of their daily life, and feeling safe and secure (pre-COVID-19) **</p>	<ol style="list-style-type: none"> <li>5. Major transformation programmes</li> <li>6. Development of Greater Manchester ICS and Manchester Local System arrangements</li> </ol>
 <p><b>Achieve a sustainable system</b></p>	<ul style="list-style-type: none"> <li>➤ Achievement of financial balance across the system</li> <li>➤ Achievement of constitutional and statutory targets</li> <li>➤ Developing a sustainable workforce.</li> </ul>	 <p>Number of people and the length of time waiting for elective care, diagnostic tests and cancer treatment. **</p>	<ol style="list-style-type: none"> <li>7. Refresh of key City strategies</li> <li>8. Development of a short and long term approach to resource allocation</li> </ol>

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Appendix 1, Item 7

\*Indicators relating to data available for period 2017/19 \*\*Indicators relating to data available over the period 2019/21

The Manchester Partnership Board priorities outlined on the previous page also take account of the need to address the challenges Manchester’s health and care system is currently facing, many of which have been exacerbated by COVID-19. A selection of pressing system challenges related to standards, access and quality of care have been grouped into ‘operational’, ‘financial’ and ‘workforce’, and are detailed below. In addition to these challenges, the next few pages identify the challenges, and emerging approaches, associated with population health, health equity and the wider determinants of health.

## Key system OPERATIONAL challenges

### Acute and Mental Health system pressures

- The acute health care system continues to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets for Manchester patients. Safety is being prioritised across emergency, urgent and elective pathways and system-wide improvement programmes are in place to support recovery (MPB priority 2). It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures. Specific operational challenges include:
  - **Impact of COVID-19 on long waits:** COVID-19 has had a profound impact on the shape and size of the waiting list at MFT. The overall waiting list size at the end of June 2021 was 141,545 with 14,706 patients waiting over 52 weeks.
  - **Urgent Care:** As a result of high demand and the continued need to split estate and flow to meet infection prevention and control requirements the number of breaches to the 4 hour A&E standard has been significantly high across all sites.
  - **Cancer:** Delivery against the 62-day referral to treatment standard has been challenged throughout the pandemic. Reducing the number of patients waiting for cancer treatment is a key priority with good progress being made across all hospital sites in Manchester.
  - **Mental Health:** Mental Health Services in Manchester have experienced extreme pressure with increased demand being seen in a number of service areas; Manchester Community Mental Health Teams have experienced sustained, higher levels of demand that are above pre-COVID-19 rates, delayed transfers of care remain challenging, and there has been a rise in demand for inpatient beds resulting in an increase in patients being placed out of area.

### Primary care

- The COVID-19 pandemic has led to unprecedented change in the way General Practice works. The continued provision of services throughout the pandemic combined with the rapid implementation of digital and triage first models of care and the increasing demands for the delivery of the largest vaccination programme in history is seeing General Practice endure one of the most challenging periods in its history.
- A combination of reduced staffing levels in primary care due to sickness and self-isolation, coupled with increasingly complex patients presenting who did not access care throughout the pandemic is presenting significant operational challenges.
- The primary care quality, recovery and resilience scheme (PCQRRS) is focusing on restoring service provision, preparing for future waves of the pandemic, and supporting reform and recovery. It will support the recovery, boost the resilience of our primary care workforce and fund time to ensure quality is embedded in recovery across Manchester General Practice to meet the needs of our diverse communities.

### Social Care

- There are real challenges being experienced in the care home and home care markets particularly in relation to staffing capacity which will potentially be exacerbated by the mandated vaccinations for care home workers – a risk which is being managed closely. In home care in particular workforce capacity is a national issue which continues to create challenges locally in both the community and in supporting hospital flow.

### Community

- High levels of COVID-19 related sickness/vacancies are leading to challenges in the delivery of community services, where both activity levels and complexity are greater now than pre-pandemic, at a time when community staff are also supporting the COVID-19 vaccination programme.

## Key system FINANCIAL challenges

The current financial landscape is very different to those which previous locality plans have been based upon. In response to the global pandemic the health and care financial regimes have been changed to allow greater focus on the response to the crisis, targeted resources to critical areas and now as we emerge – focus on recovery. Arrangements for the coming years in respect of the level of financial autonomy and national requirements post pandemic are still awaiting clarification, including the outcome and scope of the spending review for Local Authorities. What will be of particular focus for Manchester is the transition to the ICS arrangements and how this will impact the funding flows between a Greater Manchester and a locality level.

We are aware of significant national pressures on resources and likely efficiency targets. Greater Manchester and Manchester health and care systems are currently spending significantly more than previously notified allocations. The Manchester system will need to identify issues arising from non recurrent funding and prioritise future funding in line with the delivery of the locality plan.

Finance system leaders are working in partnership to ensure that Manchester is able to respond in a coordinated and agile manner to address the challenges outlined above.

## CASE STUDY – DIGITAL PRIMARY CARE

The COVID-19 pandemic has accelerated previous plans to build a different relationship between patients and primary care. Alongside the face to face appointments that remain important to many people and for many conditions, an increasing number of patients are now able to use digital technology to access and interact with primary care. We have found that for some patients, digital access has revolutionised their experience of GP care, whereas others preferred the traditional system. Knowing that digital is not better for everyone means that digital inclusion is now a key priority going forward. We now have the challenge of embedding the benefits that digital working provides, whilst ensuring that patient experience and digital inclusion are improved for all.

## Key system WORKFORCE challenges

Previous iterations of the Locality Plan have recognised the need for our health and care system to work collaboratively **‘to make Health and Care in Manchester the best place to work’**, with priorities set around: Recruitment, Retention and progression; Equality, Inclusion and Social Value; Health and Wellbeing; Workforce Development; Workforce Planning; and the development of a Workforce Operating Model.

Our strategic intent is unchanged, however, we need to recognise the impact that the pandemic has had on our workforce. The demands placed upon our people in the last 18 months were unprecedented and we know that they are exhausted and need to recover. We recognise, therefore, that supporting staff health and wellbeing will be crucially important if we are to continue to support the health and care needs of our population effectively.

We also know that the pandemic has disproportionately affected people in our population who experience racial inequality which includes our staff. We have, therefore, renewed our commitment to creating a culture where people can develop and thrive in a compassionate and inclusive environment that addresses systemic and structural inequalities. We want our health and care system to be representative of the people we serve, celebrating diversity.

## CASE STUDY – SHARED CARE RECORD

The rollout of the Greater Manchester Care Record (GMCR) was rapidly accelerated due to the COVID-19 pandemic, as technological and information governance barriers were addressed, allowing patient information sharing across GM regardless of organisation or geography. This meant, for the first time, those providing care had access to a wider range of health and care data from organisations across the whole of Greater Manchester.

When the vaccination programme began in December 2020 Manchester developed an innovative solution to utilise data from the GMCR, including a suite of resources to understand vaccination coverage by multiple population groups. These resources were used to identify and reduce vaccination inequalities in BAME groups through targeted interventions. Vaccination data, coupled with the development of a re-identification tool, has supported vaccination sites to identify and target patients that may have been otherwise missed.

## Health Equity & Wider Determinants

Manchester has entrenched health inequalities dating back for generations. The City has amongst the worst health inequalities in the country and also experiences wide variation between different communities within the City itself. The wider determinants of health such as employment and education also have worse outcomes than the country as a whole. The Manchester Population Health Plan (2018–2027) details these inequalities.

COVID-19 has had a profound impact upon the population's health. It has impacted disproportionately on different communities within our City, largely exacerbated by existing inequalities experienced across different ethnic groups and areas of deprivation. For example, life expectancy has reduced and instances of life limiting illnesses have increased. This comes on top of the recent Marmot report 'Build Back Fairer', which identified that mortality was already double in areas of highest deprivation, nationally, compared with the least. Our response to the pandemic has mitigated some of this differential but we expect to see greater variation in health outcomes across the City and compared to the rest of the country. Some of this variation is evident now; some we know will emerge in the future and some impacts may, as yet, remain unknown.

## Reducing Health Inequalities

We recognise the need for continuous improvement in addressing inequalities and promoting inclusion and, in support of this, Manchester has identified seven priority actions: -

- Improved demographic data collection;
- Community research to inform service delivery;
- Improved access, experience and outcomes;
- Culturally competent workforce risk assessment;
- Culturally competent education and prevention;
- Targeted culturally competent health promotion and disease prevention;
- Ensure recovery plans reduce inequalities caused by wider determinants.

Manchester has put these priority actions into practice throughout the pandemic. COVID-19 Health Equity Manchester (CHEM) was set up to address the disproportionate effects that COVID-19 has had on specific population groups in Manchester including: communities that experience racial inequality; disabled people and Inclusion Health groups. A number of Sounding Boards (see panel) were developed to build insight and inform action planning. These included, for example, changes to how our vaccine delivery occurred e.g. pop up sites in different locations and community leaders engaging directly with their communities to encourage uptake.

As part of the Population Health Recovery framework, the CHEM approach and infrastructure will be built on to address a broader health and wellbeing remit and support the implementation of the Locality Plan.

## How we work – Sounding Boards



Sounding Boards have been set up to help CHEM address the needs of Communities that Experience Racial Inequality\*

They are a forum to discuss ideas and proposed activities to deliver CHEM's objectives, and act as "critical friends" to the Strategic Group.

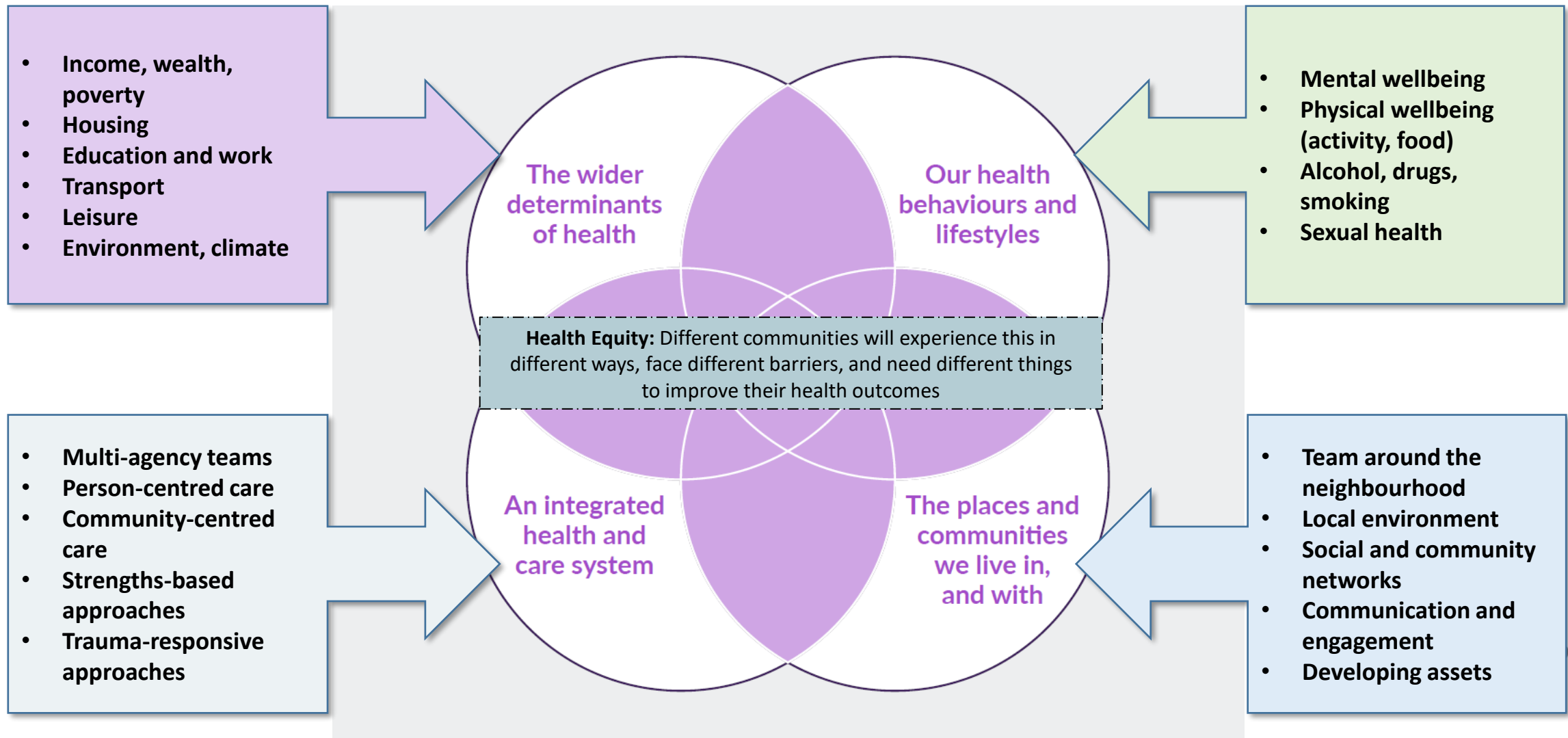
The main functions of the Sounding Boards are to

- Bring together a group of people that can act as a voice for their communities
- Give the communities they represent a voice in the development and delivery of CHEM's programme of work
- Identify and share what the priority issues and concerns are for the communities they represent
- Share their views on how statutory sector initiatives and activities might inadvertently impact adversely on different communities and provide **potential solutions**

\*Including people who experience xenophobia or experience disadvantage because of their migrancy status

The [Manchester Population Health Plan \(2018–2027\)](#) is at the heart of our long-term plan to tackle Manchester's entrenched health inequalities, outlined on the previous pages. The plan for the city will require a whole system, all-age approach as depicted in the framework below; with a strengthened approach to health equity in response to the systemic inequalities for certain communities highlighted by the COVID-19 pandemic. Collaborative delivery of this framework will involve all system partners. Each of the four components of this framework is described in more detail on the following slides, including relevant case studies.

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In order to have maximum impact, the partners in the City will need to work as a collective system on the activities that address the social determinants of health for people at an individual and community level, ensuring every resident has the opportunity for better health and support.

The City Council as part of its civic leadership role is ideally placed to harness the collective strengths of organisations and sectors across the city to address the wider determinants of health. It is proposed that, under the Health and Wellbeing Board, the Director of Public Health will establish and lead a focused Task Group to respond to the recent Marmot Report with a clear action plan relating to the wider determinants. This work will feed into the refresh of the Manchester Population Health Plan from April 2022.

Manchester has a number of complimentary strategies that are interdependent, all of which will positively impact upon the wider determinants of health, as illustrated below.

Wider determinants of health	Strategies to address
<b>Housing and lived environment</b>	Manchester Housing and Residential Growth Strategy
<b>Education and skills</b>	Manchester Children and Young People’s Plan; Work and Skills Strategy
<b>Power, voice and participation</b>	The Our Manchester approach
<b>Income, wealth and employment</b>	Powering Recovery; Our Manchester Industrial Strategy for inclusive growth
<b>Connectivity: (transport and digital)</b>	Greater Manchester Transport Strategy 2040; Manchester Digital Strategy
<b>Access to Care and Support</b>	MLCO Operating Plan; Better Outcomes Better Lives (Adult Social Care transformation); Bringing Services Together for People in Places

## CASE STUDY – INCLUSIVE GROWTH

**North Manchester** is embarking on a transformation period of major investment, with a total value of £4.5bn over the next 15-20 years.

**Victoria North** - £4bn residential led redevelopment of 7 districts from the edge of the city centre and up through the Irk Valley. This will create green space and some 15,000 new homes for around 35,000 people

**The Manchester College** - £140m transformation programme, including a new £93m campus on the southern edge of North Manchester. This industry Excellence Academy will be designed and delivered with leading employers.

**Park House Mental Health Unit** - £72m, 150-bed adult mental health inpatient facility. This will greatly improve the quality of care for patients in the best therapeutic environment possible

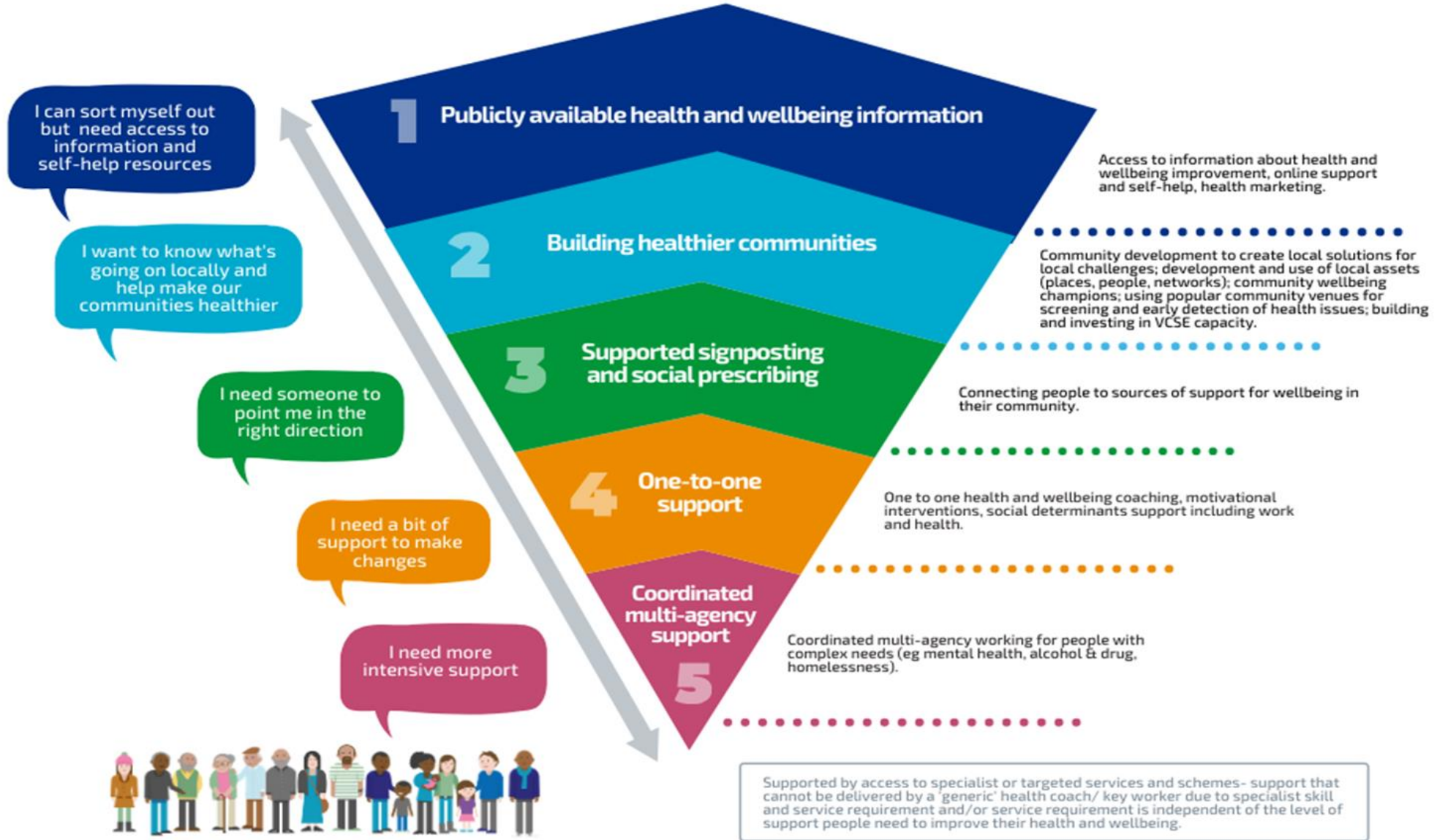
**North Manchester General Hospital** - £350m redevelopment. This will include a sustainable health campus with integrated health and social care facilities, new homes, access to better education and training, and a new centre for healthy ageing.

- BENEFITS**
- Boosting life expectancy of North Manchester residents by 1.3 years
  - Creation of 15,000 good quality, affordable, low-carbon homes
  - Diversification of housing choice and tenure
  - GDV of £4.5bn with investment in the local economy
  - Good-quality skills, training and employment opportunities
  - Better connected and more liveable neighbourhoods
  - Improved digital connectivity and infrastructure

**Manchester City Council** is bringing ALMO Northwards Housing back in-house, facilitating the retrofit of approximately 13,000 homes in North Manchester



Manchester’s Wellbeing Model outlined in the graphic below provides the delivery framework for services and approaches to improving outcomes for Manchester’s residents based on the level of support people need to look after their own health and wellbeing.



## Bringing Services Together - Team Around the Neighbourhood

We recognise that the health and wellbeing of residents and the demand for health and social care services are significantly dependent on the contribution of other public services. INTs are one part of the neighbourhood approach across the City, supporting residents to be independent and well. Local authority, Police and Housing services also work on neighbourhood footprints, linking in with INTs. We call this joint working across the public sector “Team Around the Neighbourhood”, which is part of the Bringing Services Together initiative set up to coordinate and co-produce solutions.

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## CASE STUDY – HEALTH EQUITY

**The Manchester COVID-19 Vaccination Programme** followed a ‘whole-system’, three stage approach to addressing barriers to vaccination uptake amongst communities experiencing entrenched health inequalities:

**Access:** increasing capacity and opportunities to be vaccinated, improving the ways in which people can access these opportunities, and removing barriers that make it difficult for people to get their vaccine;

**Information:** provision of tailored, targeted and culturally competent information about COVID and vaccination with bespoke use of the “3Ms” as appropriate for the target audience (Message, Messenger, Media);

**Motivation:** activities that create conditions for people to want the vaccine, and build trust and confidence in the vaccine.

Bespoke offers and pop up clinics were offered at a range of venues targeted at people experiencing barriers to vaccination.

- Deaf institute;
- Homeless offer including hostels;
- Care homes/wider care homes and housebound offer;
- Supermarkets/local community venues;
- Schools/colleges and university offers.



Appendix 1, Item 7

Community health & care services in Manchester are delivered through the Manchester Local Care Organisation’s 12 Integrated Neighbourhood Teams (INTs) operating on neighbourhood footprints, alongside Manchester's 14 Primary Care Networks (PCNS).



## About INTs

- The Core Neighbourhood Team is consistent across all 12 neighbourhoods;
  - They are a multi-agency, multi-disciplinary team (MDT) working closely together whilst maintaining links to relevant employers/professions;
  - The Voluntary, Community & Social Enterprise (VCSE) sector plays an important role in multi-agency working including MDT involvement in neighbourhoods and co-opted leadership roles in some areas;
  - Each team is co-located in their neighbourhood, to support multi-disciplinary meetings and co-working;
- The teams adopt a strengths/asset-based approach underpinned by Manchester’s Wellbeing model, focusing on prevention and cognisant of the impact of the wider determinants of health.

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## The Core Neighbourhood Team



**INT Lead**



**GP Lead**, linking to GP practices in the neighbourhood and Primary Care Networks



**Adult Community Nursing lead**



**Health Development Coordinator**



**Adult Social Care Lead**



**Care Navigator**



**Adult Mental Health Lead**



**VCSE representation** from the neighbourhood

## CASE STUDY – POPULATION HEALTH MANAGEMENT (DIABETES)

Working in partnership with Primary Care Networks (PCNs), Manchester Local Care organisation (MLCO) is piloting a data enabled approach to improve health and care outcomes in neighbourhoods.

Alongside local knowledge and insight, there is now a real focus on using data to agree local priorities and action plans for improving health and wellbeing in local communities. This approach has identified a need to radically improve outcomes for people living with type 2 diabetes in the Chorlton, Whalley Range and Fallowfield neighbourhood.

It is expected that this approach will create an early opportunity to demonstrate how using the local health and care system’s shared capacity differently can lead to improved outcomes for disadvantaged parts of the population, as well as reducing costs.

Below is a summary of the pilot’s objectives -

- Provide a proof of concept of a data enabled health improvement project in a neighbourhood.
- Develop a clear understanding of the data analysis skills, competencies and activities required to support this type of project, including the data requirements and data gaps that may currently exist.
- Demonstrate to the Manchester Partnership Board (MPB) that a sustainable reduction in hospital activity is achievable through local actions by services, people and communities working together in a neighbourhood.
- Demonstrate that by using data analysis alongside neighbourhood partnership working that entrenched health inequalities can be effectively tackled and reduced.
- Creating a data enabled approach and methodology which is replicable as part of the health improvement and reform function of MLCO.

Manchester’s Health & Care system governance is evolving, in response to the establishment of the GM ICS. Emerging responsibilities are detailed below, and supporting infrastructure (resources and assets) are being identified.

## Manchester Partnership Board (MPB)

- MPB is the senior leadership forum for health and care within the City. Its role will include: setting strategy; agreeing system transformation priorities; high level resource allocation; strategic engagement with partners; and a potential assurance role for the GM ICS. It will comprise political, clinical and managerial leadership.
- It will receive delegated responsibilities, powers and budgets for specific responsibilities (to be determined but expected to have an emphasis on care delivered out of hospital). The Partnership Board will have ‘sight’ and influence over the full locality budget for health, care and public health;
- The MPB will be the strategic interface between the NHS and wider public sector strategy in the City, optimising the wider determinants of health and the NHS’ contribution to the City strategy.
- The Partnership Board will have the primary line of reporting for Manchester’s responsibilities to both the NHS ICS Board and the Manchester Health and Wellbeing Board (HWB), bringing together key partners to plan health & social care services for Manchester.

## Manchester Provider Collaboration (MPC)

- The MPC approach is still in development, but it is being built from a strong base of provider collaboration that already takes place between/across statutory and non-statutory organisations, providing health & care services at neighbourhood, locality and city-wide levels every day;
- Manchester providers will work individually and collectively to deliver integrated, safe and effective services; shifting care upstream, reducing demand on acute and long term care. Care will be organised at a neighbourhood level so that it is well connected to local people, communities and assets and health and care teams will work at an operational level with other public sector front line teams to ensure a holistic offer to residents.

## Underpinning governance

- The MPB and MPC will be supported by wider governance arrangements working at a system level;
- The Primary Care Forum will act as a conduit to primary care within the locality and GM ICS primary care functions;
- The finance, clinical/professional (Clinical Advisory Group) and strategy leadership groups will work individually and collectively to support direction setting and the transformation agenda;
- Enabling groups including workforce, estates, digital, communications & engagement and health equity and inclusion will wrap support around system priorities.



Priorities	Work Programmes	Description
<b>1. Health infrastructure developments as a driver of economic regeneration</b>	New NMGH	Secure the investment for the redevelopment of the North Manchester General Hospital (NMGH) site, through the New NMGH Transformation Programme.
	New Park House	Developing the full business case and plans to redevelop the New Park House mental health facility on the NMGH site .
	Wythenshawe Master Plan	Developing the case for investment for the redevelopment of the Wythenshawe Hospital site by building on the Strategic Regeneration Framework (SRF) .
<b>2. Covid response and recovery</b>	Recovery Framework - M&T Community Cell	The framework sets out how health, as a major sector within the city, and a significant presence within communities, will contribute to the wider city recovery. This will support MPB to gain a full picture of progress & tailor strategic direction to determine its transformation priorities.
	MLCO Recovery and Reform	Re-establishing and reforming community services to meet the increased and changing needs of our residents and the new context in which we find ourselves as a result of the COVID-19 pandemic. Covers 1) urgent care, 2) alignment of management responsibilities, 3) adult nursing, 4) therapy services, and 5) end of life and palliative care
	MFT Recovery programme	Initially largely focused on returning activity levels to the new normal, these four programmes are also rethinking how activity is best delivered in the future and the COVID-19 pandemic has acted as a natural catalyst for rapid change. Covers 1) elective care, 2) outpatients, 3) urgent and emergency care, and 4) community diagnostic hubs.
<b>3. Reduce inequalities</b>	Reducing inequalities	Focused on addressing health inequalities and a commitment to put into practice the Marmot 2020 report’s recommendations by working across all public services in our city region to ensure that policies, approaches and resources are geared towards creating a fairer, more equal society.
<b>4. Supercharging MLCO</b>	MLCO Transitions Board	MLCO led programme with all partners represented to deliver plans to ‘supercharge’ MLCO by April 2022. Includes 1) embedding a Population Health Management (PHM) approach, 2) development of neighbourhood model ((work with Primary Care Networks (PCNs) and Greater Manchester Mental Health NHS Foundation Trust)), 3) development of deployed commissioning and contracting functions, bolstering of corporate functions, and 5) development of people and culture (HR) and organisational development (OD).
<b>5. Major transformation programmes</b>	Bringing Services Together for People in Places (BST)	A multi-partner programme of work that will help to provide a space and mechanism for collaboration between services and partners to develop new ways of working, join up individual service offers and reduce duplication.
	Neighbourhood Development	Continue the work to integrate services at the INT level and the extent to which they are joined up around residents/patients. Creating opportunities to support residents to prevent ill health, be independent, in control, and connected to their communities.

Priorities	Work programmes	Description
Page 30	MH Transformation programme	A refocusing of mental health priorities following publication of the Mental Health Long Term Plan and a shift in priorities as a result of the impacts of COVID-19.
	Better Outcomes Better Lives	MLCO's transformation programme for Adult Social Care. The programme is structured around six key workstreams – 1) maximising independence, 2) providing early help, 3) short term offers to support independence, 4) transforming community and specialist teams, 5) responsive commissioning, and 6) performance framework.
	North Manchester Strategy	Implementation of the NM Strategy with a focus on placemaking and partnerships; regeneration, economic and social impact, service transformation, and progression of the wider site / campus redevelopment under the Strategic Regeneration Framework
	Adults LTC	System wide review and service model design for the management and provision of Long Term Condition (LTC) services across the whole health and care pathway. Covering 1) respiratory, 2) vascular, 3) long COVID, and 4) community diagnostic hubs.
	Children and Young People	Delivering services that meet the health needs of children and young people, and support them and their parents and carers in managing those health needs. Includes 1) virtual ward and LTC, 2) Special Education Needs and Disabilities (SEND), 3) Transitions, 4) think family (community hubs), and 5) year of the child 2022.
<b>6. Development of Greater Manchester ICS and Manchester local system arrangements</b>	MPB engine room	Development of the system infrastructure required to support the activities to integrate care and improve population health driven by commissioners and providers collaborating at a locality level.
	Influencing the GM ICS	Influencing the blueprint for developing the GM ICS. Reviewing spatial levels to determine what future work is undertaken at what level (e.g. GM vs locality level).
<b>7.Refresh of key city strategies</b>	Our Manchester Strategy	Refreshed strategy (taking into account the impacts of COVID-19) that provides aspiration and resets priorities to ensure Manchester can achieve its aim of being a top-flight world class city by 2025, with equality, inclusion and sustainability at its centre.
	Population Health Plan	Taking into account the impacts of COVID-19, the development of the refresh of the population health plan for 2022 moving toward a new individual, communities and health equity approach
	Locality Plan	Refresh and reset of the Manchester Locality plan to describe how the health and social care system in Manchester will be transformed with improved health and wellbeing, high quality services, a balanced budget and making the most of the many strengths we already have. This will be in the context of a post pandemic world & new NHS ICS legislative changes.
<b>8.Development of a short and long term approach to resource allocation</b>	H2 Planning	Setting a financial plan for Q3 & Q4. Given that national guidance is expected to predominantly outline a rollover of H1 arrangements with a further savings requirement, the greater work might be planning for 2022/23.

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 9 February 2022

**Subject:** An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester

**Report of:** Director of Public Health

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### Summary

There is a growing body of evidence that demonstrates that climate change is one of the biggest public health threats and challenges we face. Health and climate change are intricately connected and it is clear that the effects of climate change, such as extreme weather events, poor air quality and impact on food will directly negatively impact health. We are already seeing the impacts of climate change in Manchester's population and it is predicted that these impacts will worsen over time. Undertaking action to both reduce carbon emissions and adapt to the impacts of climate change is essential both for the immediate future and the longer-term.

The purpose of this report is to provide an introduction to climate change in Manchester and the city's ambitions and activities to date. The report provides an overview of the impact that climate change is having, and is predicted to have in the future, on the health of Manchester's residents and the potential impacts on healthcare services and facilities in Manchester.

### Recommendations

The Health Scrutiny Committee are invited to;

1. Note the content of the report and in particular the strong link between climate vulnerability and health inequality.
  2. Consider how the content of this report could inform the future work planning of the Health Scrutiny Committee.
  3. Note the establishment of the Health and Wellbeing Climate Change Advisory Group.
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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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Climate change and health and are intricately connected. Evidence demonstrates that the effects of climate change such as extreme weather events, air quality and food will directly negatively impact health. We are already seeing the impacts of climate change
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in Manchester's population, and it is predicted that these impacts will worsen over time. Undertaking action to both reduce carbon emissions and adapt to the impacts of climate change is essential both for the immediate future and for the longer-term. In addition, the city may be impacted by longer-term international events such as waves of new migration resulting from people being forced to move from areas most prone to climate change impacts.

Our Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Healthy and resilient residents and communities' will be able to thrive in employment and opportunities which will support the local economy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	A healthy population living in a zero-carbon environment is essential for the city's future economic success. In addition, providing people with the skills to obtain jobs in the zero-carbon sector will be important.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	There is strong evidence to suggest that climate change and social inequality are linked with disadvantaged groups suffering disproportionately from the adverse effects of climate change. Supporting communities to be both healthy and resilient and adaptable to climate change will ensure that they are able to make a positive contribution and reach their full potential.
A liveable and low carbon city: a destination of choice to live, visit, work	Climate change has a negative impact on the city's liveability with the most acute issues being flooding and heat stress.
A connected city: world class infrastructure and connectivity to drive growth	Zero carbon transport will enable Manchester resident to live healthy lives and significantly reduce the negative impact of poor air quality in the city.

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**Background documents (available for public inspection):**

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

[MCC Climate Change Action Plan 2020-25](#)

[Manchester Climate Change Framework 2020-25](#)

[Manchester Climate Change Agency 2021 Annual Report](#)

[Approaches to Flood Prevention and Management](#), Environment and Climate Change Scrutiny Committee, 11 November 2021

[Build Back Fairer – COVID-19 Marmot Review: Housing, Unemployment and Transport](#), Economy Scrutiny Committee, 14 October 2021

[Building Back Fairer in Manchester](#), Health Scrutiny Committee, 13 October 2021

[Manchester Food Board Report](#), Environment and Climate Change Scrutiny Committee, 13 January 2022

[Manchester's climate risk: a framework for understanding hazards & vulnerability](#)

[A Breath of Fresh Air: Tackling the issue of poor air quality in Manchester](#),

Manchester Public Health Annual Report 2018

## 1.0 Introduction

- 1.1 There is a growing body of evidence that demonstrates that climate change is one of the biggest public health threats and challenges we face. The World Health Organisation (WHO) recognises that the climate crisis is upon us and that the consequences of this for our health are real and often devastating. WHO state that the climate crisis threatens to undo the last fifty years of progress in development, global health, and poverty reduction, and to further widen existing health inequalities between and within populations.
- 1.2 Climate change is already impacting health in a myriad of ways, including by leading to death and illness from increasingly frequent extreme weather events, such as heatwaves, storms and floods, the disruption of food systems, increases in zoonoses (diseases transmitted from animals to humans) and food, water and vector-borne diseases (parasites, bacteria, viruses), and mental health issues. In addition to this, climate change is undermining many of the social determinants for good health, such as livelihoods, equality and access to health care and social support structures. These climate-sensitive health risks are disproportionately felt by the most vulnerable and disadvantaged, including women, children, ethnic minorities, lower income communities, migrants or displaced persons, older populations, and those with underlying health conditions.
- 1.3 In 2021, many global records relating to extreme heat, floods, droughts, wildfires and hurricanes were broken and these weather impacts are part of a growing trend e.g., the hottest years on record have all been in this century. We are already seeing the impacts of climate change on Manchester's population, and it is predicted that these impacts will worsen over time. As such, undertaking action to both reduce carbon emissions and adapt to the impacts of climate change is essential both for the immediate future and for the longer-term.
- 1.4 The Paris Agreement is a legally binding international treaty on climate change adopted by 196 Parties at COP21 (Conference of the Parties) in Paris in 2015. Its goal is to limit global warming to well below 2, preferably to 1.5 degrees Celsius (°C), compared to pre-industrial levels. To achieve this long-term temperature goal, countries aim to reach global peaking of greenhouse gas emissions (GHG) as soon as possible to achieve a climate neutral world by mid-century. The recent COP26 conference in Glasgow marked a step forward in global efforts to address climate change, including a material increase in ambitions to reduce emissions across the world. If all the ambition is delivered an expected warming of just under 2°C might be achieved. However, current climate policies would not deliver close to these targets and consequently the world is currently on track to an expected temperature rise of approximately 2.7°C.
- 1.5 Even at 1.5°C warming essential systems will be affected, such as housing, transport, healthcare, food and water supplies, with more significant effects on already vulnerable communities. Climate adaptation and resilience measures today will help ensure the continued safety, security and prosperity of our

communities and industries. This requires direct action to reduce our emissions and support our communities to cope with the impacts of climate change<sup>1</sup>. This will require a full system change and wide collaboration across all sectors.

- 1.6 In the short to medium-term, the health impacts of climate change will be determined mainly by the vulnerability of populations, their resilience to the current rate of climate change and the extent and pace of adaptation. In the longer-term, the effects will increasingly depend on the extent to which transformational action is taken now to reduce emissions and avoid the breaching of dangerous temperature thresholds and potential irreversible tipping points<sup>2</sup>.
- 1.7 The purpose of this report is to provide a brief introduction and overview of the impact of climate change on health. The report focuses on the key areas impacted; extreme weather events, air quality, food, mental health and health services and facilities. It also provides an overview of activity being carried out in Manchester to reduce the impact of climate change in these areas.

## 2.0 Background

### 2.1 Climate Change in Manchester

- 2.1.1 In July 2019, Manchester City Council declared a Climate Emergency which recognised the need for the Council, and the city as a whole, to do more to reduce carbon dioxide (CO<sub>2</sub>) emissions and mitigate the negative impacts of climate change. It also demonstrated the Council's commitment to be at the forefront of the global response to climate change and to lead by example. The Council had already adopted a science-based carbon budget for Manchester of 15 million tonnes of CO<sub>2</sub> between 2018 and 2100 following analysis by the Tyndall Centre for Climate Change Research. This also committed the city to become zero-carbon by 2038 at the latest.
- 2.1.2 In 2020, the Council's Climate Change Action Plan 2020-25 was developed to ensure that all aspects of the Climate Emergency Declaration were converted into clear actions with tonnes of CO<sub>2</sub> savings included where applicable. The Plan builds on over a decade of previous activity which has seen the Council's direct CO<sub>2</sub> emissions reduce by 54.7% between 2009/10 and 2019/20.
- 2.1.3 Since declaring a Climate Emergency, the Council has set about transforming the way it works to ensure that climate change is at the heart of the organisation and our work with partners, residents and with our young people. Our Corporate Plan priorities have been refreshed for 2020-21 to reflect the city's zero carbon ambitions, resulting in the inclusion of a new 'Zero Carbon Manchester' priority.
- 2.1.4 The Our Manchester Strategy sets out the commitment that '*Manchester will play its full part in limiting the impacts of climate change*'. The responsibility for

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<sup>1</sup> [Statement by International Senior Scientific Advisers ahead of COP26 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/statement-by-international-senior-scientific-advisers-ahead-of-cop26)

<sup>2</sup> [COP26 Special Report on Climate Change and Health \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health)

developing and facilitating the delivery of the citywide strategy to fulfil this commitment is devolved to the Manchester Climate Change Partnership (MCCP) and Manchester Climate Change Agency (MCCA).

- 2.1.5 The Manchester Climate Change Framework 2020-25 (1.0) was published in February 2020 by the MCCA, following its approval by the MCCP. The Framework is the city's high-level climate change strategy for 2020-25 and states that:

*'Manchester will play its full part in limiting the impacts of climate change and create a healthy, green, socially just city where everyone can thrive.'*

- 2.1.6 The Framework has four headline objectives which are:

- Staying within our carbon budgets
- Climate adaptation and resilience
- Health and wellbeing
- Inclusive, zero carbon and climate resilient economy

- 2.1.7 The MCCA are currently working on 'version 2.0' of the Manchester Climate Change Framework 2020-25. This work will set out localised evidence-based targets for the six action areas of the Framework (buildings, transport, energy, food, what we buy and what we throw away, and nature-based solutions), renewed actions for residents and businesses, a detailed 2022-25 strategy for taking these actions forward and a reporting framework. It will also contain a more detailed plan for implementing adaptation and resilience action plans across the city. Public consultations are planned during spring 2022, and the final version is scheduled to be published in June 2022.

- 2.1.8 As part of the development of Framework 2.0, the Health and Wellbeing Board has recently approved the establishment of a Health and Wellbeing Advisory Group to the MCCA. The Advisory Groups role will support the development of Framework 2.0 by ensuring that the narrative at around climate, health and wellbeing is up to date and that progress is tracked against shared objectives. The first meeting of the new Advisory Group is due to take place in February 2022.

## **2.2 Health and Climate Change Overview**

- 2.2.1 Climate change can impact health in two main ways: health outcomes and the health system and facilities. Some of these outcomes will have a greater effect on Manchester's residents than others but are listed below for completeness. The impact on health outcomes includes:

- Injury / death from extreme weather events
- Heat related illnesses
- Respiratory illnesses
- Water borne diseases
- Zoonoses (diseases transmitted from animals to humans)
- Vector borne diseases (parasites, bacteria, viruses)

- Malnutrition
- Non-communicable diseases
- Mental and psychological health impacts

The impact on health systems and facilities includes:

- Pressures on health care facilities with population growth and the movement of people

2.2.2 There have been a number of reports published recently that have emphasised the link between climate change and its impact on health. Several of these reports are referenced in this report and are suggested reading should the Committee members wish to delve further into this topic. These are:

2.2.3 **UK Health Expert Advisory Group** - the Expert Advisory Group was formed by the Committee on Climate Change (CCC) in 2020 to advise on developing an approach to assessing the health impacts of setting the sixth carbon budget covering 2033-2037, which will set a new path towards the target date of net-zero carbon emissions by 2050<sup>3</sup>. The key conclusion was that climate change is already damaging the health of populations in the UK and globally and has the potential to increase health inequalities. Actions to combat climate change, done in the right way, could improve health and health equity and that actions to improve health and health equity have the potential to reduce GHG emissions. The overarching actions proposed in the report are:

- Support a just energy transition that minimises air pollution from all sources
- Design and retrofit homes to be energy efficient, climate resilient and healthy
- Build a sustainable, resilient, and healthy food system
- Develop a transport system that promotes active travel and road safety which minimises pollution.

2.2.4 **World Health Organisation: Health & Climate Change**<sup>4</sup> - Climate change has the ability to seriously alter public health and has already begun to do so. The WHO estimates that between 2030 and 2050 approximately 250,000 people will die annually as a direct result of climate change with at-risk population groups, such as infants and the elderly, to be particularly affected, but that if climate change continues unabated, other population groups will also be affected. Children, in particular those living in poorer communities, are among the most vulnerable to the resulting health risks and will be exposed longer to the health consequences. The health effects are also expected to be more severe for elderly people and people with infirmities or pre-existing medical conditions.

Although climate change may bring some localised benefits, such as fewer winter deaths in temperate climates and increased food production in certain

<sup>3</sup> <https://www.theccc.org.uk/publication/ucl-sustainable-health-equity-achieving-a-net-zero-uk/>

<sup>4</sup> [Climate change and health \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health)

areas, the overall health effects of a changing climate are overwhelmingly negative. Climate change affects many of the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.

**2.2.5 Marmot Build Back Fairer in Greater Manchester: Health Equality and Dignified Lives<sup>5</sup>:** The unfairness of economic and social arrangements, ethnic disadvantage and racism and the extent of health inequalities have been exposed and public and political appetite to remedy these has been increased. Key points relating to climate change highlighted in the report include:

- Direct and indirect impacts of climate change are a threat to health and health inequalities in Greater Manchester
- Immediate action to reduce Green House Gas (GHG) emissions can improve health and reduce existing health inequalities.
- The direct impacts of climate change on physical and mental health include: greater exposure to extreme heat/cold and UV radiation, more pollen, emerging infections, flooding and associated water-borne diseases, and impacts of extreme weather. Action to reduce air pollution, by reducing the burning of fossil fuels, will not only have immediate health benefits, but will also contribute to achieving net-zero greenhouse gas emissions.
- The indirect impacts of climate change on health and inequalities include increases in the price of food, water and domestic energy and increased poverty, unemployment and anxiety.

**2.2.6 COP26 Special Report on Climate Change and Health<sup>6</sup>:** The report details 10 recommendations which propose a set of priority actions from the global health community to governments and policy makers, calling on them to act with urgency on the current climate and health crises. The report highlights that the next few years present a crucial window for governments to integrate health and climate policies in their COVID-19 recovery packages. The health benefits from climate actions are well documented and offer strong arguments for transformative change – and this is true across many priority areas for action: adaptation and resilience, the energy transition, clean transport and active mobility, nature, food systems and finance. The health sector and health community are a trusted and influential, but often overlooked, climate actor that can enable transformational change to protect people and planet.

## 2.3 Vulnerability

**2.3.1** As outlined in the ‘Manchester Climate Risk: A Framework for Understanding Hazards and Vulnerabilities’ report, we must consider vulnerability as well as hazard and exposure to climate change if we are able to gain a full appreciation of the risk. Vulnerability refers to the extent to which entities are at risk of being harmed by a hazard. The term is very broad and can include physical assets, the delivery of services and government economic, cultural and societal factors. As such when facing a climate hazard, people and

<sup>5</sup> [Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives - IHE \(instituteofhealththequity.org\)](https://www.instituteofhealththequity.org/)

<sup>6</sup> [COP26 Special Report on Climate Change and Health \(who.int\)](https://www.who.int/)

infrastructure are exposed to the same potential losses but are not vulnerable in the same way. Vulnerability can therefore be quantified by both the degree of loss and the capacity to recover<sup>7</sup>.

- 2.3.2 The evidence shows that there is a clear and strong link between climate vulnerability and health inequality. Whilst this is evident in the impact that we are seeing in the city today, future vulnerabilities and inequalities are predicted to be much worse having a potentially devastating impact on the lives of our communities. Climate change will drive new health impacts as well as exacerbating existing health disparities. Action to tackle these vulnerabilities and inequalities is now time critical if we are to minimise future risk and impacts to health.
- 2.3.3 While no one is safe from the risks of climate change, the people whose health is being harmed first and worst by the climate crisis are the people who contribute least to its causes, and who are least able to protect themselves and their families against it; people in low-income and disadvantaged countries and communities. Despite historically being the least likely to contribute to climate change, people living in poverty are often the worst affected. Those already vulnerable in the city (living in poverty, living in low income areas, children and the elderly) will be disproportionately negatively impacted by climate change and as such we need to ensure that the transition to a low carbon future is just and equitable.
- 2.3.4 Despite these impacts, it is recognised that the public health benefits from implementing ambitious climate actions far outweigh the costs and strengthening health resilience and building adaptive capacity will protect vulnerable populations from health shocks and promote social equity. In addition to this, the health co-benefits from climate actions are well evidenced and offer strong arguments for transformative change. A large body of evidence now shows that climate action aligned with Paris Agreement targets would save millions of lives due to improvements in air quality, diet, and physical activity, among other benefits.
- 2.3.5 Health professionals need to be involved in climate decision-making processes at all levels, to ensure health and equity considerations are well understood and accounted for when developing climate policies. Currently, many climate decision-making process do not account for health co-benefits and their economic valuation.

### **3.0 Extreme Weather Events**

#### **3.1 Overview**

- 3.1.1 Climate change is predicted to increase the frequency and intensity of extreme weather events demonstrated with the past decade seeing warmer and wetter weather than previous decades. It is projected that the number of heat related

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<sup>7</sup> [Manchester Climate Risk: A Framework For Understanding Hazards & Vulnerability | Manchester Climate Change](#)

deaths will triple by 2050, with the hottest summers on record that we have observed in recent years, becoming simply “normal” summers. Climate change predictions in the UK by 2050 are as follows:<sup>8</sup>

- Hotter, drier summers with +5.6°C summer mean daily maximum temperature
- Warmer wetter winters with +28% winter mean precipitation
- More frequent and intense weather extremes

3.1.2 An emerging consensus is that as the planet warms, Manchester, like the rest of the United Kingdom, will experience long-term, persistent climate change as well as climate instability and variability. These forces will drive potentially significant climate stresses and climate shocks for the city. In short, weather events once considered to be outliers in terms of their extremity or rarity could become our new normal, underlining the necessity of work to embolden the city’s climate change adaptation and resilience policy and practice<sup>9</sup>.

3.1.3 There is evidence to suggest that we have already started to experience the effects of climate change in Manchester. Meteorological observations demonstrate that there has been an overall warming in the city’s year-round climate. As we progress through the century, Manchester, like everywhere else in the UK, is projected to see a gradual creeping upwards in temperature. This warming will be more pronounced in summer than in winter. In terms of headline weather hazards, flooding is Manchester’s most prominent extreme weather and climate change risk. Although currently relatively rare, droughts, heatwaves and wildfires will also occur more frequently and will need to be given much more attention. Storms and high winds will also present a further risk. Recently there has been a series of significant weather events across the city which are possible indicators of future weather extremes that the city might face more frequently.

3.1.4 The adverse direct impacts of climate change, particularly from flooding and higher summer temperatures/ heatwaves, on human health could be considerable. They will involve both exacerbating existing health inequalities and the introduction of new health risks for people. The human health impacts of climate change may disproportionately affect those who are already vulnerable. For example, heatwaves and air pollution exacerbated by climate conditions or moorland fires can cause death and serious illness, particularly in the elderly, children and those with pre-existing respiratory illness and cardio-vascular disease.

3.1.5 Flood water poses a (relatively small) risk of drowning and may harbour disease. Households that flood, but for whatever reason are unable to relocate either during the flood event or the process of reconstruction, report ill-health from living in damp homes. In addition to this, the experience of flooding can generate severe mental health and emotional impacts that may outlast the immediate impacts of events. Flooding can have impacts on health and wellbeing, with research showing that there are long term negative impacts on

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<sup>8</sup> [Greater Manchester Resilience Strategy 2020 - 2030 \(greatermanchester-ca.gov.uk\)](https://www.greatermanchester-ca.gov.uk/greatermanchester-resilience-strategy-2020-2030)

<sup>9</sup> [Climate vulnerability framework.pdf \(manchesterclimate.com\)](https://www.manchesterclimate.com/climate-vulnerability-framework.pdf)



the mental health of people whose homes are flooded, or lives affected by flooding. In the longer-term, climate change could increase the risk of new pathogens and diseases borne by invasive insect species.

- 3.1.6 In January 2021, storm Christoph posed significant risk of flooding for the Didsbury and Northenden areas adjacent to the River Mersey. A Severe Flood Warning was issued, and an evacuation took place prioritising clinically extremely vulnerable, COVID positive, self-isolating and those people who were vulnerable and required assistance to evacuate. Although on this occasion the flood waters did not breach the flood basin, they did come within millimetres of doing so. This would have had a devastating impact across South Manchester and is clear evidence that the city may become more prone to more severe flooding in the future.
- 3.1.7 Climate projections suggest that Manchester will face warmer summers in the future. Associated with this there is an increased likelihood that we will face very intense hot spells (heatwaves). This could be a particular problem in the city centre where buildings retain their heat overnight and could cause an increased frequency and intensity of convectional rainfall. This could have significant impacts on the health of Manchester residents including an increased death rate for the elderly, very young and those with underlying health conditions. Thermal comfort will be negatively impacted producing consequences for people's ability to rest and sleep impacting health and productivity. There is an increased likelihood of moorland fires beyond the city with implications for air quality and residents' health.
- 3.1.8 Despite the negative impacts of climate change, it is possible that warmer summers and milder winters will encourage greater use of the outdoors and greenspace, potentially bringing benefits to physical and mental health.<sup>10</sup> Increase and improving the natural environment also provides a place for exercise, with many health benefits including lowering the risk of cardiovascular diseases and other chronic diseases. Green and blue spaces can improve wellbeing and mental health, connect people and communities, and, with equitable access, help to reduce health inequalities. However, there will need to be constant monitoring of the balance of risks and benefits.
- 3.1.9 The first step to tackling current and future extreme weather events is to establish a comprehensive understanding of the specific climate risks in Manchester and the impacts that these will have on our residents and communities. Adaptation measure to mitigate the impact of extreme weather events include:
- Nature based solutions such as vegetation cover to provide cooling and shading, clean the air, and prevent flooding via natural drainage
  - Flood prevention and management
  - Increasing awareness, preparedness and resilience in communities
  - Ensuring buildings and infrastructure (both current and future developments) are resilient to the future impact of climate change including

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<sup>10</sup> [Climate vulnerability framework.pdf \(manchesterclimate.com\)](#)

access to sustainable, affordable fuel supply to mitigate against fuel poverty, allowing for natural cooling and protected from flooding.

### 3.2 Activity in Manchester

3.2.1 There is no single body responsible for managing flood risk in the UK and responsibility is shared across a number of bodies including DEFRA, the Environment Agency (EA), Local Authorities, Highway Authorities and United Utilities. As rivers and other watercourses flow through different local authority areas investment in flood risk management projects is at a regional rather than very local area with some of these are delivered by Local authorities and some by the Environment Agency.

3.2.2 Strategies to reduce flooding in Manchester include:

- Restoration of ordinary watercourses
- Improvements to trash screens
- EA activities on specific watercourses such as the River Mersey Strategy, Cringle Brook and Sinderland Brook Strategy.

3.2.3 For further information on flood prevention and management please see the report presented to [Environment and Climate Change Scrutiny Committee](#).

3.2.4 Delivery of the Manchester Green and Blue Infrastructure Implementation Plan directly supports the city to adapt to climate change. Specific actions that support this are the:

- Manchester Tree Action Plan
- Horizon 2020 GrowGreen project which includes the delivery of the West
- Gorton Community Park
- Tree opportunity mapping commission
- £1million tree planting programme

3.2.5 Manchester Climate Change Framework includes the high-level objective *‘to adapt the city’s buildings, infrastructure and natural environment to the changing climate and increase the climate resilience of our residents and organisation’*. As part of this work Dr Paul O’Hare was seconded from MMU to MCCA and has developed a ‘Framework for Understanding Hazards and Vulnerability in Manchester’. As part of this work, it is recommended that a comprehensive city-wide risk assessment is undertaken. This work, and work to develop a vision, principles and actions for creating a more climate resilient Manchester, will be expanded upon in Framework 2.0.

## 4.0 Air Quality

### 4.1 Overview

4.1.1 Air pollution is a significant public health problem. Long term exposure (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular, respiratory diseases and lung cancer, but it is also linked to dementia,

cognitive decline and early life effects. Many people will also feel short term effects due to episodes of higher levels of air pollution, with effects on lung function, exacerbation of asthma and we also see increases in respiratory and cardiovascular hospital admissions.

- 4.1.2 Climate change and air quality are intrinsically linked. There is now a greater understanding that climate change mitigation can help to reduce air pollution and clean air measures can help to reduce greenhouse gas emissions. Levels of air pollution are driven primarily by emissions such as those from vehicles or industry, which contribute to climate change. This is a vicious circle as many experts note that more frequent and intense heatwaves could lead to more episodes of high ozone and particulate matter (PM) which could harm health<sup>11</sup>.
- 4.1.3 NO<sub>2</sub> is primarily caused by the combustion of fossil fuels, particularly diesel, in transport. Particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) are also linked to the combustion of fossil fuels, including from domestic burning, as well as from the wear and tear of machinery associated with transport, and dust from construction work. Many of the sources of NO<sub>2</sub> are also sources of PM, and therefore measures to address NO<sub>2</sub> are likely to have some impact on PM levels. Overall, the effect that man-made air pollution in the UK has on mortality is estimated to be in the range of 28,000 to 36,000 deaths annually. In Greater Manchester, it is estimated that air pollution contributes to around 1,200 deaths each year<sup>12</sup>.
- 4.1.4 Everybody is at risk of the negative impacts of air pollution but the most vulnerable people in society are hardest hit. Those most at risk include:
- *Unborn babies and children* - Air pollution has been linked to premature births, low birthweight, and miscarriage. Children are more vulnerable as their organs and immune systems are still developing. It can lead to childhood asthma, aggravate asthma attacks, lung damage and a lifetime of health problems.
  - *Elderly and those with health conditions* - Air pollution can really worsen some health conditions, leading to flare ups and triggering heart attacks and strokes. There is now research showing that air pollution potentially increases the risk of getting dementia.
  - *Adults, especially in cities, and drivers* - People who spend more time in areas with a high concentration of air pollution are most affected. That includes some drivers and people who spend a lot of time in cities.
- 4.1.5 In 2008, the Government passed the European Ambient Air Quality Directive into UK law which sets legally binding limits for concentrations of major air pollutants, including NO<sub>2</sub> and PM<sub>10</sub> and PM<sub>2.5</sub>.
- 4.1.6 COVID-19 lockdowns have affected local air quality to varying extents. During the first national lockdown there were marked reductions in NO<sub>2</sub> levels at

<sup>11</sup> [Understanding the health effects of climate change - UK Health Security Agency \(blog.gov.uk\)](https://www.blog.gov.uk/2019/07/23/understanding-the-health-effects-of-climate-change/)

<sup>12</sup> GMCA 2020 Air Quality Annual Status Report [05 - ASR Greater Manchester 2021 \(ctfassets.net\)](https://www.ctfassets.net/05-ASR-Greater-Manchester-2021/)

urban and roadside automatic monitoring locations in Manchester due to lower volumes of traffic. As such Manchester met the national legal limits for all its air pollutants in 2020. Despite long-term monitoring trends indicating that there has been an improvement in air quality across the city, it is likely that during business-as-usual circumstances parts of Manchester will remain above the annual limit for NO<sub>2</sub>.

## 4.2 Activity in Manchester

4.2.1 In order to tackle poor air quality the Greater Manchester Combined Authority (GMCA) published an [Air Quality Action Plan 2016 -21](#) (AQAP) in December 2016. The plan is structured around three themes:

- Reducing traffic by encouraging alternative travel modes
- Increasing efficiency by making the most appropriate use of roads and vehicles for different tasks
- Improving vehicles by encouraging fewer polluting vehicles to be used.

4.2.2 In July 2017 the Secretary of State issued a Direction under the Environment Act 1995 requiring seven Greater Manchester local authorities, including Manchester City Council to produce a feasibility study to identify the option which will deliver compliance with the requirement to meet legal limits for nitrogen dioxide in the shortest possible time.

4.2.3 With road transport responsible for approximately 80% of NO<sub>2</sub> concentrations at the roadside, and with so many parts of the conurbation having been identified by the Government Plan, the Greater Manchester local authorities recognised that solutions within local authority boundaries would result in a confused and uncoordinated approach to managing improvements in air quality.

4.2.4 As a result, GM has adopted a conurbation-wide approach to producing a [Clean Air Plan](#) informed by local modelling that identified that roadside NO<sub>2</sub> on 152 road links across all Greater Manchester authorities were forecast to exceed the legal Limit Value (40 µg/m<sup>3</sup>) beyond 2020. This has enabled one coherent set of effective measures, and associated mitigations and funds to be developed for the benefits of residents and businesses across the whole city-region; and it minimises the risk of unintended consequences, such as displacing existing, elevated NO<sub>2</sub> concentrations to other locations within Greater Manchester.

4.2.5 However, in developing GM's approach and in meeting the legal duty that Government has placed upon us, the Greater Manchester authorities have also been clear from the outset of the need to understand and address the economic consequences of the changes that the National Plan will bring for places and the businesses that operate within them.

- 4.2.6 GM has continued throughout to aim to develop a Clean Air Plan to maximise air quality benefits for all people living and working in GM, and minimise the negative impacts. The prescribed nature of the approach that GM must follow – the implementation of Clean Air Zones (CAZ) with specific categories determined nationally, shaped by legal action and national policy, mean that GM has had to push Government and its policy framework at each stage of the Plan's development.
- 4.2.7 As directed by the Government in March 2020, the ten GM local authorities remain under a legal government direction to introduce a category C Clean Air Zone to achieve compliance with legal limits for NO<sub>2</sub> as soon as possible and by 2024 at the latest. Some vehicles, mainly commercial, that do not meet emission standards will pay a daily charge to travel into and around the Zone. Private cars, motorbikes and mopeds are not included. The Clean Air Zone is designed to improve air quality by encouraging upgrades to cleaner vehicles. It is not the same as a Congestion Charge Zone, where all or most vehicles are charged to drive.
- 4.2.8 The Zone is currently being introduced in two phases:
- **Phase 1 (30 May 2022):** non-compliant HGVs, coaches (can apply for a temporary exemption to 1 June 2023) and buses (including registered within GM or outside) and taxi and private hire vehicles not licensed in GM.
  - **Phase 2 (1 June 2023):** non-compliant vans, minibuses (including registered within GM and outside) and GM licensed taxi and private hire vehicles. GM coach operators and people with a compliant vehicle on order will be able to apply for an exemption to June 2023.
- 4.2.9 In developing the CAP, the ten GM authorities recognised from the outset that the introduction of a Clean Air Zone would be a major challenge for many individuals and businesses and must be accompanied by a fair package of financial support. The current plan includes £120m of government funding to support eligible GM businesses, organisations and people move to cleaner, compliant vehicles (through upgrades or retrofit) that meet emissions standards. A requested £10m Hardship Fund was not granted, however GM subsequently secured government's agreement to an assessment mechanism to allow Clean Air Funds to be adapted as required based on evidence.
- 4.2.10 Since the GM CAP was consulted upon in late 2020 and agreed by GM authorities in July 2021 (subject to ongoing review with government), emerging evidence from businesses, trade and a commissioned report has highlighted significant challenges related to supply chain issues and price inflation. Based on this evidence, there is a fundamental concern that these global and national factors may impact on the ability of businesses and individuals to upgrade their vehicles – and whether the current financial support package agreed with government is sufficient. This could impact GM's ability to meet air quality targets and protect people's health.
- 4.2.11 The Greater Manchester Air Quality Administration Committee met on 20 January 2022 to consider this emerging evidence. The Committee agreed

to seek permission from the Secretary of State – as required by the legal direction – to pause the opening of phase two Clean Air Funds. These funds were due to open at the end of January 2022 for eligible vans, coaches, GM licensed taxis and private hire vehicles. GM Leaders have written to government to ask for an urgent joint policy review of the supply chain issues, to understand what this could mean for the GM CAP. This would seek to ensure that the funding and policy arrangements can be reviewed quickly to better reflect the additional costs and vehicle availability problems that businesses are facing, having heard the concerns of local businesses and traders impacted by the Clean Air Zone.

4.2.12 The Committee also confirmed that preparations to launch the first phase of the Clean Air Zone from 30 May 2022 will continue. The Greater Manchester Financial Support Scheme is currently open for applications from eligible bus and HGV owners, with further funding for the next tranche of businesses to help upgrade non-complaint HGVs, to be opened as soon as possible. The Committee also requested that those vehicles owners who had already placed orders pending funding opening at the end of January should be able to contact Clean Air GM for advice to ensure they are not detrimentally impacted by the decision to pause the opening of the funds, and that awards can be made where appropriate. In addressing some of the supply chain issues also impacting HGVs, a temporary exemption is in place for vehicle owners who can demonstrate they have placed an order for a compliant upgraded vehicle but are waiting on its delivery.

4.2.13 Other activity carried out in Manchester to improve air quality includes:

- **Electric Vehicles (EVs)** - Working with Transport for Greater Manchester (TfGM) and other GM districts to produce the EV Charging Infrastructure Strategy launched in October 2021 and install charge points in Manchester. The Council's waste contractor, Biffa, has replaced almost half of the city's diesel refuse-collection vehicles with emission-free electric alternatives. Working with TfGM to implement the eHubs programme in Ancoats, Chorlton and Whalley Range, co-locating electric car club vehicles with e-cargo bikes to provide alternatives to private car travel. In addition to this, from 2030 the UK Government will ban the sale of diesel and petrol vehicles. As such local authorities are working to increase the EV charging infrastructure to support a growing number of EVs.
- **Taxis** - Work has continued to improve taxi emissions. Further details are available in the GM Licensing Network's September 2020 report '[Greater Manchester Minimum Licensing Standards](#)'.
- **Planning** - Continuing with planning-development requirements, including air-quality impact and exposure assessments, and mitigation, such as EVC points, boiler-emission standards, and travel plans. The Council will be publishing an online guidance document for developers.
- **Domestic stoves and fireplaces** – In autumn 2021, the MCC-led domestic stoves and fireplaces campaign was launched to educate Greater Manchester residents of smoke-control rules covering the district, the impact of such appliances on indoor and outdoor air quality, and how to reduce these impacts.

- **City Centre Transport Strategy** – In March 2021, a refreshed [City Centre Transport Strategy](#) was published which prioritises walking as the main way of moving around the city centre and aims for 90% of morning peak journeys to the city centre to be made by sustainable modes by 2040.
- **Active Travel** - In 2017, a detailed GM-wide walking and cycling infrastructure plan known as the [Bee Network](#) was produced with £160million of funding made available through the Mayor’s Challenge Fund (MCF). Manchester has secured funding of approximately £79million of projects. During 2020/21, TfGM and Living Streets worked with 113 primary schools in GM to encourage walking to school. Fifteen of the schools were located in Manchester and saw an increase in active journeys. Walk to School and Walking Buses Routes is a TfGM and Living Streets programme promoted to all schools by Neighbourhood Teams. A total of 8,430 pupils from 20 Manchester schools have signed up to take part in the programme and established ‘walking bus’ groups. In the Government’s 2021 Budget £1.07bn of funding was allocated to Greater Manchester under the City Region Sustainable Transport Settlement following the GM bid submitted in September 2021.

## 5.0 Food

### 5.1 Overview

- 5.1.1 In the UK food system emissions represent 23% of total GHG emissions. Agriculture is a significant source of air pollution. One estimate suggests that in Europe a 50% reduction in agricultural emissions could result in a 19% reduction in air pollution mortality from PM.<sup>100</sup> These emissions are projected to increase in response to population growth and shifting to higher meat and dairy dietary intakes<sup>13</sup>.
- 5.1.2 Climate change is already having a negative impact on food and nutritional security, mainly through disrupted food production around the world. This is leading to considerable health burdens, especially in poorer parts of the world. These impacts also pose risks to the UK food system. Whilst foods like cereals, potatoes, dairy and eggs are predominantly produced in the UK, we are more dependent on imports for our supply of fruits, legumes and vegetables.
- 5.1.3 More work is needed to fully understand the effects that changes to our food supplies will have in the ability to have equal and equitable access to healthy and sustainable diets, and in turn the impacts this has on the health of the whole population.
- 5.1.4 The relationship between food and climate is complex, and warmer summers, milder winters and higher rainfall may influence the spread or transmission of foodborne pathogens (bacteria or viruses) and potential occurrence of illness and outbreaks of food poisoning. The impacts of climate on risks to our food will need to be monitored closely in the years ahead.<sup>14</sup>

<sup>13</sup> A healthy future – tackling climate change mitigation and human health together [11365167 \(acmedsci.ac.uk\)](https://www.acmedsci.ac.uk/11365167)

<sup>14</sup> [Understanding the health effects of climate change - UK Health Security Agency \(blog.gov.uk\)](https://www.blog.gov.uk/2021/03/23/understanding-the-health-effects-of-climate-change/)

### 5.1.5 Impacts of climate change on food include:

- *Nutrition* – as food prices rise, healthier food often becomes more expensive. High density food (highly process food high in sugar and fat) is often cheaper than its less energy dense counterparts, and less affected by price rises.<sup>15</sup>
- *Food security / choice* – price and availability of certain food. Climate change initiatives may lead to the production of food away from GHG intensive foods e.g., meat. Increases in the price of food may lead to people choosing lower cost foods.
- *Food production and food waste* - Food is responsible for 15-30% of UK GHG emissions. Most of these occur within agriculture (45%), food manufacture (12%) and transport (12%). Meat and dairy consumption is responsible for over 50% of the GHG emissions from typical diets. Meat and dairy foods, particularly beef, lamb, pork and cheese result in 3-13 times more GHG emissions than vegetables and pulses. Around 30% of all food bought in the UK is wasted; a large source of GHG emissions (5-10% of UK total)

5.1.6 The UK is facing a crisis of increasing diet-related disease, with over 60% of adults being overweight or obese. The rates of obesity have more than doubled over the past 25 years, and currently cost the NHS £6.1billion each year (projected to rise to £9.7billion by 2050). At the same time, undernutrition affects around 5% of the UK adult population and around 10% of children are reported to be living in food-insecure households<sup>16</sup>.

### 5.1.7 Actions needed to be undertaken include:

- Eating more plant-based foods and less meat
- Avoiding over consumption and ultra-processed foods
- Reducing food waste

## 5.2 Activity in Manchester

5.2.1 In Manchester the Manchester Food Board (MFB) is an independent body, with members from organisations across the city including the economic, health, environment, housing, farming, and social sectors. The objectives of the MFB are to develop a food strategy for Manchester that:

- Secures access to sustainable, appropriate, and nutritious food for all people
- Promotes a vibrant food culture and helps create a dynamic and robust hospitality sector
- Creates more resilient supply chains
- Reduces the environmental impacts of the food system
- Facilitates collaboration, research and innovation in the food system

<sup>15</sup> Food and Climate change, Food Standards Agency [1 \(food.gov.uk\)](https://www.food.gov.uk)

<sup>16</sup> A healthy future – tackling climate change mitigation and human health together, The Academy of Medical Sciences, 2021. [11365167 \(acmedsci.ac.uk\)](https://www.acmedsci.ac.uk/11365167)



### 5.2.2 Key aims of the MFB related to climate change include:

- A food economy that contributes to the health and food security of people across Manchester
- Sustainable and viable local wholesale food supply
- Development of strategies to tackle potential environmental and financial threats
- Reduction in carbon emissions associated with food waste
- Sustainable food anchored at council level
- Reduction of environmental impacts from food

5.2.3 In October 2021 Manchester City Council at COP 26 signed the [Glasgow Food and Climate Change Declaration](#); a commitment by to tackle the climate emergency through integrated food policies and a call on national governments to act.

5.2.4 In November 2021 launch workshops were held for Ward Climate Action Plans East Didsbury and West Didsbury. Residents found out more about sustainable food, reducing food waste, and what they could do in their wards to support climate action on food. In doing so, individuals were inspired to become more active ‘food citizens’. More of these events are planned to take place across the city over the next year.

5.2.5 The EU-wide Food Wave programme supports young people in campaigning for sustainable approaches to food consumption and production, climate change mitigation, and climate adaptation efforts. As part of this, a Food Wave Policy Seminar was held in the city focusing on food-related policy-making. The workshop was attended by over 60 young people and help them to influence policy making and create meaningful change in the food system.

5.2.6 For further information please see [MFB Action Plan Summary \(sustainablefoodplaces.org\)](#) and the [Manchester Food Board Report](#).

## 6.0 Mental Health

### 6.1 Overview

6.1.1 Evidence shows that high temperatures and severe weather events are linked to mental health issues and that eco-anxiety (worry about the environment) can cause psychological distress. Conversely, actions to mitigate climate change can positively influence mental health.

6.1.2 However, evidence is limited on the relationship between climate change and mental health; but it is sufficient to indicate that climate change can negatively impact on mental health. Some of the strongest evidence exists on a link between high temperatures and negative mental health effects. High temperatures and heatwaves have been linked to an increased rate of suicide and an increase in violent crime – which may in turn negatively impact mental health. High temperatures can also lead to poorer sleep quality and reduced

ability to work, leading to economic losses, which in turn can negatively impact mental health.

- 6.1.3 The experience of extreme weather events such as flooding or storms has been linked to an increased prevalence of depression, post-traumatic stress disorder and other anxiety disorders. This has been observed internationally and within the UK. Extreme weather events can also have negative economic consequences, for example if someone's business is destroyed, which in turn threatens mental health.
- 6.1.4 The Lancet Global Health states that poor mental health was estimated to cost the world economy approximately \$2.5 trillion per year in poor health and reduced productivity in 2010, with a projected rise to \$6 trillion by 2030. In England, the wider economic costs of mental illness are approximately £100 billion per year. Worsening mental health due to climate change will bring huge additional costs; on the other hand, some of the solutions to mitigating climate change can also improve mental health<sup>17</sup>.
- 6.1.5 Conversely, individuals living in urban areas with greater amounts of green space display lower levels of mental distress and higher levels of wellbeing compared to those living in urban areas with less green space.

## 6.2 Activity in Manchester

- 6.2.1 Activity to date in Manchester has been limited but some anecdotal evidence has been gathered by the Climate Change Youth Board. These are detailed below.
- *“I think climate change has a massive impact on my mental health. It causes a lot of anxiety and stress about my future.”*
  - *“I have a lot of eco-anxiety and feel like I always need to act in accordance with my values. At times, striving to be a perfect climate positive advocate can be a great inconvenience.”*
  - *“I feel pressure and scrutinised by close friends/ family/ social media on the actions, and activist work I am doing as well as being questioned on others inaction or action. I've recognised that I need a break from my activism work from time to time and needing a balance of this amongst my day-to-day life and other work.”*
  - *“My friends want to do more, but don't necessarily know where to start or feel like there is a space for them in the climate movement. However, seeing more momentum with COP26 and other climate organisations brings them to raise questions and have these conversations within their home.”*

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<sup>17</sup> [Climate change and mental health | The Bartlett - UCL – University College London](#)

## 7.0 Health Care System and Services

### 7.1 Overview

- 7.1.1 The NHS creates a substantial amount of greenhouse gasses and has an impact on the environment via the services that it delivers, its staff, travel and transport and its assets. It is estimated that the NHS accounts for approximately 5-6% of the UK's total GHG emissions, with most of the emissions coming from the supply chain. The NHS has reduced total emissions by 26% since 1990 achieved while the provision of care has doubled, the population has increased by 17%, and healthcare spending has tripled<sup>18</sup>. In 2020, the National Health Service (NHS) England was the first national healthcare system to make a commitment to have net-zero direct emissions by 2040 (indirect emissions by 2045).
- 7.1.2 The NHS Net Zero Strategy plots an ambitious, and feasible set of actions to respond to climate change. It also commits to building resilience and adaptation into the heart of the net zero agenda, understanding that these two issues must be tackled as two sides of the same coin<sup>19</sup>.
- 7.1.3 As a trusted and highly visible organisation, the NHS can add significant social and economic value through its actions. There is the opportunity for the NHS to demonstrate a system-wide (beyond sector) delivering on environmental, economic, and social sustainability and is well placed to measure and demonstrate the importance of health and other co-benefits when taking significant steps towards climate change mitigation and adaptation. It can do this by:
- Reducing demand for health services and capitalising on co-benefits
  - Health and environmental improvements via green space
  - Designing healthy and net-zero healthcare facilities<sup>20</sup>
- 7.1.4 In early 2020 the NHS launched its '[For a Greener NHS](#)' campaign committing the NHS and its staff to take action to tackle the climate "health emergency", helping to prevent illness, reducing pressure on A&Es, and saving tens of thousands of lives. The campaign recognises that the causes of air pollution and climate change are often the same, and that the campaign will help address both. The campaign will build on the work already underway to help trusts and staff to cut emissions, energy use and waste, including phasing out oil and coal boilers and increased use of LED lighting and electric vehicles.
- 7.1.5 The NHS Health and Adaptation Report (December 2021) builds on the WHO adaptation framework buildings blocks of health information systems, health workforce development and resourcing, and service delivery. The report

<sup>18</sup> A healthy future – tackling climate change mitigation and human health together, The Academy of Medical Science, 2021 [11365167 \(acmedsci.ac.uk\)](#)

<sup>19</sup> [NHS-third-health-and-care-adaptation-report-2021.pdf \(england.nhs.uk\)](#)

<sup>20</sup> A healthy future – tackling climate change mitigation and human health together, The Academy of Medical Sciences, 2021 [11365167 \(acmedsci.ac.uk\)](#)

highlights that climate change is a threat to the significant progress made in health and social care to date, impacting the sector's ability to deliver services and manage population health. It recognises that actions must be taken to build the health and care sector's climate resilience, so it can effectively respond to climate change impacts while maintaining core functions and identifying lessons learned to reorganise if required <sup>21</sup>.

## 7.2 Activity in Manchester

7.2.1 In January 2022 Manchester University NHS Foundation Trust (MFT) launched its Green Plan 'Code Green: Delivering Net Zero CO<sub>2</sub> at MFT'. The plan outlines the Trust's achievements to date and future steps that will be implemented to reduce both emissions and the Trust's impact on climate change and commits the Trust to be net zero carbon by 2038.

7.2.2 The plan recognises that MFT must both prepare their services for increased future demand, and also limit their carbon contributions to reduce any further damage to the environment. The breadth of the plan goes beyond the traditional estates-based opportunities to reimagine how MFT will deliver care in a net zero carbon NHS. It envisages that decision making will become more holistic, acknowledging sustainability impacts whilst continuing to protect patient safety as a priority. MFT's 'Single Hospital Service' provides a unique opportunity to address this challenge at scale, using local knowledge and working collaboratively across teams, hospitals and specialist services, to innovate and lead in the field of sustainable healthcare.

7.2.3 Traditionally many carbon reduction measures within MFT have focused on estates-based opportunities and, since 2017/18, major energy efficiency and infrastructure projects have been implemented to reduce wastage and prepare for future low carbon technologies. These actions contributed to a 5% reduction in energy consumption over this period.

7.2.4 Other achievements to date include:

- £18m of funding secured to decarbonise hospital buildings
- 45% of MFT fleet is now electric
- 1,405 tonnes of waste recycled annually
- 50 clinical services delivering virtual outpatient appointments, reducing patient travel footprint
- Desflurane (a GHG is used as an anaesthetic gas) use reduced to just 3% of all volatile anaesthetic gases

7.2.5 Actions outlined within the Green Plan include:

- Updating the Climate Change Adaptation Plan (CCAP) in 2021. MFT recognise that adaptation requires a cohesive approach to future planning and is embedded within multiple MFT policies and procedures.

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<sup>21</sup> NHS Health and Care Adaptation Report, December 2021 [NHS-third-health-and-care-adaptation-report-2021.pdf \(england.nhs.uk\)](https://www.nhs.uk/health-and-care-adaptation-report-2021.pdf)

- MFT is committed to taking all the precautions possible to maintain a consistent high level of care, recognising the increasing frequency and likelihood of extreme weather events. This will ensure that the health of those Manchester communities which are most vulnerable to the impacts of climate change, such as the homeless, elderly and economically deprived, are not disproportionately affected in the quality of care they receive.
- Investments in targeted interventions, such as nature-based solutions (e.g. trees, green spaces and sustainable urban drainage) to absorb flooding runoff and excessive heat, will help shield MFT hospitals from reaching critical operational limits. In addition to this the Trust has rigorous business continuity planning to ensure they are prepared for the consequences of more frequent, local extreme weather events.
- The Trust purchases 2.2 million patient meals a year and intends to use their purchasing power to invest in a positive food system. They will work closely with the supply chain to integrate as much local, seasonal, low carbon (including plant-based) and responsibly sourced food as possible into meal design.

## **8.0 Conclusion**

- 8.1 This report demonstrates that climate change is one of the biggest public health threats and challenges we face. Health and climate change are intricately connected and it is clear that the effects of climate change, such as extreme weather events, poor air quality and impact on food will directly negatively impact health. We are already seeing the impacts of climate change in Manchester's population and it is these will only worsen over time unless significant, immediate action is taken.
- 8.2 It is essential that health professionals are fully aware of the impact that climate change will have on both the services delivered by the NHS and Public Health and the impacts on population health more widely. It is imperative that they are part of the action that needs to be undertaken to ensure that the city meets its zero carbon commitments and is prepared and resilient for the inevitable challenge climate change poses. As such it is imperative that a holistic approach is taken across the city.
- 8.3 There is a wide range of positive activity already being carried out in the city by a range of organisations to reduce carbon emissions and to prepare for the future impacts of climate change.

## **9.0 Recommendations**

- 9.1 The recommendations are to:
- Note the content of the report and, in particular, the strong link between climate vulnerability and health inequality.
  - Consider how the content of this report could inform the future work planning of the Health Scrutiny Committee.

- Note the establishment of the Health and Wellbeing Climate Change Advisory Group.

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 9 February 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
12 January 2022	HSC/22/05 Health Infrastructure Developments	That a substantive report that describes the plans for Wythenshawe Hospital, including funding agreements be added to the Committee's Work Programme for consideration at an appropriate time.	This item has been added to the Committee's Work Programme as an Item to Be Scheduled.	-
12 January 2022	HSC/22/05 Health Infrastructure Developments	That the Chair of Health Scrutiny discuss with other Committee Chairs the division of scrutiny of the Key Performance Indicators (KPIs) for North Manchester Hospital to ensure they were monitored by the appropriate committee. Noting that the data to be monitored and any	This recommendation has been forwarded for consideration.	Councillor Green



		benchmarking / baseline that are set were scrutinised before being finalised by the appropriate committees.		
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## 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 January 2022**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

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

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

### 3. Item for Information

Subject Care Quality Commission (CQC) Reports  
Contact Officers Lee Walker, Scrutiny Support Unit  
Tel: 0161 234 3376  
Email: l.walker@manchester.gov.uk

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

Provider	Address	Link to CQC report	Published	Types of Services	Rating
European Scanning Centre (Harley Street Ltd)	European Scanning Centre Manchester Kingsley Hall 20 Bailey Lane Manchester Airport Manchester M90 4AN	<a href="https://www.cqc.org.uk/location/1-2058851968">https://www.cqc.org.uk/location/1-2058851968</a>	17 January 2022	Diagnostic and screening services	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement

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

**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	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

**Wednesday 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	

## Items to be Scheduled

Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Single Hospital Service Update	To receive an update report on the delivery of the Single Hospital Service.	Councillor Midgley, Deputy Leader	Peter Blythin Ed Dyson	
Health Infrastructure Developments:  Wythenshawe Hospital	To receive a substantive report that describes the plans for Wythenshawe Hospital. The report will include an update on the delivery of the Strategic Regeneration Framework (SRF) for MFT's Wythenshawe site; funding agreements to deliver the programme of works, with particular reference to the outcome following submission of the Expression of Interest for delivery funding for the Wythenshawe masterplan to the New Hospitals Programme.	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 Leader	Chris Gaffey	

