



Health Scrutiny Committee

Date: Wednesday, 9 March 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 March 2022 via MS Teams. A separate invite will be sent to Committee Members.

Access to the Public Gallery

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Membership of the Health Scrutiny Committee

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

Agenda

1. Urgent Business

To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals

To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests

To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. [10.00-10.05] Minutes

To approve as a correct record the minutes of the meeting held on 9 February 2022.

Pages
5 - 14

5. [10.05-10.30] Living Safely and Fairly with Covid

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

Pages
15 - 16

Over the past few weeks, the Director of Public Health, council colleagues and other partners have been developing the local Manchester Living Fairly and Safely with Covid draft plan. This will be circulated to the Committee shortly for comments before it goes to the Council Executive on 16 March.

In advance of the meeting the Director of Public Health and Medical Director, Manchester Health and Care Commissioning, will also circulate their usual summary presentation on the latest available data relating to Manchester COVID-19 rates and the Manchester Vaccination Programme.

6. **[10.30-11.30] Future Delivery of Social Prescribing** Pages
17 - 34
Report of the Director of Public Health

This report provides an overview of delivery of social prescribing in Manchester. It outlines how the Be Well service works, giving examples of good practice in the delivery of social prescribing (including information on how the service works with primary care to support patients), and highlighting case studies of the benefits of the service for Manchester residents.

The report also summarises the findings of the recently completed independent evaluation of Manchester's Prevention Programme, and other social prescribing initiatives currently being developed and delivered within Manchester and Greater Manchester. The next steps in developing and delivering Manchester's social prescribing and wellbeing support provision within the context of the Population Health Covid-19 Recovery Plan and Manchester's Wellbeing Model are outlined.

7. **[11.30-11.50] Gorton Health and Community Hub - To follow**

8. **[11.50-12.00] Overview Report** Pages
35 - 44
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

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

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

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

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Smoking is not allowed in Council buildings.

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Further Information

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

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This agenda was issued on **Tuesday, 1 March 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 9 February 2022

Present:

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

Also present:

Councillor Midgley, Deputy Leader
Councillor Rawlins, Executive Member for Environment
Sir Richard Leese, Chair Designate of the Integrated Care Board for Greater Manchester
Dr Manisha Kumar, Executive Clinical Director, Manchester Health and Care Commissioning (MHCC)
Dr Raja Murugesan, Manchester Health and Care Commissioning
Ed Dyson, Executive Director of Strategy & Deputy Chief Accountable Officer, MHCC

HSC/22/07 Minutes

Decision

To approve the minutes of the meeting held on 12 January 2022 as a correct record.

HSC/22/08 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.

Key points and themes in the presentation included:

- The latest headline figures for the 7 days ending 2 February 2022;
- An update on the vaccination programme with particular reference to the vaccine coverage, vaccine equity, the 12–17 year old programme and the Overseas Pilot;
- Information on the Communications and Engagement Plans; and
- Pregnancy and COVID-19 and the related targeted engagement work.

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

- Welcoming the report and acknowledging the information that had been provided surrounding pregnancy following the discussion at the previous meeting;
- What was the approach to ensuring those vulnerable residents who required a fourth vaccination were being contacted;
- What advice was being given to enable care homes to safely manage any outbreaks of COVID-19;

- Noting that the vaccination rates in Manchester were low compared to the national data;
- The need to promote and emphasise the message of the wider social responsibility of receiving the vaccination;
- The need to publicise people's experience of suffering with COVID who had not taken up the offer of a vaccination;
- Were Further Education settings included in the communications strategy, adding that work needed to be done to challenge the myths surrounding pregnancy and the vaccination amongst young people;
- Thanking the officers within the Neighbourhood Teams for their continued good work and support they continued to provide to local communities; and
- The need to use trusted voices on social media to disrupt myths surrounding COVID-19 and the vaccination.

The Director of Public Health advised that if an outbreak of COVID occurred in a care home setting each home would be supported to manage the outbreak appropriately, using all of the national guidance.

The Executive Clinical Director, Manchester Health and Care Commissioning acknowledged the comments raised regarding the promotion of the vaccination both in terms of social responsibility and using lived experiences as a lever to encourage people to come forward. She added that any promotional and educational campaign would require sensitivity when using an individual's personal experience to articulate the impact of COVID-19 on both families and individuals.

The Executive Clinical Director further advised that there was an audit underway of GP records to identify those vulnerable patients who would be eligible for a fourth jab, adding that if Members had concerns about an individual, they should encourage them to contact their GP surgery. She further commented that this exercise also assisted with ensuring that all Learning Disabled citizens were supported to obtain their vaccination in an appropriate setting for them.

The Director of Public Health advised that following this exercise of auditing GP records a bench marking exercise could be undertaken to more accurately report on how Manchester compared to other comparative areas on the rates of vaccinations. The Executive Clinical Director added that the work being delivered as part of the Overseas Pilot would also contribute to the accurate recording of the levels of vaccinations within the city.

The Head of Strategic Communications stated that Colleges were included as part of the wider communications strategy, however he would enquire if the specific issue raised by a Member surrounding pregnancy was included. He commented that it was important that the person delivering the message was a trusted voice. He stated that the Council's Communications Tool Kit was shared with trusted community groups and Sounding Boards.

The Head of Neighbourhoods stated that officers continued to engage with residents at local neighbourhood events, including specific COVID vaccination events to understand the reasons and barriers as to why they had not come forward sooner, and this learning and intelligence was collected and reflected upon.

Decision

To note the presentation and to pay tribute to all staff, including those across the Neighbourhood Teams and partners working to address COVID-19.

HSC/22/09 Health and Social Care - Adult Social Care and Population Health Budget 2022/23

Further to minute (HSC/21/45) the Committee considered the report of the Executive Director Adult Social Services and Director of Public Health which provided a further update on the saving proposals being proposed as part of the 2022/23 budget process.

Key points and themes in the report included:

- Following the Spending Review announcements and provisional local government finance settlement 2022/23 the Council was forecasting a balanced budget for 2022/23, a gap of £37m in 2023/24 and £58m by 2024/25;
- The finance settlement was towards the positive end of forecasts and no actions beyond those outlined in November were required to balance next year's budget;
- The settlement was for one year only and considerable uncertainty remained from 2023/24;
- A longer-term strategy to close the budget gap was being prepared with an estimated requirement to find budget cuts and savings in the region of £60m over the next three years;
- £30m of risk-based reserves had been identified as available to manage risk and timing differences;
- A description of the Adult Social Care Priorities;
- An overview of the Manchester City Council Adult Social Care Budget and Manchester Local Care Organisation aligned budget; and
- The capital budget and pipeline priorities.

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

- The need to explicitly articulate the demand on the Adult Social Care budget and the services that the Council is statutory responsible to deliver, in the context of continued austerity and budget cuts;
- The need for a fair, long term financial settlement for the city;
- The budget should be used to address the recognised health inequalities within the city;
- The Government was in denial of challenges faced by the NHS;
- Paying tribute to the Deputy Leader and officers and NHS partners for their continued commitment to protecting the most vulnerable residents within the city; and
- Was there any possibility of further additional one off funding sources.

In response to comments the Director of Finance (MLCO) stated that there were no further additional one off sources of funding, adding that the integrated approach to

the budget ensured that there was an appropriate use of the budget and resources available.

The Deputy Leader commented that whilst the overall settlement announcement was towards the positive end of expectations, this did not constitute being a good settlement and the Council had lost over £400m from its budget since 2010. If the Council had received the average level of cuts in funding, this year it would have at least £85m in its budget. The Council was also still dealing with the legacy of the COVID pandemic and the promise from government that it would compensate local authorities with whatever they needed. She added that it was not possible to undo a decade of cuts with a settlement in one year that was not as severe as anticipated and looking beyond next financial year there was significant worries which meant that the Council needed to continue its call for fair and sustainable funding.

The Deputy Leader commented that whilst the settlement was better than anticipated, the Council still faced a very challenging three year budget position. In 2022/23 the Council would be using the last of its commercial income reserve to help balance the budget and there was a remaining budget gap of approximately £37m in 2023/24 and £58m in 2024/25. As the settlement announcement was for only one year, the Council was facing increasing uncertainty with proposals around fairer funding reforms and the implications of these.

The Deputy Leader commented that the ASC budget accounted for 35% of the Council's overall budget as it was required to provide statutory services and the settlement provided no additional funding for increased demand in ASC. She stated that a fair, sustainable plan was needed in order to plan effectively so as to provide essential services for Manchester residents.

The Chair welcomed the inclusion of addressing climate action within the Population Health Team's priorities for 2022-23. She further commented that the Committee would schedule an item on the Work Programme to consider the Equalities Impact Assessment of the Better Outcomes, Better Lives programme.

Decision

The Committee note the report and endorse a recommendation that the Executive approve these budget proposals.

HSC/22/10 An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester

The Committee considered the report of the Director of Public Health that provided an introduction to climate change in Manchester and the city's ambitions and activities to date. The report provided an overview of the impact that climate change was having, and was predicted to have in the future, on the health of Manchester's residents and the potential impacts on healthcare services and facilities in Manchester.

Key points and themes in the report included:

- Providing an introduction and background, noting that 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 (CO₂) emissions and mitigate the negative impacts of climate change;
- Noting that the Our Manchester Strategy set out the commitment that *‘Manchester will play its full part in limiting the impacts of climate change’* and the subsequent Manchester Climate Change Framework 2020-25 and its four headline objectives;
- Providing an overview of the reports published recently that had emphasised the link between climate change and its impact on health;
- Recognising the need to consider vulnerability as well as hazard and exposure to climate change if we were able to gain a full appreciation of the risk;
- Discussing the implications of extreme weather events and the activities in Manchester to mitigate against these;
- Noting that air pollution presented a significant public health problem and describing the activities in Manchester to mitigate against this, including an update on the introduction of the Clean Air Zone;
- Providing a discussion on the relationship between food and climate and providing an overview of the work of the Manchester Food Board;
- The relationship between mental health and climate change; and
- Health Care System and Services and the steps taken to reduce emissions.

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

- Welcoming the establishment of the Health and Wellbeing Climate Change Advisory Group, and noting the partners involved in this group;
- Recognising the impact that poor air quality had on health outcomes, particularly for young people and elderly residents;
- The need to acknowledge the harmful effects of particulate matter when considering air quality;
- The need for air quality data to be easily accessible; and
- That a report on the climate change action plans of the local NHS Trusts be considered at an appropriate time, noting that this should include the consideration given to improving the existing estate.

Dr Raja Murugesan, Manchester Health and Care Commissioning advised that he was a member of the Manchester Climate Change Agency and Partnership. He advised that the priority for the NHS currently was post COVID recovery, and this included a green and sustainable recovery with climate change as a consideration of all decision making. He further commented that the harmful effects of particulates and poor air quality was recognised and understood.

The Head of Environment, Planning and Infrastructure advised that the issue of poor air quality was being addressed at a Greater Manchester level, in addition to the Council’s active travel plans and wider connectivity plans for the city, with particular reference to the planned improved public transport links to the Manchester Airport site. He further commented that air quality monitoring data was available on the Greater Manchester Clean Air website.

The Director of Public Health stated that the Manchester Public Health Annual Report 2018 was dedicated to the issue of air quality and would be recirculated to Members following the meeting and that air quality data continued to be monitored and reported. He suggested that a specific report on air quality could be provided to a future meeting for consideration.

The Executive Member for Environment advised that all Members had been involved in the production of their ward Climate Action Plans, noting that the relationship between climate change and health outcomes was understood. She further advised that the Council's Climate Change Action Plan and the Manchester Climate Change Framework 2020-25 would be refreshed, and health considerations and specific actions would be incorporated. She further advised of local campaigns with schools to promote clean air and other environmental initiatives that had been supported by Neighbourhood Teams, adding that it was the intention to roll out the School Streets initiative across the city. She further advised the Committee that a report on the work of the Manchester Food Board had been considered by the Environment and Climate Change Scrutiny Committee at their meeting of 13 January 2022.

The Chair noted that this was the first time a substantive report on health and climate change had been considered by the Committee. She stated that consideration would be given to scheduling further detailed themed reports on this important issue, noting the various specific issues that had been discussed at the meeting, such as the opportunity to consider the climate change action plans for each of the NHS Trusts in Manchester.

The Chair further stated that the relationship between health and climate change was an important issue and supported the inclusion of the specific work stream within the Marmot Build Back Fairer in Greater Manchester: Health Equality and Dignified Lives to address this.

The Deputy Leader stated that the importance and immediacy of addressing climate change was understood. She stated that she supported the Chair's comments regarding future, deep dive reports on specific issues relating to climate change and health, adding that she would discuss this further with the Chair.

Decision

The Committee recommend that the Chair, in consultation with the Deputy Leader and Executive Member for Environment, agree the topic and scope of future quarterly reports on the issue of health and climate change, such as of interest such as air quality and food. These reports are to be included on the Work Programme and scheduled for consideration at an appropriate time.

[Councillor Appleby declared a personal and non-prejudicial interest in this item as she is an employee of the Manchester College]

HSC/22/11 The Greater Manchester Integrated Care Board

The Committee considered the report of the Executive Director of Strategy & Deputy Chief Accountable Officer, MHCC that provided an update on the establishment of a

Greater Manchester Integrated Care System / Integrated Care Board (ICB) and Manchester Locality Board.

Key points and themes in the report included:

- Subject to legislation passing through parliament, Integrated Care Systems (ICS) would be established in England from 1 July 2022;
- The report described the four aims of the ICS and the national core building blocks of an ICS;
- Greater Manchester would witness a shift from the Greater Manchester Health & Social Care Partnership (GMHSCP) arrangements to a new Greater Manchester ICS and Integrated Care Board (ICB);
- Integrated Care Board would take on the functions of Clinical Commissioning Groups (CCGs) which would be disestablished on the 30th June 2022;
- Manchester City Council and NHS leaders had both contributed to the developing GM ICS and ICB arrangements and worked to develop locality arrangements for the City of Manchester;
- Describing the arrangements and function of the Manchester Partnership Board, noting that it would comprise of political, clinical and managerial leadership;
- Sir Richard Leese had been appointed Chair designate of the Greater Manchester ICB along with two non-executive directors; and
- An update on the refreshed Manchester Locality Plan which would ensure that local priorities continued to be delivered during the transition to the new arrangements in 2022/23.

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

- Recognising the sound foundations that had been established within Manchester to continue to support the continued integration of health and social care to deliver the best health outcomes for Manchester residents;
- Did the Chair Designate of the Integrated Care Board recognise the concerns expressed that the model would present an opportunity for privatisation of the NHS;
- Who would be responsible for the commissioning of dental services, noting the importance of commissioning preventative dental services;
- Would the new model be more transparent and accountable in its decision making process;
- The need to address the issue of staff recruitment and retention, recognising that this was a local and national issue;
- The need to improve the physical infrastructure of the health service estate, noting that this also related to the climate change report that was on the meeting's agenda;
- The Board needed to reflect the diversity of the city; and
- The need to recognise the significant impact the previous two years had had on staff working in the NHS to respond to the pandemic and any reorganisation needed to be managed sensitively with support offered to all staff impacted by change.

The Chair Designate of the Integrated Care Board stated that the proposed Manchester Locality Plan model and governance arrangements were a positive development to deliver improved health and care. He stated that this built upon the established and trusted relationships across partners in the city. He advised that he recognised the comments raised regarding the privatisation of services, however commented that he did not share these concerns. He further addressed the question regarding transparency and accountability by advising that the establishment of the Locality Boards as part of the GM Operating Model and governance arrangements would be accountable to both the Council and the ICB. He further commented that there would be increased public engagement as the model became established and encouraged local Councillors to be the voice of their residents also.

The Chair Designate of the Integrated Care Board stated that the wider determinants of health were fully recognised and the Marmot Beacon Indicators would be used as a measure to report progress and outcomes, adding that he remained committed to addressing health inequalities in Manchester and the wider city region.

The Chair Designate of the Integrated Care Board acknowledged the comments regarding the estate infrastructure, adding that he had undertaken a number of visits to various sites and witnessed the challenges. He commented that the NHS had been significantly underfunded for a number of years and required appropriate funding from central government. He further recognised the comments regarding the issue of recruitment and retention of staff and the challenge this presented, adding that work was ongoing to best manage and work with existing resources.

The Chair Designate of the Integrated Care Board stated that the removal of competition between local NHS Trusts was a positive improvement, adding that there was now a duty for them to collaborate.

The Executive Director of Strategy & Deputy Chief Accountable Officer, MHCC acknowledged the comments made regarding staff wellbeing during the organisational changes. He commented that this was fully appreciated and recognised.

The Executive Director of Strategy & Deputy Chief Accountable Officer, MHCC referred to the discussion regarding the provision of dental services and noted that the Committee had considered this item at their meeting of 8 September 2021 (see minute ref HSC/21/35). He advised that currently NHS England commissioned dental services, however the legislation did allow for the commissioning of certain functions to be delegated to the ICS.

The Deputy Leader thanked the officers for the report and recognised the significant amount of work that had been undertaken to progress this work. She reiterated the point that Manchester had already established strong partnership working across the city to integrate health and care services. She commented that all partners continued to demonstrate their stated commitment to addressing health inequalities and that the Marmot Beacon Indicators would be used to measure outcomes and progress.

Decision

To note the report and recommend that an update report be included on the Work Programme and scheduled for consideration at an appropriate time.

HSC/22/12 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.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 March 2022

Subject: Living Safely and Fairly with Covid

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

Summary

On Monday 21 February the Prime Minister announced the publication of the National Living Safely with Covid Plan.

Over the past few weeks, the Director of Public Health, council colleagues and other partners have been developing the local Manchester Living Fairly and Safely with Covid draft plan. This will be circulated to the Committee shortly for comments before it goes to the Council Executive on 16 March.

In advance of the meeting the Director of Public Health and Medical Director, Manchester Health and Care Commissioning, will also circulate their usual summary 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:

1. Comment on the draft Manchester Living Safely and Fairly with Covid Plan.
 2. Note the presentation.
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Wards Affected: All

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

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The 'Our Manchester' approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

None

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 March 2022

Subject: Future Delivery of Social Prescribing

Report of: Director of Public Health

Summary

This report provides an overview of delivery of social prescribing in Manchester. It outlines how the Be Well service works, giving examples of good practice in the delivery of social prescribing (including information on how the service works with primary care to support patients), and highlighting case studies of the benefits of the service for Manchester residents. The report also summarises the findings of the recently completed independent evaluation of Manchester's Prevention Programme, and other social prescribing initiatives currently being developed and delivered within Manchester and Greater Manchester. The next steps in developing and delivering Manchester's social prescribing and wellbeing support provision within the context of the Population Health Covid-19 Recovery Plan and Manchester's Wellbeing Model are outlined.

Recommendations

The committee is asked to consider the report and note the next steps for developing health and wellbeing support for individuals and communities through the Wellbeing Model.

Wards Affected: All

<p>Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>
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<p>Creating the conditions for people to live healthier lifestyles (e.g., through enabling active travel, sustainable healthy food sources, reduced smoking) will impact not only on population health but also on the wider environment (e.g., reduced traffic congestion, improved air quality, support for local economy).</p>

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Healthy and resilient residents and communities will be able to thrive in employment and opportunities which will support the local economy, including the voluntary and community sector.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Healthy and resilient residents and communities will be able to thrive in employment and opportunities which will support the local economy.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Supporting individuals' health and wellbeing, creating the conditions in communities to support good health, and reducing avoidable health inequalities, will increase the potential of our communities.
A liveable and low carbon city: a destination of choice to live, visit, work	A healthy population living in a zero-carbon environment is essential for the city's future economic success and resilience.
A connected city: world class infrastructure and connectivity to drive growth	Improving health and wellbeing of Manchester residents and connecting them to opportunities will enable to thrive in employment and opportunities which will support the local economy.

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Background documents (available for public inspection):

None

1.0 Introduction

- 1.1 Wellbeing is about people's experience, and whether they are struggling or thriving. It encompasses the environmental factors that affect us, and the experiences we have throughout our lives. The impact on health of the conditions in which we are born, grow, live, work and age (the 'social determinants' - housing, education, work, money etc.) is well documented in the 2010 Marmot Review, and Health Equity in England: The Marmot Review 10 Years On (2020). Wellbeing also recognises other aspects of our lives: how we feel about ourselves and our strengths and capabilities as individuals; our relationships with others; and our sense of purpose and control over our lives. Being healthy is more than not being ill, it is also being physically and mentally well, so that we can achieve what we want in our life.
- 1.2 Inequalities in health, wealth and experiences persist in our city despite Manchester's strong economic growth and significant transformation over the past two decades. Sections of Manchester's population still experience poorer health outcomes than their peers in other parts of the country and many develop preventable health conditions a decade earlier than in other parts of the UK. Like health, wellbeing is influenced by our environment and living conditions, having meaningful and satisfying work, having enough money, and having good relationships and support networks, among other things. Wellbeing is also affected by our physical and mental health, and whether we have the support we need to manage and live with health conditions.
- 1.3 The avoidable disparities in health outcomes seen between different groups of people have been brought into sharp focus by the COVID-19 pandemic. Over the course of the past 20 months, clear evidence has emerged of the disproportionate impact of the COVID-19 virus on particular groups in the population, who have been shown to be more likely to contract the virus and have a higher risk of mortality involving COVID-19. The full impact that the pandemic will have on the social determinants of health is yet to be seen, but it is already evident that some communities have been more adversely impacted than others. Similarly, individuals' wellbeing has been affected immediately (e.g., income or employment losses and illness) and through less tangible social and psychological impacts (e.g., loneliness, anxiety and loss of sense of purpose), and these effects are more pronounced in particular groups in the population.
- 1.4 This report will give an overview of how wellbeing support, including social prescribing, is currently delivered in Manchester through the Be Well service. It will update Health Scrutiny Committee members on other developments in social prescribing over the past 2 years (e.g. the Primary Care Network social prescribing link worker scheme, and Greater Manchester developments). The report will also summarise key findings on Be Well impact and outcomes from the recently completed independent evaluation of the Prevention Programme. Finally, it will outline the next steps in the development of health improvement and wellbeing support (Manchester's Wellbeing Model) within the context of the Population Health Covid-19 Recovery Plan and Manchester's Marmot Inequalities Action Plan (Building Back Fairer in Manchester).

2.0 Background

2.1 Social prescribing development and delivery - Be Well

- 2.1.1 Manchester's Prevention Programme (2017-2021) established a framework and citywide infrastructure for person and community-centred approaches to prevention and health and wellbeing improvement. The aim of the programme was to prevent the development of long-term physical and mental health conditions by supporting people to change the behaviours that can increase the risk of poor health, and by addressing the social determinants of health. Delivery included establishing a new social prescribing and health coaching service for the city - Be Well.
- 2.1.2 The first Be Well service was established in north Manchester in late 2017, with the Be Well service for central and south Manchester being established in autumn 2018. Big Life Group (a voluntary, community and social enterprise provider) has run the central and south Be Well service since it began, and in April 2020 took over running the north Manchester service. Be Well is now delivered as a single citywide service. Big Life Group works in partnership with a range of other organisations which are sub-contracted to deliver elements of the service – Pathways Community Interest Company (CIC), Northwards Housing/Yes, One Manchester, Southways Housing, Wythenshawe Community Housing Group, and Citizens Advice Manchester.
- 2.1.3 Be Well provides a single point of contact for organisations to refer anyone they feel will benefit from additional support to improve their physical and mental health and wellbeing, connect to other community support, and address 'social determinants' needs (such as work, housing, money and family issues). The term 'social prescribing' describes the process whereby a GP (General Practitioner) or other health professional identifies that someone needs a 'social prescription' (as opposed to a referral to another part of the healthcare system, or a prescription for medication), and makes a referral to a 'social prescribing service' (e.g. Be Well) to fulfil this. The role of the social prescribing service is then to work with the individual to decide which interventions will best meet their needs.
- 2.1.4 Be Well was initially established to support primary care services, where practitioners (e.g. GPs and other primary care workers) work under significant time and capacity pressures, and often do not have time to understand the range of options available for community-based 'social support' or work with individuals to identify the most appropriate options for them. However, as the service has become more embedded within neighbourhoods, links have been made with a wider range of neighbourhood, health and care services, who also work with individuals who can benefit from the support Be Well offers. During the initial months of the Covid-19 pandemic, Be Well worked closely with a range of neighbourhood organisations to provide humanitarian and practical support to communities and individuals. Those links endure, and provide an opportunity for expanding the support offered by Be Well as we move into recovery from Covid-19

2.1.5 When someone is referred to Be Well, they are contacted by a worker for a discussion about their strengths, worries, goals and motivation. This approach to assessment and support planning puts the person at the centre of the support they receive from the service, allows them to explore what will help them most, and encourages them to take control of what happens next.

Good practice example: initial assessment and support

Referrals are made to the Be Well hub and allocated to a health coach who contacts the person who has been referred to make an initial appointment, usually within 2 weeks of referral.

This appointment takes a person-centred approach and focuses holistically on the person's current strengths, needs, goals and who else they may have involved in their support. Usually this initial appointment would be completed over the phone but face to face appointments are available if people prefer (these can take place in a range of community venues).

At the end of this appointment, individuals who need ongoing support from the service work with the Be Well coach to make a plan for what they hope to achieve by accessing support, and they are allocated to a coach within the part of the service that is most appropriate to help them achieve their goals.

2.1.6 Around 30% of people who are referred to Be Well have needs and goals that can be met through 'lower intensity' support. This means that individuals have fewer or less complex needs, which may only require a one-off session of support (signposting) or a small number of support sessions (social prescribing) to identify and make the changes they want and need. This support can include giving information and advice about different options that are available, exploring the most suitable activities and groups for each individual, and building people's confidence to connect to community groups and networks (sometimes by supporting them to attend community groups and activities).

Good practice example: supported signposting and social prescribing

Sometimes on having the initial assessment call with a person it becomes apparent that they can engage in services without the additional support of a coach and their need is for information about what activities and groups are available. In these cases, the Be Well coach provides the person with this information during the initial assessment call with the service (signposting). This is followed up by an email or letter to confirm the options agreed, so that the person can link with these independently. Health coaches also benefit from a peer network within Be Well, where they can quickly find out from colleagues about other options that are available e.g., if the person asks for information about an area that the coach is unfamiliar with.

For people who do need more support from the service, Be Well works flexibly to tailor that support to their specific needs (social prescribing). At the initial assessment the person is allocated a coach depending on which area of the service they can be best supported by (e.g. support for work-related health issues, or for healthy living

issues). Coaches provide and coordinate the support an individual needs, helping them to develop skills, connect with groups and activities that will help them achieve their goals, and access support from other parts of the Be Well service if required (e.g. work and health team). People who are assessed as having fewer/less complex support needs are initially offered a limited number of 'social prescribing' support sessions (usually up to 6), however if their needs change then they can be offered further support and are able to stay with the same coach for this.

2.1.7 Around 70% of individuals referred to Be Well have multiple, or more complex needs. Be Well workers offer 'health coaching' support – more intensive motivational support to address a range of issues, which could include building healthier habits, improving mental health and wellbeing, and tackling issues with work, housing, money; as well as support to connect with other services and community groups. Be Well also offers specialist 'work and health' coaching support, to help people maintain or return to employment while managing their health conditions. This can include support with a range of employment-related issues including finding work, accessing psychological or physiotherapy support for common work-related health conditions, returning to work after a period of unemployment, and accessing training/volunteering to develop skills. During the Covid-19 pandemic, this has also included supporting people to manage additional Covid-related work issues.

Good practice example: health coaching and work and health support

When the initial assessment identifies that a person has several issues to address, or more complex issues that require more support, Be Well can offer more intensive support (usually up to 14 sessions), again this is provided flexibly to meet the individual's specific needs, and a support plan is developed with the individual. This more intensive support (health coaching) focuses on building their motivation to make changes, strengthening their resilience and support networks (friends/family and community), sequencing support to address a range of issues in a person-centred way, and ensuring people are linked into and able to access other specialist support services. Be Well is not intended to provide long-term ongoing support for individuals, however the service recognises that many people with more complex needs will have experienced trauma and long-standing difficult life circumstances. For this reason, it is especially important that the service supports individuals in a way that builds their strength and resilience to prepare them for supporting themselves beyond the initial support they receive from Be Well.

The Be Well offer includes specialist person-centred work and health support, which used to be provided as a standalone service in Manchester (through Fit for Work/Healthy Manchester). Referrers can specify that they are referring an individual for work and health support (e.g. someone who is off work sick and needs support to return), and all referrals for people who are employed are initially assessed by a coach in the work and health team. This is to ensure that the person gets to the right place within Be Well as quickly as possible and without having to repeat their story. If this assessment indicates a person does not need specific work and health support, or is more likely to benefit from more general health coaching support, they are allocated to a coach in the core Be Well team (and do not need to have a further assessment). People who are employed and whose main need is support to return to

work are supported by an 'in work' coach in the Be Well work and health team (this support is provided by Pathways CIC who are one of the delivery partners for the Be Well service). People who are unemployed and identify that their main focus is getting back into work, training, volunteering or education are supported by an Out of Work Employment Coach (this support is provided by One Manchester, Northwards, Southway, and Wythenshawe Housing who are all delivery partners for the Be Well service). The work and health team also provide focussed support sessions for people with a 'generic Be Well health coach' who want to address particular issues (e.g. updating their CV to apply for jobs)

2.2 Social prescribing and primary care

2.2.1 Supporting primary care services to manage patients' social and non-medical issues and provide more personalised care was one of the key drivers behind the development of the Be Well service. This means that from the outset, the Be Well service has worked closely with primary care services in Manchester, establishing convenient referral systems, communicating with primary care staff and patients about the benefits of social prescribing, and making sure that practices have named link workers so that strong relationships are developed and maintained. 100% of primary care practices in Manchester now have active referral pathways established with Be Well.

2.2.2 In the 2019 Long Term Plan, NHS England committed to building the infrastructure for social prescribing in primary care by establishing new social prescribing link worker posts for Primary Care Networks (PCNs), intended to work alongside other new primary care roles to form multi-disciplinary teams for providing person-centred primary care. Decisions on how this funding is used sits with individual PCNs, of which there are 14 in Manchester. During 2019/20, Population Health and Be Well worked with colleagues in Manchester Health and Care Commissioning and PCNs to explore options for aligning this additional provision as closely as possible with the existing Be Well infrastructure. From April 2020, 10 of Manchester's 14 PCNs have made formal arrangements for Big Life Group to employ and manage their social prescribing link workers, meaning that these workers provide dedicated support to practices within those PCNs as part of the Be Well service infrastructure. Practices within the PCNs that have chosen not to make these arrangements are still able to refer patients who need social prescribing and health coaching support, to be assessed and supported by the core Be Well service.

Case study: Primary Care Network social prescribing

R is a 73-year-old woman who was referred to a Be Well PCN Coach by her GP. She has several long-term conditions and was experiencing depression and social isolation. Before meeting with R, the coach spoke to her GP about her health and who was already involved in her care. This meant that at R's first appointment the Be Well coach was able to totally focus on what she was feeling and her goals, without R having to repeat her health history. This joined up approach meant that it was easier for R to engage with the service (she had previously been referred but struggled to engage).

The coach and R came up with a shared plan together for where R wanted to focus and build goals. R identified that her housing was very poor and that she was spending a lot of time in parks during the day just to be away from home because it was cold and damp. R had been unable to get on Manchester Move as she did not know how to use a computer. The Be Well coach supported R to contact Manchester Move, and referred R into the Digital Inclusion team to develop computer skills (R had also identified that it would be good if she could use a computer so she could talk to her family more). R's coach accompanied her to a first meeting with Healthy Me, Healthy Communities (one of Be Well's community host organisation partners) at No.93 Wellbeing Centre and this made a big difference to her feeling able to seek support from them that would be ongoing. R's coach was able to help R's GP understand some of the challenges that she was facing and why it had been hard for her to engage with services and take medications on time etc. This helped R's GP to support her better and link her with nursing support so that she felt less alone with her health difficulties.

Be Well worked with R for a reasonably long period (around 16 sessions) before her case was closed. When a case is closed, Be Well coaches schedule a follow-up session (usually after 3 months). At R's follow-up session, she reported she was in a new house which she was very happy about, she had managed to attend all her medical appointments, and she had been provided with a laptop and internet from the Digital Inclusion team and was signed up to an IT course at her local Library. At this call R also said she now felt ready to engage in counselling with the Improving Access to Psychological Therapies (IAPT) service and more able to take part in this process. R had also continued to engage with Healthy Me Healthy Communities and was finding this a massive support socially and had even started volunteering with them!

2.3 Be Well activity, outcomes and impact

2.3.1 In the first 6 months of 2021-2022 (April – October) Be Well received 5,413 referrals and provided 25,046 support sessions (initial assessments and ongoing support). The number of referrals received by the service has increased substantially over the past 2 years, from an average of 400 per month in 2019, to around 550-600 referrals per month now. This reflects an increased need for social and wellbeing support as individuals and communities manage the ongoing impact of the Covid-19 pandemic and its emerging social and economic implications.

2.3.2 As outlined above, Be Well offers person-centred support tailored to the specific needs and goals of each individual. When the service was initially established, it was envisaged that around 70% of those using the service would need 'lower intensity' social prescribing type support, to connect to ongoing sources of support in their community; whilst around 30% would need 'higher intensity' health coaching type support, to address a range of more complex issues and build strengths and resilience. In reality, experience has shown that a far higher proportion of individuals accessing the service (around 70%) require more intensive support, and in particular that many of these support needs relate to improving mental and emotional health and wellbeing.

Whilst Be Well is not a mental health treatment service, the support the service offers has made a real difference to the lives of many, improving both their physical and mental health and their quality of life. The two case studies below illustrate this:

Case study: social isolation and mental health

A is a 59-year-old male who lives in north Manchester. At the time of referral to Be Well A had been struggling to manage his mental health for some time. His initial referral stated anxiety and difficulties sleeping. During his strengths-based assessment the underlying reasons for his anxiety were explored (including housing, poor diet and low confidence due to speech issues). A received 'higher intensity' support from Be Well (14 sessions).

Housing: A's coach supported him to access specialist support from Shelter and One Manchester. A's flat was cold and damp, but A didn't feel confident to contact his housing provider, due to his speech issues. A's coach was able to liaise with his housing provider on his behalf, and with A's permission explained A's worries about speaking to them and what he might need to feel safer doing this. This resulted in the heating issues A had been struggling with for years being fixed., and A receiving more support from a Housing Officer, who supported him to connect with Manchester Move to look for more appropriate accommodation.

Isolation: A wanted to connect more into the community and become more active. During lockdown, A was feeling isolated, and this had a negative impact on how he viewed himself. A and his coach came up with goals and a plan for how could achieve these in a realistic way. A engaged with the Physical Activity on Referral service, and started attending exercise classes at the Velodrome, which helped him feel healthier and meet new people. A's coach worked with him on his confidence and motivation, and this led to him attending a gym regularly, and helping there and considering more volunteering opportunities. As a result of his support from Be Well, A also felt able to increase how often he sees friends and family.

By the end of his time with Be Well, A's mental wellbeing had increased significantly, and he was feeling more connected with his community, and less worried about his housing.

Case study: Physical and mental health

R is a 63-year-old male who was referred to Be Well via his GP. Referral stated client has diabetes, increased weight during lockdown, GP was seeking support around diet advice for client. Referral also discussed low mood and isolation. R's initial strength-based assessment allowed him time to explore a range of issues relating to mental health, isolation, family relationships, and managing his diet and physical health. R had 7 sessions of support from a Be Well coach.

Physical health and wellbeing: R's coach helped him set and work towards goals around diet and nutrition, and physical activity, taking into account his health conditions. R also asked his coach to refer him to the stop smoking service, as he

wanted to reduce his e-cigarette use as he felt this was impacting on his mood and diet.

Mental health and wellbeing: Alongside support from his Be Well coach, R also accessed support from Citizens' Advice to deal with welfare benefit issues, which he felt improved his situation. As a result of the support to make changes to his diet and exercise routine, R has reported feeling healthier and more in control, and is sleeping better. These initial changes that he worked on with Be Well have resulted in him feeling more confident to go out, and join a gym, which will further increase health and wellbeing. R's improved wellbeing also means he now feels more in control of how his home is, which means he feels better about inviting family members round, which means he feels less lonely and isolated. When R was referred to Be Well, he was on the waiting list for Improving Access to Psychological Therapies (IAPT) support, however by making other changes in his life he felt he no longer needed that service.

2.3.3 The specialist work and health support provided by Be Well and delivery partners (Pathways CIC, Northwards, One Manchester, Southway and Wythenshawe Community Housing) is an innovative approach that is believed to be unusual in social prescribing and wellbeing support services. The benefits of this approach are that people can receive person-centred work-related health support, alongside holistic support to improve other aspects of their physical and mental health and wellbeing. In the first half of 2021-22 (April to October):

- Around 42% of individuals receiving ongoing support from the service were receiving work and health support (n=863), exceeding a target of 30%, which indicates an increased need for work-related health support as part of individuals' overall support package.
- 100% of employed individuals who received work-related health support from Be Well were back in work by the time they left the service (exceeding a target of 80%).
- 47% of unemployed individuals who receive work-related health support from Be Well were engaged with further employment support, training, volunteering, or work experience by the time they left the service (slightly below a target of 50%), and 42% had secured employment (well exceeding a target of 15%).

Case study: work and health support

L was referred into Be Well via her GP for additional support for mental health and social isolation, however, it became apparent she had lost significant income during Covid-19 as she was a publican. For this reason, L was supported by the 'in work' team in Be Well (Pathways CIC). L reported she had been impacted significantly by lockdowns and Covid-19. She explained that this had affected her livelihood and her mental health declined as her lifestyle changed in a short space of time. L felt her physical health had also deteriorated due to stress and anxiety which resulted in a suspected heart attack and being rushed to A&E. L also had other ongoing physical health issues which were made worse by stress, causing her to lose weight and appetite. L was struggling to pay bills which had never been an issue for her and

was worried about losing her home. Although L was supported by friends and family, she felt she had lost her sense of community and her social life.

L's support sessions focused on encouragement and guidance, recognising her strengths, and focussing on her passions and hobbies which contributed to L having a more positive outlook. This encouragement also supported L in building on her confidence. During the sessions L and her coach discussed L's physical health and the importance of getting out for a walk with her dog, these small steps helped to build L's confidence and as L is well-known in her community, the more she was going out the more she was receiving positive recognition from the community, which helped her also daily. This increased confidence and positive outlook also encouraged L to attend all her hospital appointments and receive the treatment she needed, therefore having a positive impact on her physical health.

L's coach also linked her in with HR support and Citizens Advice to ensure she had the correct and most up to date information on Covid-19 support for the hospitality industry. L felt she had been struggling to know where to turn and this support really helped her feel like she could take some control in a time when she had felt she has none.

Following 7 sessions with a Pathways coach L felt able to continue to make progress on her own. She reported feeling more in control of her financial situation and her health. L also reported a massive increase in her wellbeing and stated she felt more confident in her ability to manage the stresses that were to come.

2.4 Independent evaluation of Prevention Programme – Be Well delivery, outcomes and impact

2.4.1 Population Health commissioned SQW, a leading independent provider of research, analysis and advice in economic and social development, to carry out a mixed methods evaluation of the Prevention Programme during 2018-2021. The final evaluation report will be published shortly. Findings from the evaluation were presented to stakeholders in December 2021. In summary, key findings of the evaluation in relation to the Be Well service are:

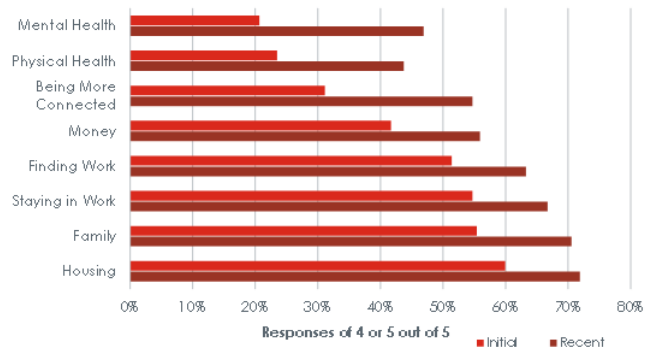
- **Be Well succeeded in reaching those from deprived and diverse backgrounds, in line with Prevention's aim to tackle social determinants and health inequalities:** More than half (52%) of service users were unemployed (compared to the unemployment rate in Manchester of 7.4%); more Be Well service users self-identified as having a disability (35%) than people in Manchester as a whole (18%); the ethnic diversity of service users was roughly the same as amongst the population of Manchester.
- **Be Well users improved their confidence in coping with issues in their lives and connecting to their community:**

Outcomes – social determinants

Be Well users improved their confidence in coping with issues in their lives

- Confidence among users improved in relation to all eight defined social determinants
- The biggest improvement was in respect of mental health, which started from the lowest base
- Confidence in relation to physical health and being more connected also increased a lot.

Proportion of 'good' responses (scored 4 or 5 out of 5) to questions around social determinants, as measured by the service user's initial score (n=7,717) and their more recent score (n=3,309)



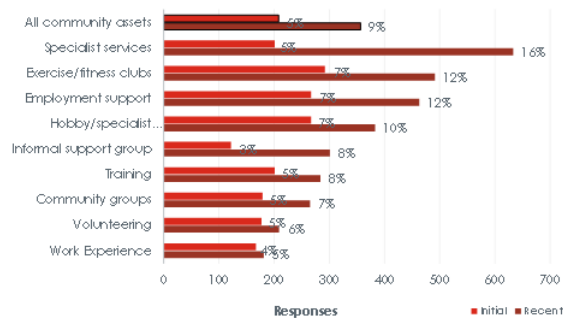
These data are drawn from the areas that Be Well explores with each service user at the beginning of their involvement with the service, and periodically at reviews. Individuals are asked to score how confident they feel about coping with issues, on a scale of 1-5.

Outcomes – community connectedness

Be Well users improved their connection to the community

- Connection improved in relation to all community assets explored.
- Connections to specialist services, fitness clubs and employment support improved the most.
- Connections to work experience and volunteering improved the least, perhaps because these assets are harder to access, it is challenging for the service to find appropriate opportunities, and/or the Covid-19 pandemic reduced opportunities, or other reasons.
- Service users reportedly found it difficult to answer these questions; comparison across categories should only be undertaken with care.

Number of 'Connected a lot' responses to question on links to community assets. Data labels give the number as a percentage of the sample (n between 3,750 and 4,000)



These data are drawn from the areas that Be Well explores with individuals as part of their support planning, this is a person-centred approach and so may not involve all of the areas above. These data reflect general conversations with all service users, not the specific work-related health support provided to some individuals using the Be Well service (see paragraph 2.3.3 above).

- **Be Well service users improved their wellbeing:** Service users' wellbeing was measured at the beginning and end of their involvement with the service, using a validated tool for measuring wellbeing – the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which considers a range of factors that influence wellbeing.

Outcomes – wellbeing

Be Well service users improved their wellbeing

- Users with low mental wellbeing at the start of their engagement with Be Well improved their wellbeing while accessing the service
- The central value of the distribution moved from 'possible depression' for initial scores towards the upper end of 'average mental wellbeing' for recent scores (categories from Warwick Medical School guidance)

WEMWBS scores from service users, taken from the first and most recent occasion they completed the questionnaire (n=2,689). (Note, a higher score indicates higher self-assessed wellbeing)



SQW

- **A&E attendance and emergency hospital admissions are reduced for Be Well service users:** On average, Be Well users that engaged with the service had 13% fewer A&E attendances and 19% fewer emergency hospital admissions in the six months following exit from the service compared to the six months prior to joining the service; those service users receiving more support sessions experienced a greater reduction in A&E attendances, and those receiving 6-9 sessions experienced a greater reduction in emergency admissions.
- **A modelled Cost Benefit Analysis for Be Well estimates a financial Return on Investment (ROI) of £1.51 per £1 spent on the service, and a public value ROI of £17.2 per £1 spent.** These benefits are modelled to continue for the medium term (up to 8 years). Changes in employment (people who have used Be Well retaining and gaining employment) are estimated to make up 65% of the financial savings, and reduced emergency hospital admissions contribute 20% savings. Individual service user wellbeing and reductions in social isolation contribute 97% of the 'public value' benefits modelled.

2.5 Other social prescribing and wellbeing initiatives in Manchester and Greater Manchester

2.5.1 Social prescribing and wellbeing support for young people in Manchester

Manchester has been awarded a 9-month grant from the Better Mental Health fund and is using most of the funding to pilot a social prescribing and wellbeing support project for young people. Big Life, the provider of the Be Well service, is the lead provider for the project, which is being delivered in partnership with 42nd Street (a Greater Manchester young people's charity providing free and confidential services to young people who are experiencing difficulties with their mental health and emotional wellbeing) and Greater Manchester Youth Network (a Greater Manchester charity that delivers a range of development programmes and drop-in activities to help young people transition to adulthood feeling skilled, supported and positive).

The pilot project is delivering a range of one to one and group support to young people with the aim of improving mental wellbeing, social connections, an increase in skills and confidence, and access to therapeutic support for mental health. The project has a particular focus on engaging with young people in the most deprived areas in north Manchester, and young people from communities experiencing racial inequality.

To date the project has worked with over 400 young people, who have received a range of support including health and wellbeing coaching, mental health support and therapeutic interventions, and positive engagement activities to develop life skills and experience to prepare for the transition to adulthood.

2.5.2 Social prescribing in Greater Manchester

Since the start of the pandemic, social prescribing schemes across the city region have seen large increases in referrals, with estimates that 75% of referrals are for mental health support (Greater Manchester Local Survey of Social Prescribing Providers, October 2020). In Greater Manchester:

- a social prescribing referral now happens every five minutes of the working day
- 8 in 10 GPs are referring to social prescribing schemes
- 26,000 people have been supported through social prescribing over the past year
- 200 social prescribing link workers are helping people to make valuable community connections.

2.5.3 Green social prescribing

Greater Manchester successfully bid for green social prescribing funding to support initiatives to improve community mental health and wellbeing post Covid-19. £500,000 has been awarded to fund five nature-based projects in Greater Manchester for a two-year pilot.

The aim is to engage with individuals most at risk of developing poor mental health and create the activities and support they need, whilst making the most of the natural environment. These projects will support existing social prescribing initiatives in place to improve community mental health and

wellbeing. The Covid-19 pandemic has exacerbated mental illness and inequalities and many people find green space particularly important to their health and wellbeing.

In Manchester Sow the City is being funded to provide food growing schemes, working with the most deprived communities in Manchester, providing both social activity and access to free healthy food. Projects are rooted in the community, being run and staffed by local volunteers, and will see local partners working together led by voluntary sector organisations. Green social prescribing initiatives covering all Greater Manchester will also benefit Manchester residents.

Be Well has developed links with Sow the City to ensure that Be Well service users are able to benefit from the green social prescribing activities on offer in the city, and to ensure that the roles of each organisation are clear to avoid duplication and present clear information to wider stakeholders.

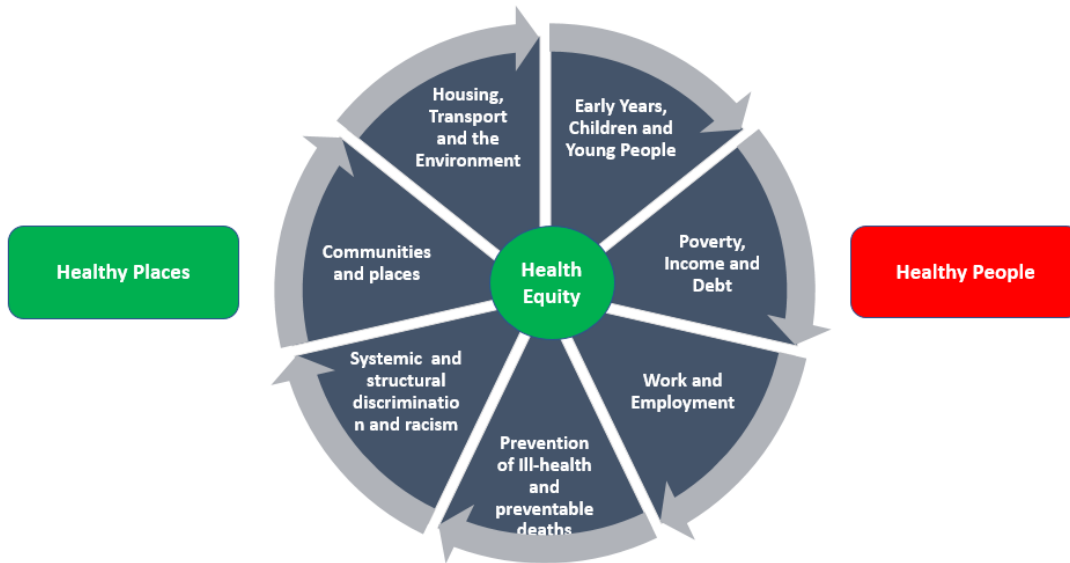
2.5.4 Active Travel social prescribing

After two rounds of application and assessment Greater Manchester has been awarded £100,000 funding to carry out a feasibility study for active travel social prescribing pilot schemes. All successful local authority feasibility studies will be assessed to decide which authorities will then receive funding to create future active travel social prescribing schemes for the financial years 2022 to 2025. The pilot schemes are trialling new walking and cycling programmes to enable increased active travel and physical activity.

2.6 Future delivery of social prescribing – Population Health Recovery Plan and Manchester’s Wellbeing Model

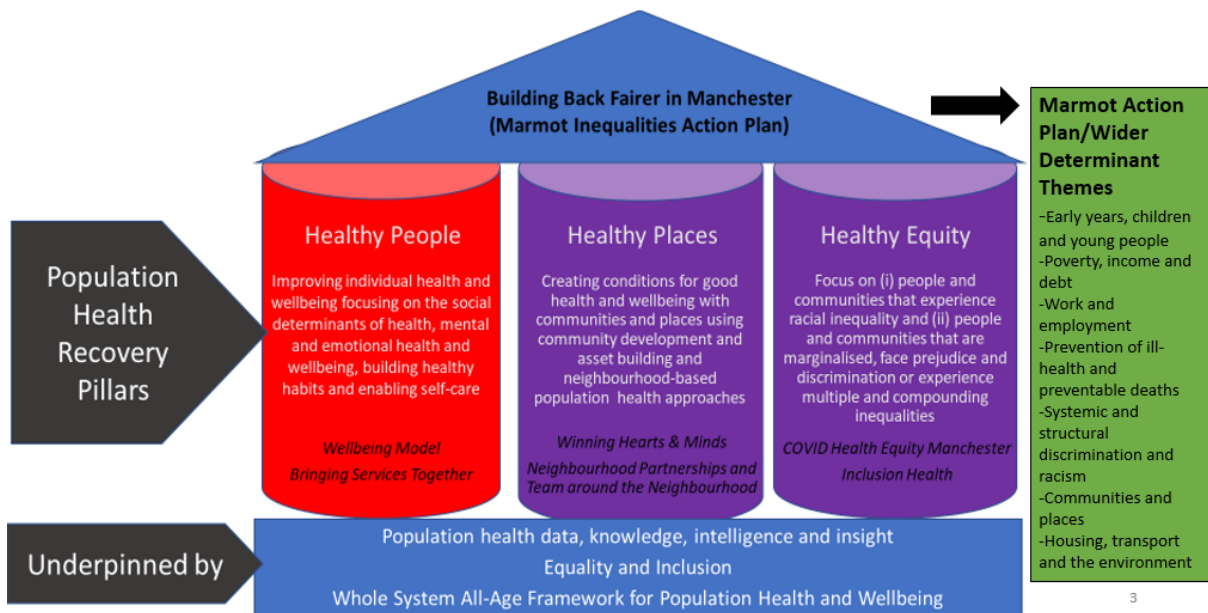
- 2.6.1 The next steps for addressing health inequalities in Manchester were discussed in a report to the October 2021 meeting of this Committee, which outlined the current and planned responses to the most recent Marmot Report, ‘Building Back Fairer in Greater Manchester’. The Director of Public Health has now convened a focussed task group to develop Manchester’s ‘Building Back Fairer’ approach and plans, supported by a clear population health action plan relating to the wider determinants of health.

Building Back Fairer in Manchester - Wider Social Determinant Themes for Action



Manchester’s Population Health Recovery Framework supports these by outlining three priority ‘pillars’ for population health recovery from the COVID-19 pandemic, which will support delivery of these plans.

POPULATION HEALTH RECOVERY FRAMEWORK

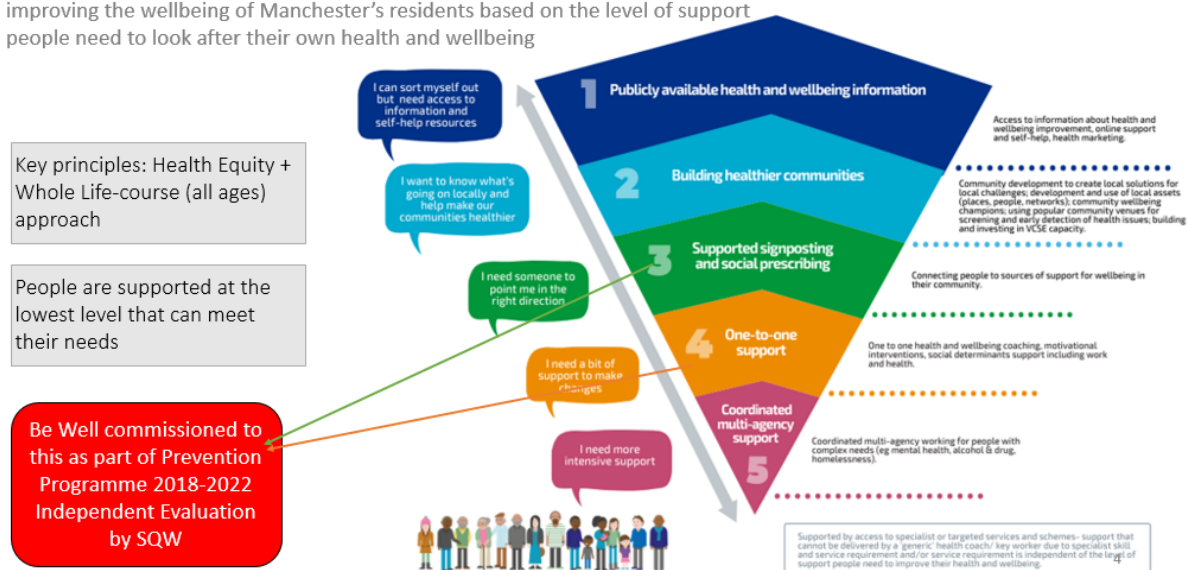


2.6.2 Each pillar has a ‘flagship’ programme of activity to address the root causes and wider determinants of health inequalities alongside the broader partnership working to create the conditions for healthy lives. The Healthy People pillar of the recovery framework recognises the impact of social disadvantage and socio-economic circumstances on health outcomes.

Income, housing, work, environment, and transport access and conditions impact on physical and mental health and wellbeing, and people's ability to lead a 'healthy lifestyle'. These social determinants of health are often experienced cumulatively, and impact more people in areas of socioeconomic deprivation, leading to health inequalities. The Wellbeing Model has been designed to address this using the principle of proportionate universalism – giving people the level of support that they need to look after their own health and wellbeing. The model was due to launch in 2021 but development and delivery has been delayed because of the pandemic.

HEALTHY PEOPLE

Manchester's Wellbeing Model: Framework for services and approaches to improving the wellbeing of Manchester's residents based on the level of support people need to look after their own health and wellbeing



2.6.3 Funding has been secured to maintain the current Be Well service for 2022/23, pending a redesign of Population Health-commissioned health and wellbeing services for individuals and communities in the context of the Population Health Recovery Plan and wider 'Building Back Fairer' agenda. This will build on learning from the delivery of Be Well services over the past 4 years, and the findings from the Prevention Programme evaluation. It is not anticipated that the current Be Well service model will change significantly, however referral pathways will be expanded to support a wider range of programmes and the city's broader recovery from Covid-19, and there will be further work on optimising the benefits of the additional social prescribing resource for primary care and working in a more integrated way with Primary Care Networks.

3.0 Recommendations

3.1 The committee is asked to consider the report and note the next steps for developing health and wellbeing support for individuals, including social prescribing, within the context of the Population Health COVID-19 Recovery Plan and Wellbeing Model.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 March 2022

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

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

Recommendation

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

Wards Affected: All

Contact Officers:

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

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

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

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

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **28 February 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	Report Published	Type of Service	Rating
My Baby Enterprises Ltd	My Baby Enterprises Ltd 265 Barlow Moor Road Manchester M21 7GJ	https://www.cqc.org.uk/location/1-2898822678	10 February 2022	Diagnostic and screening services	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Doves Nest Ltd	Doves Nest Nursing Home 15-19 Windsor Road Clayton Bridge Manchester M40 1QQ	https://www.cqc.org.uk/location/1-123434989	16 February 2022	Nursing / Residential Home	Overall: Good Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good
Mediline Supported Living Ltd	Mediline Supported Living Averill 47 Averill Street Newton Heath Manchester M40 1PH	https://www.cqc.org.uk/location/1-191191147/contact	15 February 2022	Residential Home	Overall: Good Safe: Good Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Good

Mr Mohedeen Assrafally & Mrs Bibi Toridah Assrafally	Polefield Nursing Home 77 Polefield Road Manchester M9 7EN	https://www.cqc.org.uk/location/1-2279393745	15 February 2022	Nursing Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Francis House Family Trust	Francis House Children's Hospice 390 Parrs Wood Road Didsbury Manchester M20 5NA	https://www.cqc.org.uk/location/1-117648999	15 February 2022	Hospice	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Malmin Healthcare Ltd	Malmin Dental 44-46 John Dalton Street Manchester M2 6LE	https://www.cqc.org.uk/location/1-8691603154	18 February 2022	Dentist	Overall: No Action Required
S M Rahman Ltd	Night and Day Emergency Dentist 9 Copson Street Withington Manchester M20 3HE	https://www.cqc.org.uk/location/1-9290820363	15 February 2022	Dentist	Overall: No Action Required
Making Space	Beyer Lodge Nursing Home 65 Taylor Street Manchester M18 8DF	https://www.cqc.org.uk/location/1-1298685547	25 February 2022	Nursing Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

EAM Lodge CIC	EAM Lodge CIC 21 Fouracres Road Manchester M23 1FG	https://www.cqc.org.uk /location/1-159629003	23 February 2022	Nursing Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Advinia Care Homes Ltd	Gorton Parks Care Home 121 Taylor Street Manchester Lancashire M18 8DF	https://www.cqc.org.uk /location/1- 4413341048	24 February 2022	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Franklin Care Group Ltd	The Dell 55 Sibley Street Manchester M18 8LN	https://www.cqc.org.uk /location/1- 8222100885	24 February 2022	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Heart Networks UK Limited	Heart Networks UK Limited 299 Alan Turing Way Manchester M11 3BS	https://www.cqc.org.uk /location/1- 4407044870	25 February 2022	Doctor/GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

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

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	
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	
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 25 May 2022, 10am (Report deadline Monday 16 May 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Overview Report				
Work Programming Session	The Committee will receive presentations from Directors on upcoming issues and challenges within the Committee's remit, following which Members will determine the work programme for the forthcoming year.	Councillor Midgley, Deputy Leader	Bernadette Enright David Regan Chris Gaffey	This part of the meeting will be closed to the public.

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, but not restricted to, 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	Councillor Midgley, Deputy Leader	Chris Gaffey	

	Programme.			
Building Back Fairer in Manchester – Addressing Health Inequalities	<p>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.</p> <p>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.</p>	Councillor Midgley, Deputy Leader	David Regan Dr Cordelle Ofori Sharmila Kar	Previously considered at the October 2021 meeting.
Climate Change and Health	<p>Following consideration of the report ‘An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester’ 9 February 2022, the Committee will schedule quarterly ‘deep dive’ reports on specific areas of work and specific areas of interest to the Committee.</p> <p>The subject area and scope of these reports are to be agreed by the Chair.</p>	Councillor Midgley, Deputy Leader Councillor Rawlins Executive Member for Environment	Chris Gaffey David Regan	See minutes of meeting 9 February 2022.
Equalities Impact Assessment of the Better Outcomes, Better Lives programme	To receive a report that provides information on the Equalities Impact Assessment of the Better Outcomes, Better Lives programme.	Councillor Midgley, Deputy Leader	Sarah Broad	

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