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MANCHESTER CITY COUNCIL

Health and Wellbeing Board

Date: Wednesday, 23 March 2022
Time: 10.00 am
Venue: Council Chamber, Level 2, Town Hall Extension

Access to the Council Chamber

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Filming and broadcast of the meeting

Meetings of the Health and Wellbeing Board 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 and Wellbeing Board

Councillor Craig, Leader of the Council (Chair)
Councillor Midgley, Executive Member for Adult, Health and Wellbeing (MCC)
Councillor Bridges, Executive Member for Children and Schools Services (MCC)
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning
Katy Calvin-Thomas - Manchester Local Care Organisation
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Dr Tracey Vell, Primary Care representative - Local Medical Committee
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health
Bernadette Enright, Director of Adult Social Services
Dr Murugesan Raja Manchester GP Forum
Dr Geeta Wadhwa Manchester GP Forum
Dr Doug Jeffrey, Manchester GP Forum
Dr Shabbir Ahmad Manchester GP Forum (substitute member)
Dr Denis Colligan, Manchester GP Forum (substitute member)

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. Minutes 5 - 8
To approve as a correct record the minutes of the meeting held on 26 January 2022.

5. State of the City 9 - 48
The report of the Assistant Chief Executive is attached.

6. Living Safely and Fairly with Covid 49 - 94
The report of the Director of Public Health is attached.

7. North Manchester Strategy 95 - 126
The report of the Executive Director of Strategy (Manchester Health and Care Commissioning Group), the Executive Director of Workforce and Corporate Business (Manchester University NHS Foundation Trust), Deputy Chief Executive, (Greater Manchester Mental Health NHS Foundation Trust), the Director of Strategic Projects (Manchester University NHS Foundation Trust) and the Director of Inclusive Economy (Manchester City Council) is attached.

8. Health and Wellbeing Board review
This report **will follow**.

9. Manchester Joint Strategic Needs Assessment (JSNA) Update 127 - 236
The report of the Director of Public Health is attached.

Information about the Board

The Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the health and social care services for Manchester. Its role includes:

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;
- providing advice, assistance or other support in connection with the provision of health or social care services;
- encouraging organisations that arrange for the provision of any health related services to work closely with the Board; and
- encouraging those who arrange for the provision of any health or social care services or any health related services to work closely together.

The Board 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.

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Agenda, reports and minutes of all council committees can be found on the Council's website www.manchester.gov.uk

Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
Level 3, Town Hall Extension, Albert Square
Manchester, M60 2LA

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, 15 March 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

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Health and Wellbeing Board

Minutes of the meeting held on 26 January 2022

Present:
Councillor Midgley, Deputy Leader - In the chair
Councillor Bridges, Executive Member for Children and Schools Services
David Regan, Director of Public Health
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Bernadette Enright, Director of Adult Social Services
Dr Geeta Wadhwa, GP Member (South) Manchester Health and Care Commissioning
Dr Murugesan Raja, Manchester GP Forum
Dr Doug Jeffrey, (South) Primary Care Manchester Partnership
Katy Calvin-Thomas, Manchester Local Care Organisation
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Vicky Szulist, Healthwatch
Mike Wild, Voluntary and Community Sector representative

Apologies:
Councillor Craig, Leader of the Council
Dr Tracey Vell, Primary Care representative - Local Medical Committee

Also in attendance:
Sarah Broad, Deputy Director Adult Social Services
Paul Marshal, Strategic Director of Children's Services
Barry Gillespie, Consultant in Public Health, Chair of the Manchester CDOP
Stephanie Davern, Child Death Overview Panel Co-ordinator

HWB/22/01 Appointment of Chair

Councillor Midgley was nominated to Chair the meeting. This was seconded and approved by the Board.

Decision

Councillor Midgley was appointed Chair for the meeting.

HWB/22/02 Minutes

Decision

To approve the minutes of the meeting held on 3 November 2021 as a correct record.

HWB/22/03 COVID-19 – Update

The Board considered the report and presentation of the Director of Public Health that provided an update on the latest COVID-19 data and progress on the implementation of the Manchester Vaccination Programme.

In response to comments from Board members the Director of Public Health advised that despite the lifting of the national plan B measures, local schools and Universities were being supported to maintain the wearing of face masks in communal areas as a measure to reduce infection rates. He described that both himself and the Director of Education had written to all Head Teachers in Manchester to offer support and guidance on this issue. The Executive Member for Children and Schools Services informed the Board that the feedback from schools was very positive and had welcomed this continued support.

In response to a comment raised regarding the national advice given regarding the symptoms to be aware of for the variants, noting that this was generic advice with no differentiation between the variants, the Director of Public Health stated this had been raised nationally as a concern. He said that this had been acknowledged locally and local bespoke advice and information had been issued but noted the comment from the Board.

The Director of Public Health responded to a question relating the issue of the removal of free Lateral Flow Tests (LFT) by stating that this was an equalities issue and stated that Manchester continued to make the case for free LFTs, adding that there was a need for an effective, equitable national testing policy.

The Chair on behalf of the Board paid tribute to all staff involved in the vaccination programme and the directed approach to address equity in the programme to protect as many residents as possible. The Chair also 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.

The Board reiterated the importance of the COVID-19 vaccination and encouraged all who had not come forward to receive the jab to do so.

Decision

To note the report and presentation.

HWB/22/04 Better Outcomes Better Lives

The Board considered the report of the Executive Director of Adult Social Services that provided an update on the delivery of Better Outcomes, Better Lives, the adult social care transformation programme. Noting that this was a long-term programme of practice-led change, which aimed to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care.

The report provided an introduction and background, describing that Better Outcomes Better Lives was the Manchester Local Care Organisation's programme to transform the way that we deliver adult social care so that it meets the needs of our most vulnerable residents and makes best use of the resources that we have. The programme is key to delivering the savings set out in the 2021/2022 budget agreed by the Council in March 2021.

The report described that that the programme was structured around six key workstreams, noting that four of the workstreams had started in January 2021. The report further described what would feel different for residents who received our adult social care services in the future; what would feel different for families and carers; and what would feel different for staff.

The Board were provided with an overview of the programme that were accompanied by case studies to illustrate what these changes meant in practice.

The Board welcomed and endorsed the approach described, in particular the assurance provided that activities and progress would be reported and regularly reviewed by the MLCO Accountability Board. The Board further noted and welcomed the assurance given that this approach also informed the work and planning of the MLCO. The Chair stated that she had taken the opportunity to meet with the teams and had received very positive feedback from the staff. The Executive Director of Adult Social Services welcomed the positive feedback from the Board and assured those present that this would be relayed to the staff and practitioners working across the teams.

Decision

To note the report.

HWB/22/05 Integrated Care System arrangements and Manchester Locality Plan Refresh

The Board considered the report of the Deputy Leader (with responsibility for Health and Care), Manchester City Council and the Vice Chair, Manchester Health and Care Commissioning that provided an update on the establishment of a Greater Manchester Integrated Care System/Integrated Care Board and Manchester Locality Board. The report further provided an update on the refreshed Manchester Locality Plan, noting that 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 recognised the significant change in context following the COVID-19 pandemic.

The report described that subject to legislation passing through parliament, Integrated Care Systems (ICS) would be established in England from 1 July 2022. This change was originally planned for 1 April 2022 but had been delayed allowing sufficient time for the legislative process to conclude. The report described the four aims of the ICS and the national core building blocks of an ICS.

In Greater Manchester this would 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. Noting that Manchester's Local Authorities and NHS leaders had both contributed to the

development of the GM ICS and ICB arrangements and had worked to develop locality arrangements for the City of Manchester.

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

The Board endorsed the work reported to date, noting the challenges presented by the pandemic and welcomed the priority given to post pandemic recovery across all settings and continued commitment to address health inequalities.

Decision

The Board note the report and support the refreshed Locality Plan.

HWB/22/06 Child Death Overview Panel (CDOP) Annual Report

The Board considered the report of the Consultant in Public Health, Chair of the Manchester Child Death Overview Panel that described that the Manchester Child Death Overview Panel (CDOP) was a subgroup of the Manchester Safeguarding Partnership (MSP) and reviewed the deaths of children aged 0-17 years of age (excluding stillbirths and legal terminations of pregnancy) that were normally resident in the area of Manchester City.

The report described that in line with the Child Death Review: Statutory and Operational Guidance (England) published October 2018, the CDOP had a statutory requirement to produce a local annual report which provided a summary of the key learning and emerging trends arising with the aim of preventing future child deaths.

The report provided a description of the Child Death Review Process, in term of both national and local arrangements, noting that national line of accountability had transferred from the Department for Education (DfE) to the Department of Health and Social Care (DHSC).

The Director of Public Health paid tribute to the staff working within the Manchester Child Death Overview Panel, adding that the arrangements in Manchester were regarded nationally as an exemplar model. In response to a comment from a Board member who discussed the need to support families and align strategies, he stated that the approach and findings of the Manchester Child Death Overview Panel were regularly reviewed and refreshed to ensure they aligned with wider policies, such as Early Years and Early Help.

Decision

The Board note the report.

Manchester City Council
Report for Information

Report to: Health and Well Being Board – 23 March 2022

Subject: State of the City 2021

Report of: The Assistant Chief Executive

Summary

State of the City is the annual report that monitors delivery of the Our Manchester Strategy: Forward to 2025. It highlights progress made towards the ambitions for the city and the challenges faced.

The four themes highlighted in the summary of the report are inclusive economy, inequalities, climate change, and housing. The accompanying slides in Appendix One provide more detail.

Recommendations

Board members are asked to note the contents of the State of the City 2021 report and use this to inform their work for 2022.

Wards Affected All

Manchester Strategy outcomes	Summary of the contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	State of the City is the annual report that monitors delivery of the Our Manchester Strategy: Forward to 2025. The full report and slides in Appendix One are structured according to the five themes of the Our Manchester Strategy. Each section highlights the progress made and the challenges faced.
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	

Full details are in the body of the report, along with any implications for

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Financial Consequences – Capital

State of the City informs the Council's annual budget setting process and capital programme

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Contact Officers:

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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.

The full State of the City 2021 report is available on the MCC website https://www.manchester.gov.uk/info/200088/statistics_and_intelligence/8299/state_of_the_city_report_2021

1.0 Introduction

1.1 State of the City is the annual report that monitors delivery of the Our Manchester Strategy: Forward to 2025. It highlights progress made towards the ambitions for the city and the challenges faced.

1.2 The structure of State of the City is the five themes of the Our Manchester Strategy:

- A thriving and sustainable city
- A highly skilled city
- A progressive and equitable city
- A liveable and low-carbon city
- A connected city

1.3 State of the City bring together data and intelligence from the Council and a range of partners, with a narrative and commentary and series of case studies for each theme.

1.4 Each year, State of the City is presented to the Our Manchester Forum, the Our Manchester Investment Board, and a range of other partnerships across the city. In relation to health and well being, the 2021 report has been presented to the Manchester Partnership Board (MPB) and Manchester Health and Care Commissioning (MHCC) Board.

2.0 Summary

2.1 The key headlines from the report have been grouped into four priority themes for 2022, which align with the Council's Corporate and Business Plans, the strategic priorities for Manchester Partnership Board, and the Our Manchester Strategy themes. These four themes are:

a) Inclusive Economy. Resilience of Manchester's economy has been tested throughout economic closures, downturn and seismic shift in travel following COVID-19. There are now signs of the economic recovery picking up. Recovery from the pandemic must work towards a more inclusive economy, ensuring that residents from all parts of the city can benefit from high-quality jobs with fair pay and conditions, and opportunities for progression. Central to this is tackling the digital-exclusion challenge to ensure that all our residents can benefit from the opportunities digital brings

b) Inequalities, including health inequalities and the impact of COVID-19. Pandemic has deepened existing inequalities in city, particularly for our more deprived communities, ethnic minorities, women, migrants, those living in poverty, and older people, meaning our focus on reducing inequalities is more important than ever.

c) Climate change. Climate crisis remains a key priority for Manchester and a range of projects and initiatives have been delivered to progress our zero-carbon ambitions. The Council's direct carbon emissions have significantly

reduced in recent years, but the city is not yet decarbonising at the required pace and collective and urgent action is now required.

d) Housing. A key part of the city's recovery from the pandemic will be the continued increasing delivery of housing – particularly affordable housing. Demand for housing from our most vulnerable residents has become more acute, with growing numbers on the housing register and in temporary housing.

2.2 Appendix One is a set of slides that summarises the full report and will be presented to the Board on 23 March.

3. Recommendations

3.1 Board members are asked to note the contents of the State of the City report and build the key points into their work for 2022.

Our Manchester

State of the City Report 2021

Key messages

MANCHESTER CITY COUNCIL

Our Manchester

The vision – Manchester 2025

Manchester will be in the top flight of world-class cities

It will be a city:

- with a competitive, dynamic, sustainable and fair economy that draws on its distinctive strengths in science, advanced manufacturing, and culture, creative and digital business to cultivate and encourage new ideas
- with highly skilled, enterprising and industrious people
- that is connected, internationally and within the UK
- that plays its full part in limiting the impacts of climate change
- where residents from all backgrounds feel safe, can aspire, succeed and live well
- that is clean, attractive, culturally rich, outward-looking and welcoming.

Our Manchester

Forward to 2025

Priorities for next five years have been reset to achieve vision

- 3,800 people responded to consultation – their priorities are at the heart of Our Manchester Strategy: Forward to 2025
- Priorities were reset in summer 2020, acknowledging – but looking beyond – current challenges
- Renewed focus on our young people, our economy, our health, our housing, our environment, our infrastructure
- Priorities ensure equality, inclusion and sustainability are at the heart of what we do.

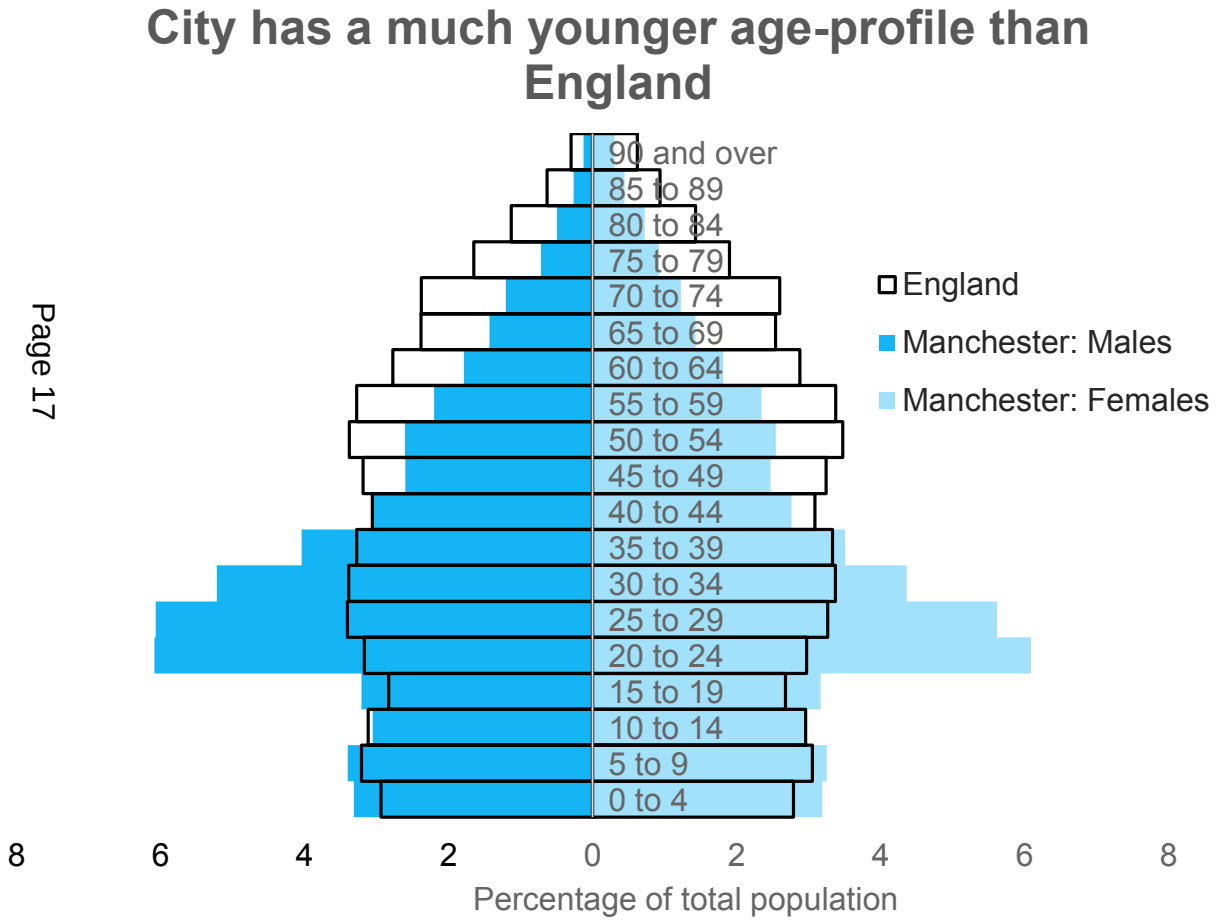
Our Manchester

A thriving and sustainable city

Our Manchester

Continuing population growth

Increasing number of residents aged 20–39



- 31% growth in ONS mid-year population estimate since 2001, from 422,900 to 555,700 in 2020.
- MCCFM estimates 2020 population to be 579,400 with 627,000 forecast for 2025.
- International immigration is main driver of growth – impacted by COVID-19 travel restrictions. 18% of city's residents were non-British in 2020.
- Census 2021 will be published in 2022.

Source: 2020 mid-year population estimate, ONS © Crown Copyright

Our Manchester

Strong economic growth

However, COVID-19 has had a dramatic impact on economy

Pre-pandemic, employment continued to rise, from 357,000 in 2015 to 410,000 in 2019

21.2% of workforce employed in Financial, professional and scientific occupations

38% rise in active enterprises, from 17,045 in 2015 to 23,565 in 2021, increase of 715 in past year

- Pandemic disrupted many of our sectoral strengths, significantly impacting upon culture and retail.
- Cumulative total of 95,400 jobs supported since start of furlough scheme. 15,000 still supported July 2021.
- Job vacancies fluctuating but remain on an upwards trajectory, peaking at 7,900 week ending 18 Sept.
- Economic Recovery and Investment Plan sets out how Manchester will reinvigorate its economy.
- Our Manchester Industrial Strategy will ensure all our residents can benefit from economic growth.

Sources: Business Register and Employment Survey, ONS; UK Business activity, size and location, ONS

Our Manchester

Continued development success

City continues to follow its pre-pandemic growth trajectory

Significant city centre development schemes:

- **NOMA**
- **St Mary's Parsonage**
- **St John's**
- **Great Jackson Street**

City centre schemes under development or in pipeline:

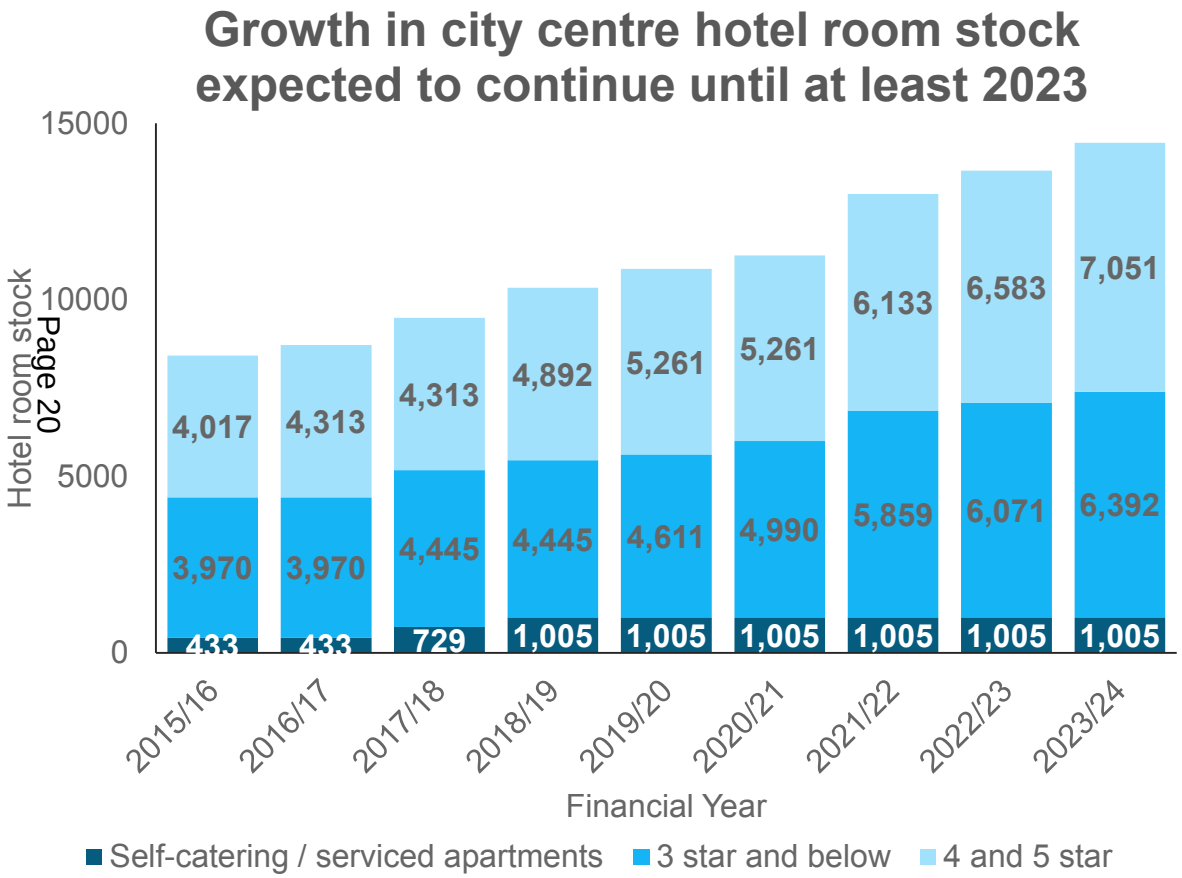
- **Piccadilly, Mayfield, ID Manchester, Circle Square, St Michael's**

- Following an initial slowdown in March 2020, construction activity continued at a rapid pace.
- Vibrant, mixed-use development has continued to transform the city's skyline.
- Further boost to Oxford Road Corridor innovation district with completion of Citylabs 2.0 and Citylabs 4.0 construction underway, due to complete 2022.
- Significant increase in brownfield land remediated under planning applications – 541 hectares in 2020.
- Large-scale multi-tenure developments planned across the city, including Victoria North.

Our Manchester

COVID-19 stalled tourism sector

Significant confidence in hotel market despite recent challenges



Source: Manchester City Council Business Rates (existing room stock, 2015/16–2019/20), Manchester City Council Expected Commercial Completions List (expected growth, 2020/21–2022/23)

- Record high 81% hotel occupancy in 2019 – dropped to 36% in 2020, 73% in Sep-21.
- Previous five-year average 567 new rooms per year, 379 new rooms in 2020/21 due to construction delays.
- Projected 1,740 rooms will be added to total stock in 2021/22.
- Airport passengers reduced by 76% from 29.4million in 2019 to 7million in 2020.
- International inbound visits not expected to return to pre-pandemic levels until 2023/24.

Our Manchester

Inclusive growth

Social value can play an essential role in tackling poverty

23.8% of employees living in Manchester were paid less than the Real Living Wage in 2020

By the end of 2020, 37% of Universal Credit claimants were in work but eligible for benefits

90% rise in unemployed residents claiming benefits between March and May 2020

Sources: Annual Survey of Hours and Earnings, ONS; ONS claimant count (experimental statistics); ONS © Crown Copyright

- While inequality of wealth existed pre-COVID-19, the pandemic and related economic conditions have exacerbated the issue.
- Discussions taking place with partners to make Manchester a 'Living Wage Place'.
- Council reviewed and strengthened approach to social value – policy approved Mar-21. Social value is key objective of Our Town Hall Project.

Social value: wider value to residents and communities that organisations can generate via their local spending power; additional value can be achieved in a number of ways, eg. via mandating for good employment conditions, including fair contracts and payment, and ensuring local jobs for residents.

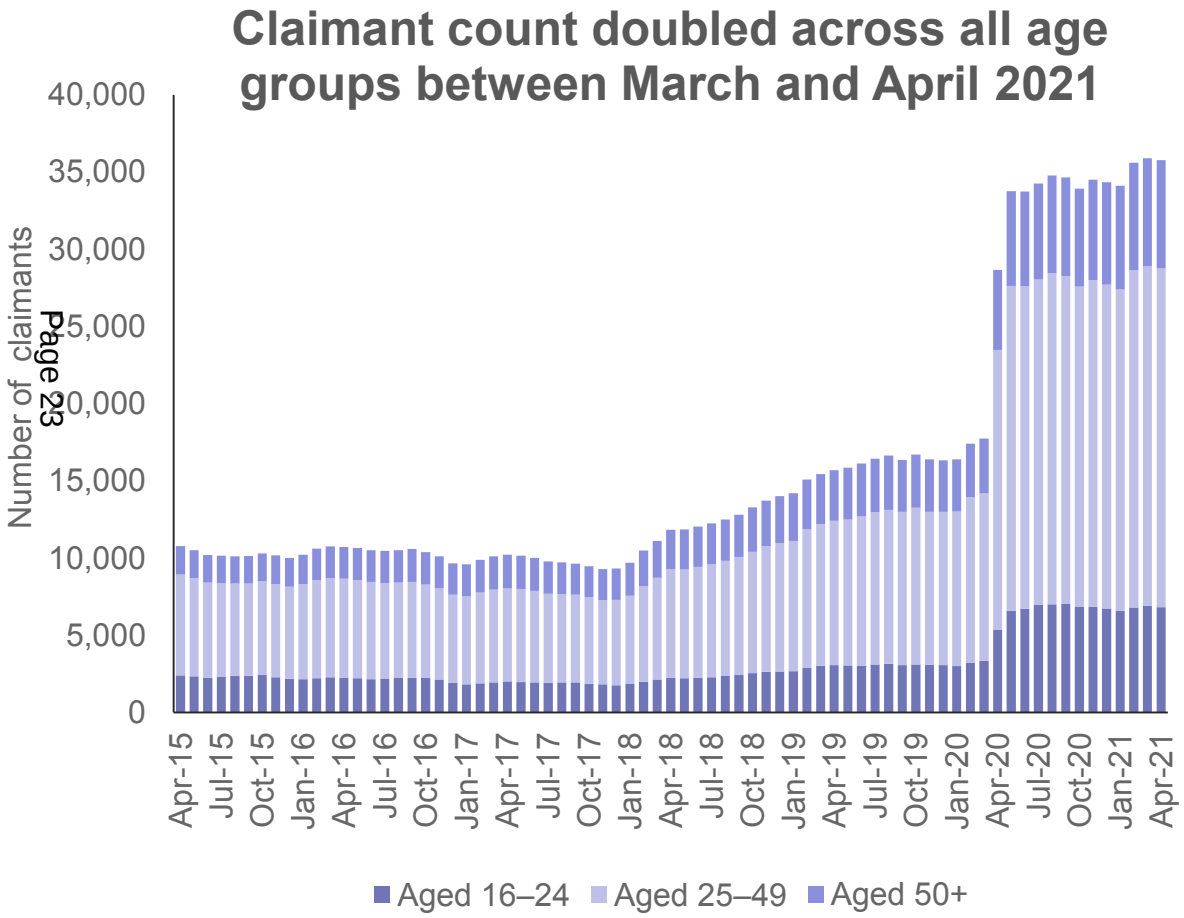
Our Manchester

A highly skilled city

Our Manchester

Rising unemployment levels

Rapid intervention required to get residents back to work



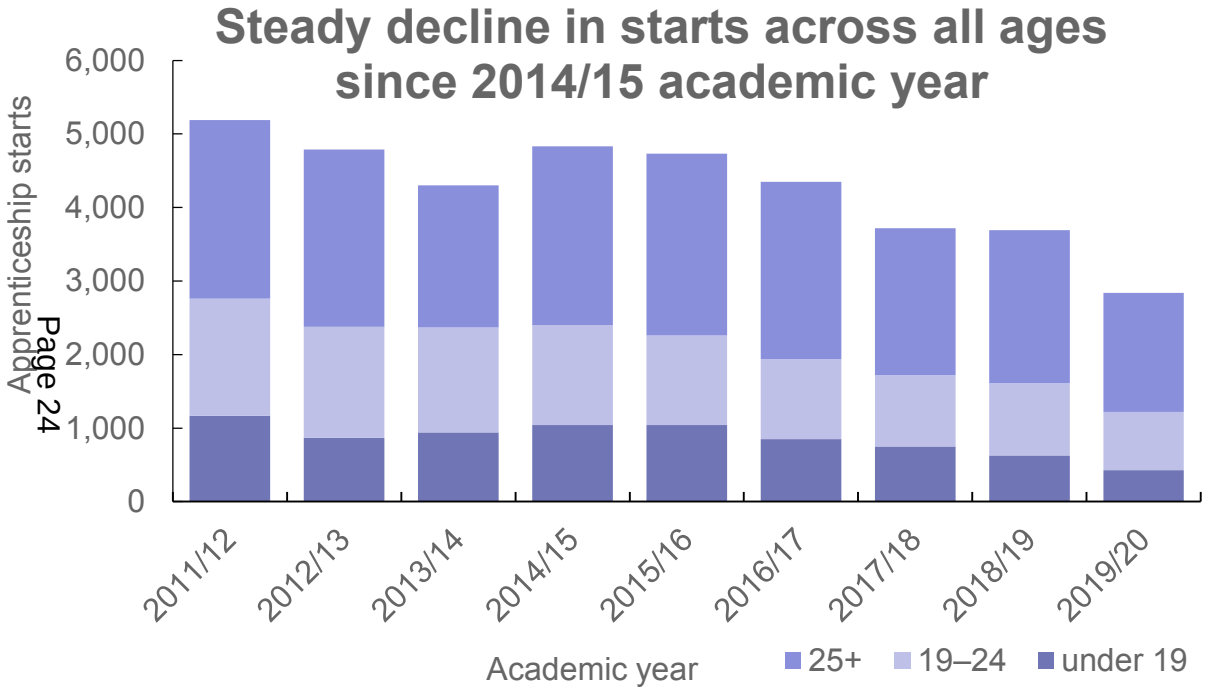
Source: ONS claimant count (experimental statistics). Number of people claiming benefits principally for the reason of being unemployed.

- Claimants increased from 17,740 in March 2020 to 35,755 in April 2021. April 2021 claimant rate 9.2% vs 6.5% nationally.
- Key groups of residents in unemployment – young people, graduates, older workers, ethnic minority groups (THINK report).
- Council continued to provide work-club activity online. In 2020/21, 4,543 residents engaged with a work club.
- Significant investment into welfare-to-work provision, such as Kickstart, the Job Entry Targeted Support programme and Restart.

Our Manchester

Decline in apprenticeship starts

Employer focus shifted towards higher-level and older apprentices



Source: Skills and Education Funding Agency

- 23% annual fall in apprenticeship starts vs 47% fall nationally in academic year 2019/20.
- Of the starts in 2019/20, 57% aged 25+, 27% aged 19–24, 15% aged under 19.
- 16% increase in higher-level apprenticeship starts in 2019/20, while other levels reduced.
- Flexi-apprenticeships should provide greater flexibility around working and learning choices.

Throughout COVID-19 we have continued to drive forward key projects to strengthen apprentice recruitment:

- Our Town Hall aims to create at least 100 apprenticeships at level 2 or 3, in addition to target of 50 higher-level apprentices
- In 2020/21 The Hut Group created 1,800 new apprenticeship roles across their north west sites, most at Airport City headquarters
- MIF is employing 65 new apprentices as part of social-value commitment.

Our Manchester

Improving skill levels of residents

However, improvements have not reached all our communities

Increase in residents with higher-level qualifications, from 27.3% in 2004 to 47.7% in 2020, above national average of 42.8%.

Decline in residents with no qualifications, from 24.7% in 2004 to 7.8% in 2020, slightly above national average of 6.2%.

Low skill levels more prevalent in over-50s – 39.1% had low or no qualifications in 2020 vs 14% aged 16–49.

- Manchester University estimates that approximately 48% of its graduates express a desire to stay in city for work.
- Older residents, those for whom English is not their first language, disabled residents, and residents with a long-term illness are more likely to have low skill levels.
- Low-skilled more vulnerable to job losses. Over half of residents with low or no qualifications are unemployed.
- Adult learning will play an important role in a successful economic recovery.

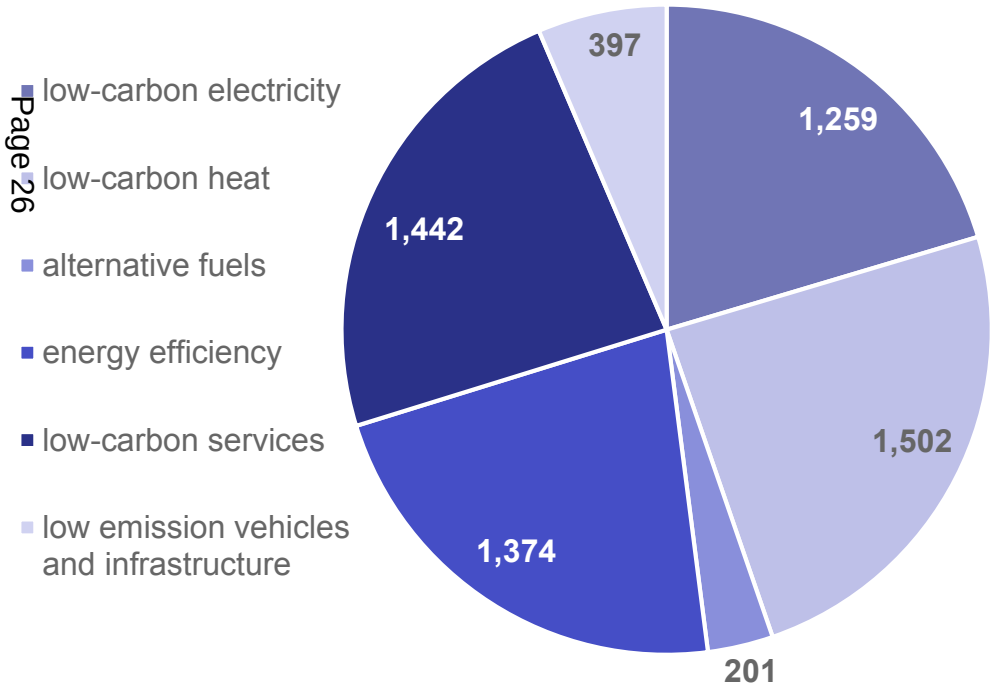
Source: Annual Population Survey, ONS © Crown Copyright

Our Manchester

Skills for zero-carbon economy

Crucial city has workforce in place to deliver changes needed

6,175 additional jobs in low-carbon and renewable-energy sector required by 2030



- Manchester committed to a green, zero-carbon and climate-resilient recovery.
- New employability programmes will prioritise green economy skills.
- Zero-carbon skills framework in development.
- Important to understand emerging skills gaps and capitalise on opportunities for reskilling workforce.
- Clear emerging opportunity is domestic retrofit and retrofitting of Council estates and buildings.

Source: Ecuity Consultants and Local Government Association, 2021

Our Manchester

COVID-19 education impact

Good-quality remote learning and supporting most vulnerable

- During pandemic, most schools remained open to vulnerable pupils, those with special educational needs, and children of key workers. All schools provided a remote learning and an extended curriculum offer, developing bespoke solutions to needs of their pupils.
- Council provided advice and direct support for individual schools, distributed PPE, and allocated over 3,000 laptops to support vulnerable and disadvantaged children.
- Post-16 providers successfully switched between a remote, blended and face-to-face offer – overall attendance and engagement levels of most learners remained high.
- Long-term plan to address impact of the pandemic on our children and young people's education will be developed with Early Years providers, schools and post-16 providers.

Steps taken to ensure good-quality remote learning: loaning of IT resources to pupils or paper-based approach to learning; assessments used to identify gaps in curriculum; training for school staff to deliver remote learning offer; use of a blend of online platforms and online resources; teachers retaining significant contact with pupils; targeting support for high school pupils less engaged in learning; successfully providing live high school lessons; special schools providing some therapy sessions online.

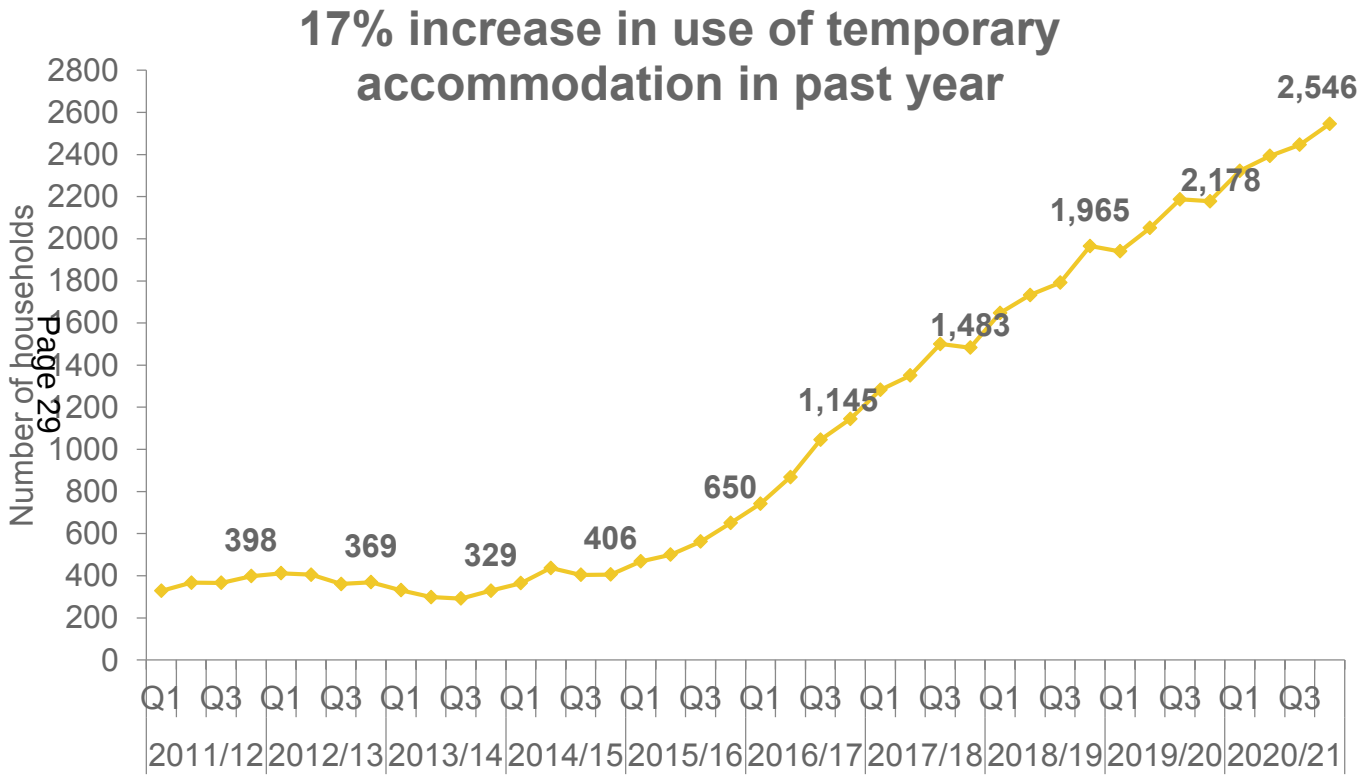
Our Manchester

A progressive and equitable city

Our Manchester

Rising temporary accommodation use

Significant pressures on homelessness prevention services



- ‘Everyone In’ initiative led to greater engagement with statutory and support services.
- In 2020/21, 9,608 people presented as homeless (3% decrease) and 789 successfully prevented from becoming homeless by Housing Solutions Service. PRS/Move-on teams moved 1,080 households into private-rented sector properties.

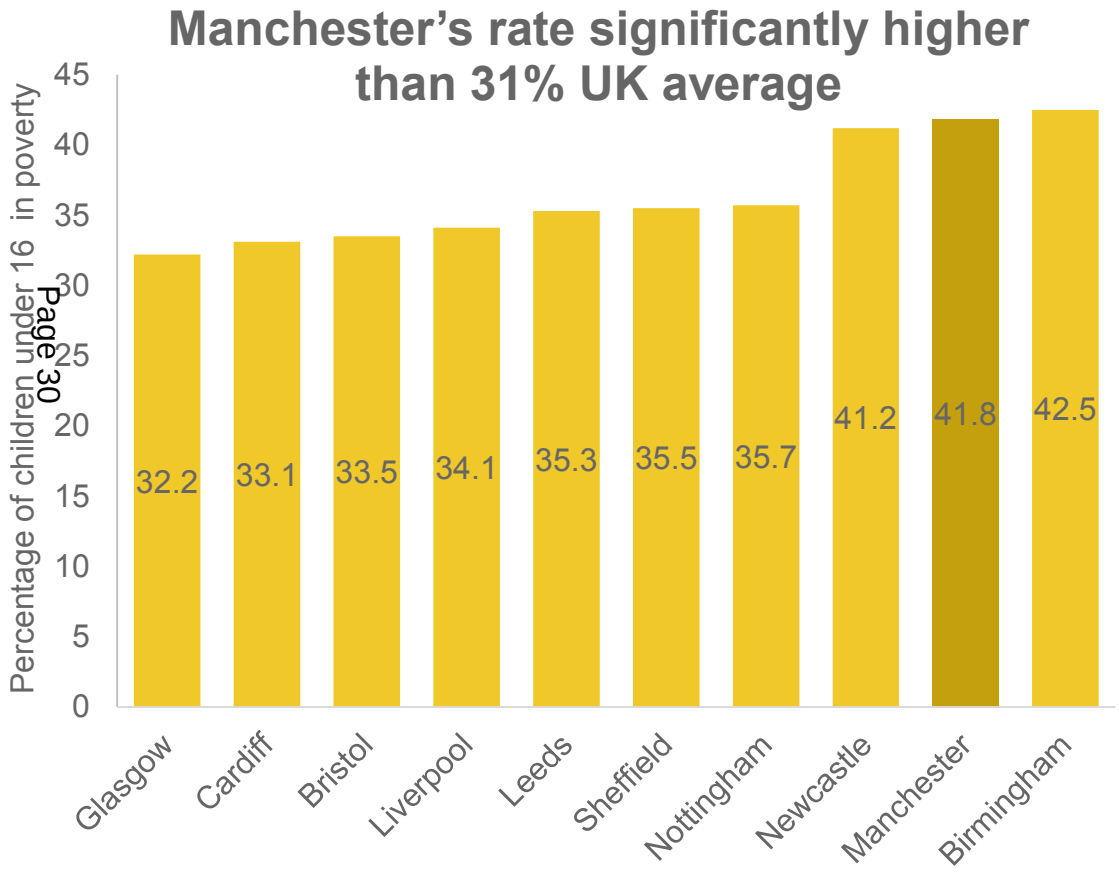
Source: Ministry of Housing, Communities and Local Government (P1e and H-CLIC statutory return)

Tackling rough sleeping in 2020/21: Housing First service accommodated 88 with intensive wrap-around support; 710 relieved and 439 prevented from rough sleeping through Rough Sleeper initiative; 512 cold weather placements; over 420 accommodated through A Bed Every Night scheme – 230 residents had a positive move-on into supported housing.

Our Manchester

Family poverty significant issue

COVID-19 has plunged many more families into poverty



Source: Research by the Centre for Research in Social Policy at Loughborough University for the End Child Poverty Coalition, 2020

- Estimated 46,700 children living in poverty in March 2020, 1,550 more than March 2019.
- 23% increase in in-work poverty since 2017.
- Free-school meals eligibility increased from 31.5% in Jan-21 to 37.8% in Jan-2021.
- 50% rise in demand for food banks and pantries and over 110,000 food parcels delivered to residents in 2020/21.
- Family Poverty Strategy Reprioritisation.
- Manchester Poverty Truth Commission Key Findings and Impact Report 2019-21.

Our Manchester

Recent health successes

Infant mortality rate reduced from 6.4 (2016–18) to 6.1 per 1,000 live births (2017–19). England rate remains at 3.9.

Source: Office for National Statistics, three-year averages reported

9.6% of mothers smoking during pregnancy in 2019/20, below national average of 10.4%. Fallen from peak of 14.8% in 2011/12.

Source: NHS Digital

Under-18 conception rate (per 1,000) fallen from peak of 73.9 in 2005 to 20.2 in 2019, but still higher than 15.7 England rate.

Source: Office for National Statistics

Children aged 0–5 admitted to hospital for tooth decay (per 100,000) fallen from 709.3 (2013/14–2015/16) to 529.1 (2017/18–2019/20).

Source: Hospital Episode Statistics, re-used with permission of Health and Social Care Information Centre, three-year averages reported

Significant reduction in rate of suicides (per 100,000), from 16.7 (2009–11) to 9.3 (2018–20), remaining below England rate of 10.4.

Source: Public Health England (based on ONS source data), three-year averages reported

Healthy life expectancy at age 65 improved, particularly for women, from 6.7 years (2013–15) to 9.4 years (2017–19).

Source: Office for National Statistics, three-year averages reported

Our Manchester

COVID-19 health impact

- Life expectancy at birth for Manchester residents fell by an estimated 3.1 years for men and 1.9 years for women in 2020, compared to England fall of 1.3 years for men and 0.9 years for women. Life expectancy fell more in the most deprived areas of England.
- Of 738 excess deaths registered between 20/03/20 and 01/01/21, 95% involved COVID-19.
- Over 73,000 fewer presentations to GP practices throughout 2020 leading to significant drop in suspected cancer referrals. Decrease in breast (-4.1%) and cervical cancer (-3.4%) screening uptake. Delays in cancer diagnosis and treatment scheduling.
- Decreasing activity levels from 66% to 62%, inactive adults rose from 23% to 27% in latest Sport England Active Adult Lives Survey covering period mid-Nov 2019 to mid-Nov 2020.
- Nationally, adults experiencing some form of depression has almost doubled, and one in eight adults developed moderate to severe depressive symptoms during pandemic.

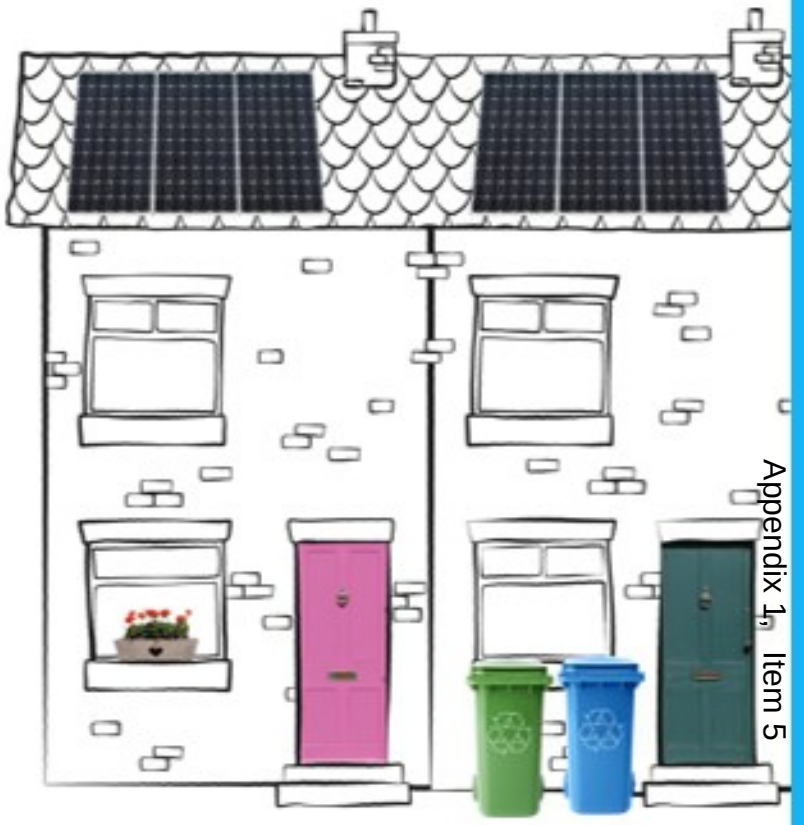
Our Manchester

COVID-19 impact on communities

- Health: Black, Asian and minority ethnic people, people with disabilities and people in poverty more likely to contract COVID-19 and have poorer mortality outcomes. Over-50s experienced physical deconditioning, mental health decline, increased loneliness and social isolation.
- Economy: Over-50s; younger workers; Black, Asian and minority ethnic workers; and women have been disproportionately impacted by unemployment. Employees in the gig economy or self-employed exposed to greater levels of risk. Black, Asian and minority ethnic workers four times more likely to work in 'shut down' industries during lockdown.
- Skills: Children and young people's education disrupted, with greatest impact on those who are disadvantaged. Business inactivity, furlough and redundancies disrupted apprenticeships. Low-skilled workers more vulnerable to job losses – over-50s, those for whom English is not their first language, disabled, and those with long-term illness more likely to have low skill levels.
- Digital: Over-50s have low levels of digital access. Digital exclusion more likely in neighbourhoods with communities that have English as a second language and/or low skills. Residents with no fit-for-purpose internet access at home eligible for donated internet device if either disabled, had a long-term health condition, over 65, or on low income.

Our Manchester

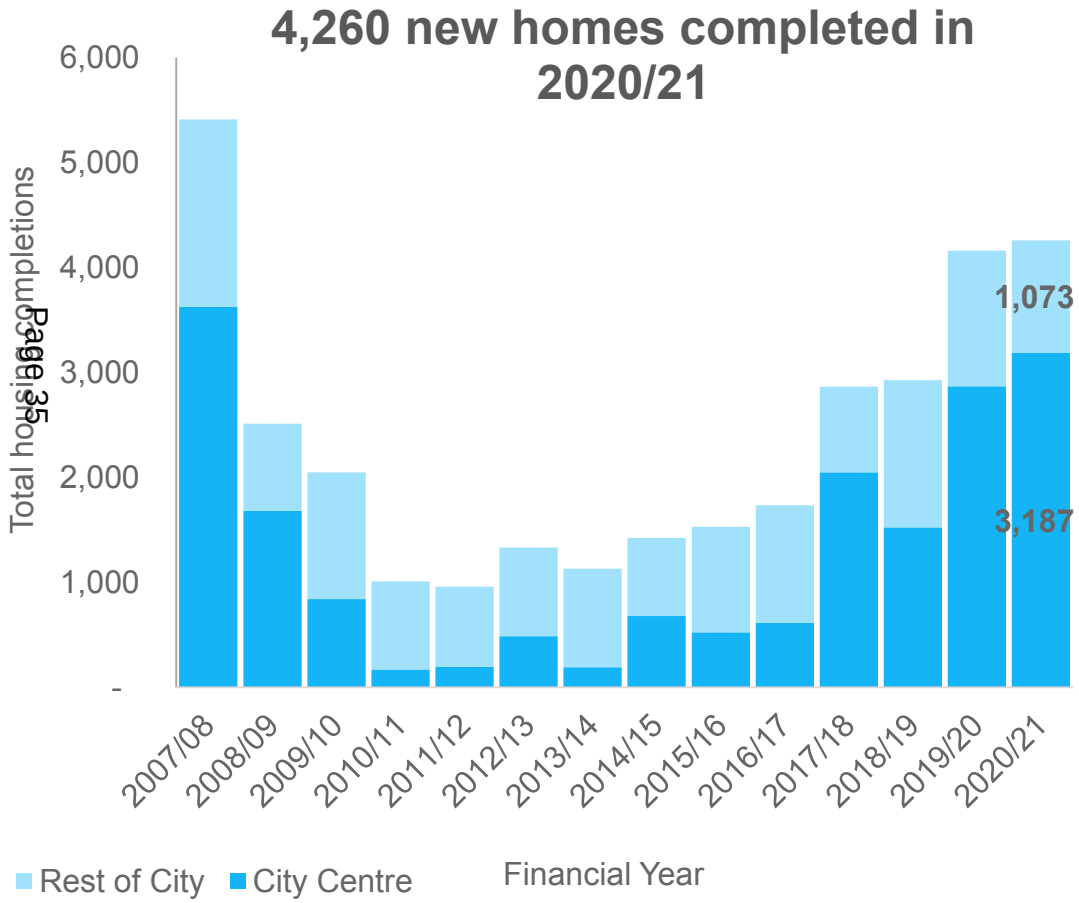
A liveable and zero-carbon city



Our Manchester

Housing demand growing

Residential pipeline continuing to deliver large number of homes



- 17,499 new homes built since April 2015, of which 1,927 were affordable.
- During 2020/21, construction began on some 2,000 new homes across city, of which 844 are affordable. Planning applications submitted for 9,400 new homes in 2020.
- Pace of delivery needs to increase to meet Residential Growth Strategy targets (32,000 homes, of which 6,400 affordable by 2025).
- Eastern Gateway key opportunity to increase delivery of affordable homes in city centre.

Source: Manchester City Council Tax records (2007/08–2013/14), Manchester City Council Residential Development Tracker (2014/15–2020/21)

Our Manchester

Transition to zero-carbon

City is not yet decarbonising at the required pace

City's emissions fell by 2% in 2018, 3% in 2019 and 11% in 2020, against 13% target. Reduction of 16% per year now required.

Source: Manchester Climate Change Agency. 2020 figure assumes Manchester will follow the national trend in CO_2 emissions

Council on track to becoming zero-carbon by 2038. Emissions fell by 21% in 2018/19, 13% in 2019/20 and 21% in 2020/21.

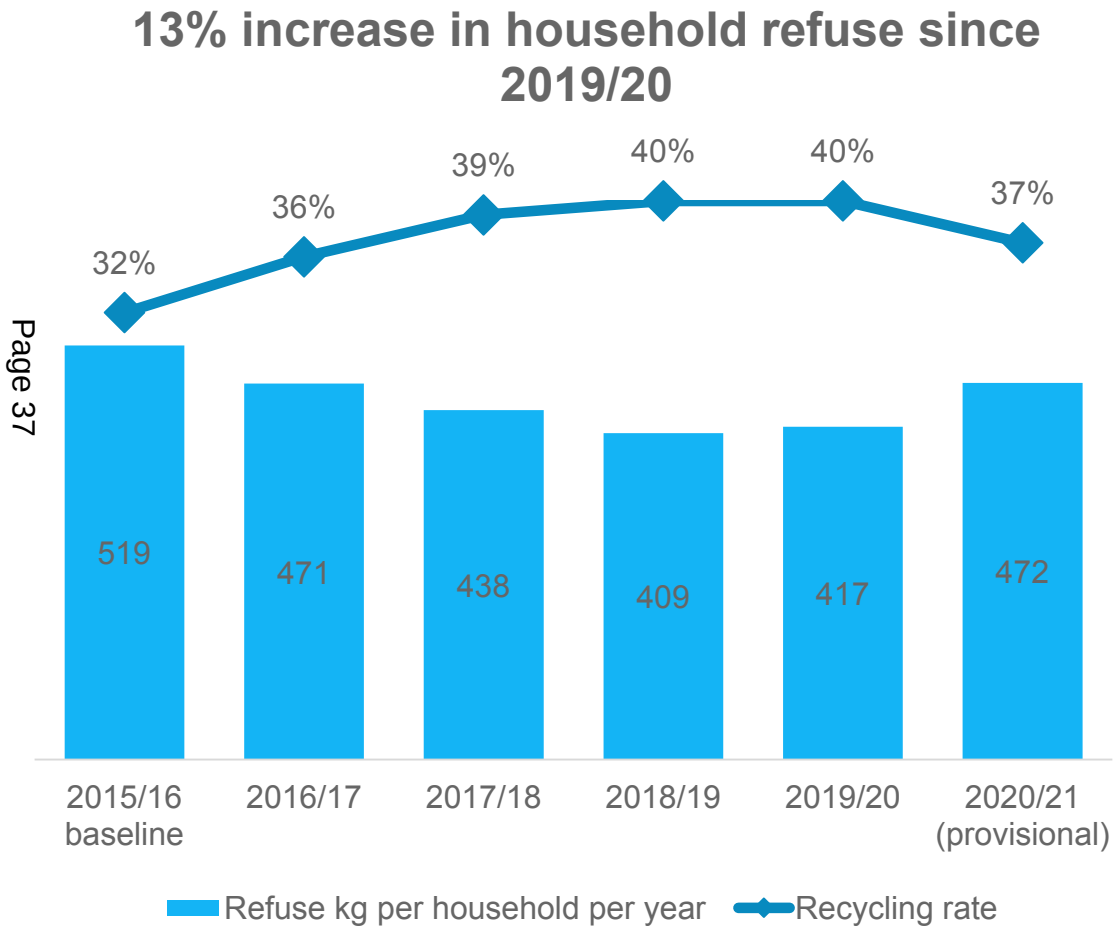
Source: Manchester City Council

- Civic Quarter Heat Network – Tower of Light and 2km of district heat transmission network installed.
- £7.8million secured to retrofit hard-to-treat concrete construction homes in Beswick.
- 74 market traders and 21 parks caterers committed to reduce and eliminate single-use plastics.
- Over 1,000 trees, 1,100 small hedges and four community orchards planted during 2020/21.
- West Gorton 'sponge park' showcases nature-based solutions to climate change adaptation.
- 300 residents attended climate action community events and 41 climate-action projects supported.

Our Manchester

Waste collection challenges

Residents produce more waste while spending more time at home



Source: Waste Data Flow

- Significant increase in amount of recycling rejected at tips, from 286 tonnes in 2019/20 to 3,403 tonnes in 2020/21.
- Fly-tipping tonnages increased from an average 259 tonnes per month in 2019/20 to 326 tonnes per month in 2020/21.
- 'Manchester's Litter Army' – huge surge in involvement in tackling litter as people spend more time in communities.
- Council will refresh waste strategy in 2022. Projects will be implemented to educate residents on recycling.

Our Manchester

Domestic violence and abuse

Increased demand for support and services during pandemic

- Child to Parent Violence and Abuse support: Talk Listen Change programme will work with 150 young people over a two-year period, and provide 750 professionals with training.
- Drive: Key element of two-year pilot programme is behaviour change. Anticipated that 150 perpetrators will be subject to intervention in 2021/22, victims will receive specialist support.
- Priority Move-on Project: Delivered moves into safe, affordable and appropriate accommodation for 106 victims and 65 children in 2020/21, more than double previous year.
- Communications and engagement: Social media messaging and broadcasts on local community radio; more than fifty pharmacies given information about local domestic-abuse services; Training colleagues undertaking neighbourhood response work and Test and Trace programme, enabling them to promote availability of support and services.
- Refreshed Domestic Violence and Abuse Strategy launched autumn 2021.

Our Manchester

Libraries and parks

Became increasingly more important to our communities

Libraries:

- Since July 2020, over 25% of visits have been to access the free internet.
- 89% increase in electronic resources use.
- 26,000 books and 5,000 magazines gifted through foodbanks and Sure Start centres.
- 16,000 children given automatic membership to 2021 Summer Reading Challenge as well as a library card.
- Now offering a blended programme of virtual and physical events and activities.

Parks:

- More than 30% rise in park visits.
- Over 11,600 young people engaged in park activities throughout summer, including 200 children with special educational needs.
- More than 25,000 tennis court bookings – almost a fourfold increase on previous year.
- Love Exploring App digital experience attracted 9,500 users walking 12,350km.
- 4,500 completed Wythenshawe Park Halloween trail. Over 115,000 visits to Lightopia in Heaton Park.

Voluntary, Community and Social Enterprise (VCSE) sector integral to city's response to pandemic

- Manchester's VCSE sector comprises 3,871 voluntary organisations, community groups and social enterprises; this number increased sharply in response to the pandemic. VCSE services and initiatives are delivered by some 162,000 volunteers giving around 481,000 hours each week, valued at £242million per annum.
- During 2020/21, Manchester VCSE organisations received over 7,000 volunteer applications via Volunteer Centre Manchester. Over 2,500 registrations of support were received as marshals for vaccination sites, and 300 to support surge-testing efforts.
- COVID-19 Impact Fund distributed £745,000 to support mental health and wellbeing of priority resident groups and £50,000 to support victims of domestic violence and abuse.
- Over £1million invested in COVID-19 recovery fund, to support voluntary and community sector organisations to work together to strengthen their support for Manchester residents.

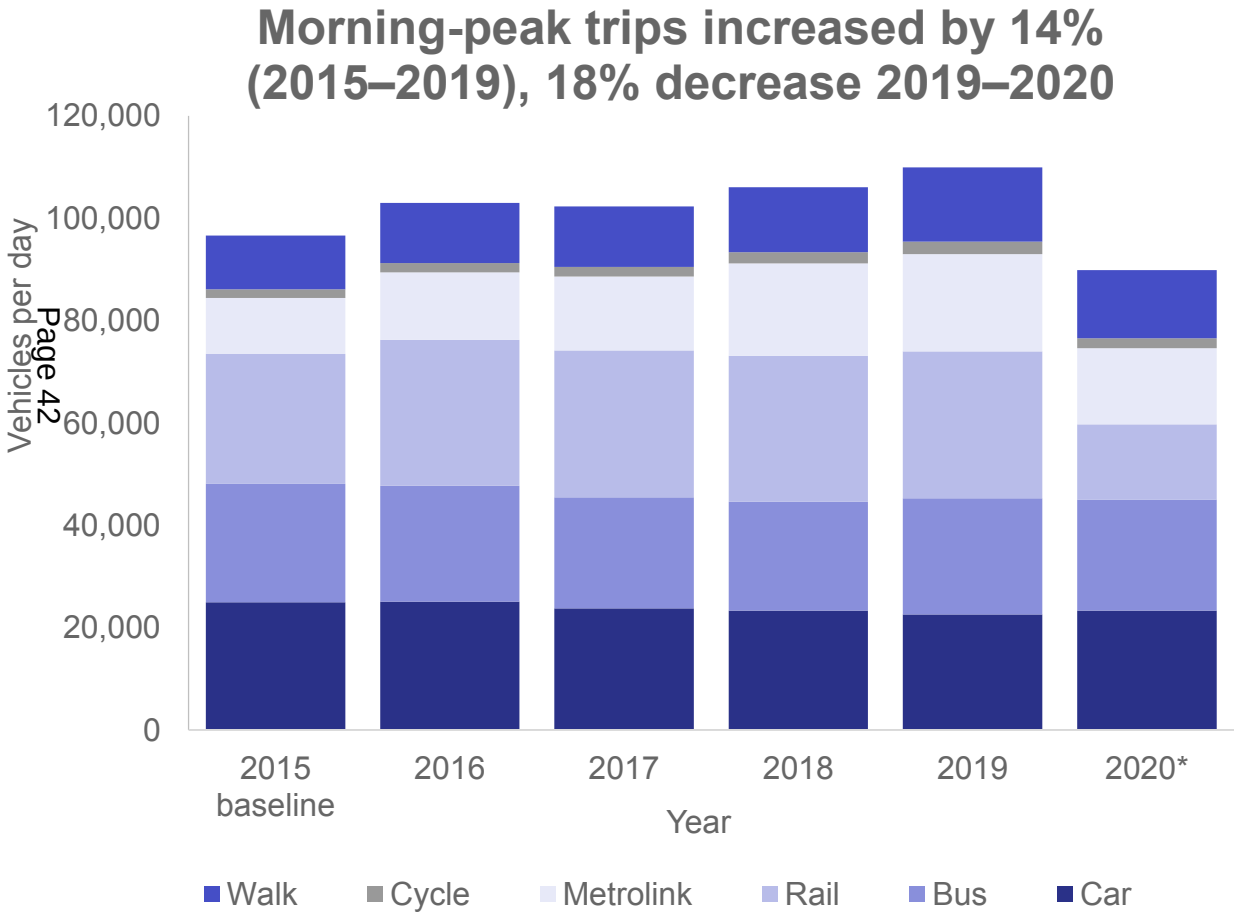
Sources: State of the Manchester VCSE Sector report, 2021; Manchester Community Central

Our Manchester

A connected city

Bus, rail and tram need to recover post-pandemic

Growing travel demand to and from city centre pre-pandemic



Source: Manchester city centre cordon count (7:30–9:30am), TfGM © Crown Copyright 2021. *Rail surveys in March 2020 impacted by COVID-19 lockdown

- Share of non-car trips increased from 74% in 2015 to 79% in 2019, back to 74% in 2020.
- Walking and cycling trips increased by 27% and 19% respectively (2015–2020).
- GM travel demand trending upwards but public transport patronage still below pre-pandemic levels.
- Refreshed City Centre Transport Strategy adopted in March 2021 prioritises walking as the main way of moving around city centre.

Our Manchester

Highways network investment

£66.1million invested since 2017, of which £18.8million in 2020

Work to improve Manchester's roads, footways and drainage has reduced proportion of road network rated as in poor condition, from 25% in 2017 to 18% in 2020. Resident satisfaction with highways conditions is 52%, same as national average.

More than £79million of projects in Mayor's Challenge Fund programme to implement and develop the Bee Network. Nine schemes including Chorlton Cycleway, Princess Road/Mancunian Way roundabout and Northern and Eastern Gateway connectivity.

Milestones achieved in 2020:

- Medlock Street roundabout congestion reduction scheme
- Hyde Road road-widening and pedestrian-improvement
- Great Ancoats Street project, better access across busy road for pedestrians and cyclists
- 77 school-crossing improvements
- A6 Stockport Road bus-layby widening
- Airport City Green Bridge Scheme over M56
- First phase of Chorlton walking and cycling scheme, including first UK CYCLOPS junction

Need to sustain air quality improvements

COVID-19 local and national lockdowns affected local air quality

During 2020, Manchester met the 40µg/m³ national legal limit for all its air pollutants

Year	Manchester Oxford Road NO_2 (µg/m³)	Manchester Oxford Road PM_{10} (µg/m³)	Manchester Piccadilly NO_2 (µg/m³)	Manchester Piccadilly PM_{10} (µg/m³)
2015	66	28	39	20
2016	66	27	40	20
2017	65	27	36	20
2018	62	30	35	21
2019	59	26	36	20
2020	36	18	27	15

Source: Concentrations of nitrogen dioxide and particulate matter, Air Quality England

- Domestic stoves and fireplaces campaign launched autumn 2020.
- GM Clean Air Plan approved July 2021. From May 2022 HGVs and buses will pay daily charge to enter Clean Air Zone. LGVs, coaches, taxis and private-hire vehicles included from May 2023.
- Only 0.5% of cars and LGVs are electric, below 1% UK average. Be.Ev GM charging network will be expanded to support shift to electric vehicles.
- Work with schools over sustainable travel, school street closures and green infrastructure initiatives.

Need to maximise take-up of ever-faster broadband to secure city's status as leading digital city

Superfast broadband (>30Mbit/s)
UK: 96% coverage vs 57% take-up
Manchester: 94% coverage vs 74% take-up

Source: Ofcom Connected Nations report

Ultrafast broadband (>300Mbit/s)
UK: 59% coverage vs 3% take-up
Manchester: 68% coverage vs 3% take-up

Source: Ofcom Connected Nations report

- Strong and resilient digital sector, acknowledged as 'the UK's second technology city'.
- Despite challenges of COVID-19, rapid progress made on Virgin Media Business Local Full Fibre Network Programme serving 1,700 sites across city region. Estimated work in first year delivered a local economic benefit of £11.8million and supported local employment.
- It is of fundamental importance to our future success that everyone in Manchester is equipped with the skills and technology to make the most of our rapidly digitising world.
- Digital Strategy in development, based around four pillars – smart people, digital places, future prosperity and sustainable resilience.

Our Manchester

Digital inclusion action plan

Delivers diverse programme of activity to drive digital inclusion

- More than 70 members of cross-sectoral Digital Inclusion Working Group collaborating to gain a better understanding of resident barriers and improve access to provision.
- Manchester Digital Exclusion Index tool provides a digital-exclusion score for each ward and LSOA. 25% of Manchester LSOAs are scored with a very high risk of being digitally excluded. Strong link between digital exclusion and neighbourhoods with communities that have English as a second language and/or low skills.
- Digital support telephone support service supported over 900 residents without skills and/or confidence to use internet effectively.
- To increase home access to the internet for priority residents, over 1,000 internet-connected devices donated and over 2,000 residents supported to access data and/or Wi-Fi.

Our Manchester

Summary

- Resilience of Manchester's economy has been tested throughout economic closures, downturn and seismic shift in travel following COVID-19. There are now signs of the economic recovery picking up. Recovery from the pandemic must work towards a more inclusive economy, ensuring that residents from all parts of the city can benefit from high-quality jobs with fair pay and conditions, and opportunities for progression. Central to this is tackling the digital-exclusion challenge to ensure that all our residents can benefit from the opportunities digital brings.
- Pandemic has deepened existing inequalities in city, particularly for our more deprived communities, ethnic minorities, women, migrants, those living in poverty, and older people, meaning our focus on reducing inequalities is more important than ever.
- Climate crisis remains a key priority for Manchester and a range of projects and initiatives have been delivered to progress our zero-carbon ambitions. The Council's direct carbon emissions have significantly reduced in recent years, but the city is not yet decarbonising at the required pace and collective and urgent action is now required.
- A key part of the city's recovery from the pandemic will be the continued increasing delivery of housing – particularly affordable housing. Demand for housing from our most vulnerable residents has become more acute, with growing numbers on the housing register and in temporary housing.

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Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 23 March 2022

Subject: Living Safely and Fairly with Covid

Report of: Director of Public Health

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 Plan.

Recommendations

The Board is asked to:

1. Endorse the Manchester Living Safely and Fairly with Covid Plan

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Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The ongoing response to the pandemic impacts on all strategy priority areas and the recovery programmes of all organisations represented on the Board.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

Name: David Regan
Position: Director of Public Health
Email: david.regan@manchester.gov.uk

Background documents (available for public inspection):

None.

1.0 Introduction

1.1 The attached plan is based on what our current understanding is on national policy direction on Covid-19 and based on what the epidemiology (scientific study of Covid-19 and how it is found, spread and controlled) is telling us.

1.2 As with all our Covid-19 plans, it is iterative and will be updated and developed over time. Indeed, there are several important national policy announcements (e.g., testing) expected in the next month that will be incorporated.

1.3 The Health and Wellbeing Board will have the responsibility to review the implementation of the plan during 2022/23. The City Council and partners are committed to reviewing what has worked to date and learning from our experiences so far. The plan is a system wide plan, coordinated by leads in different organisations, who will work with a wide range of people who live and work in the city to drive the delivery of the plan.

1.4 The plan includes:

- Summary of our Covid-19 response so far
- Covid-19 Inequalities
- Epidemiology, including possible future scenarios
- National Living Safely with Covid-19 Strategy key information
- Building a shared understanding of what 'living safely and fairly with Covid-19' means for Manchester – our approach, what we will do and inequalities considerations
- Local Governance arrangements
- Our 12-point plan for Living Safely and Fairly with Covid-19 in Manchester
- Resource Requirements

2.0 Recommendations

2.1 It is recommended that the Board:

1. Endorse the Manchester Living Safely and Fairly with Covid Plan

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Manchester Health Protection System

Living Safely and Fairly with Covid-19 in Manchester

March 2022

Our Manchester

Our Plan

This is a plan based on what our current understanding is on national policy direction on Covid-19 and based on what the epidemiology (scientific study of Covid-19 and how it is found, spread and controlled) is telling us.

As with all our Covid-19 plans, it is iterative and will be updated and developed over time. Indeed, there are several important national policy announcements (e.g. Testing) expected in the next month that will be incorporated.

We are committed to reviewing our work, learning from our experiences so far and sharing our learning and understanding as we move to learn to live safely and fairly with Covid-19.Our plan is a system wide plan, coordinated by leads in different organisations and directorates, who will work with a wide range of people who live and work in the city to drive the delivery of the plan.

The plan includes:

- Summary of our Covid-19 response so far
- Covid-19 Inequalities
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Covid-19 Response – The Manchester Difference

It hit us harder.
We helped each other.
We fought back stronger.

From Manchester's Public Health Annual Report Jan 2020-August 2021

Manchester has been hit hard with Covid-19, experiencing higher case rates and higher death rates than many other areas in the country.

We came together as a city to respond to Covid-19, and we still have a huge challenge when we continue to work together to 'live safely and fairly with Covid-19'.

Health protection should remain a high priority. The world is different now and we need to build a new normal where we are more resilient, more prepared and able to respond.

Covid-19 Inequalities (1)

Covid-19 has shone a light on existing health inequalities and underlying health conditions of our population and exacerbated them for our most vulnerable residents.

National evidence shows that:

- People who live in the most deprived areas of England and Wales were around twice as likely to die after contracting COVID-19.
- People of Black, Asian and other minority ethnic groups were more exposed to COVID-19, more likely to be diagnosed with it and more likely to die from it than those of white ethnicity
- Compared to people under 40 years old, the chances of dying from COVID-19 were 70 times higher for those aged over 80 and 50 times higher among those aged 70-79
- The risk of death involving COVID-19 in England was 3.1 times greater for more-disabled men and 3.5 times greater for more-disabled women, compared with non-disabled men and women.
- COVID-related deaths for people with a learning disability were dramatically higher than the general population in England and Wales

In Manchester, the age standardised rate of COVID-19 cases and deaths involving COVID were both higher among people living in the most deprived 20% of areas within the city across the course of the pandemic.

Covid-19 Inequalities (2)

The Manchester Challenge

- Up to 200 languages spoken (most ethnically diverse outside London), 100 in Central Manchester alone
- Much younger population than other major towns and cities - just under 50% of the population is aged under 25 (and around 40% are likely to be multilingual)
- People come to work, learn, worship, shop and play -Manchester is the second most visited local authority after London
- 43% of LSOAs are ranked in the most deprived 10% of areas in England
- Geographically small city with large population - high population density

4

- The nature of Manchester's geography, demography and assets made residents of Manchester more vulnerable to COVID-19 with **higher rates of transmission**, and large numbers of people at higher risk of **severe disease and death**
  (see graphs in Appendix 1 and 2)

- These factors also meant that the response to the pandemic including testing, contact tracing, support to self-isolate and delivery of the vaccination programme were more challenging and resource intensive

- These factors need to be considered to ensure this plan is delivered equitably

Covid-19 Inequalities (3)

Manchester also has a high number of complex and high risk settings.

These are settings where individuals may be more vulnerable to Covid-19, where Covid-19 is more likely to spread and where outbreaks may be harder to control.

Complex and High Risk Settings in Manchester include:

- Adult's care homes
- Supported living accommodation
- Homeless hostels
- Asylum seeker provision
- Prison
- Universities Halls of Residences/large shared private accommodation
- Manchester Airport
- Hospice
- Day centres
- Children's care homes and residential settings
- Boarding schools
- Special Educational Needs schools
- Large businesses, warehouses

Covid-19 Inequalities (4)

Health and wellbeing of the population – before, during and after Covid-19

Before	During and after
• Stalling life expectancy/healthy life expectancy • Increasing health inequalities/'social gradient' • Prevalence of preventable long term conditions • Prevalence of risk factors for LTCs ('health behaviours', wider determinants)	• Impact of C19 on health and health inequalities • Impact of C19 containment measures on health and health inequalities • Impact of C19 containment measures on social and economic circumstances and inequalities • Disproportionate impact on some people (young and old, disabled, mental health conditions, minority ethnic communities, key workers, carers)

Existing health inequalities in the City were also exacerbated by COVID-19 potentially leading to a vicious cycle where people who are more vulnerable to disease due to their socio-economic circumstances, then face further adverse impacts on their circumstances as result of COVID-19 illness or containment measures, which puts them further at risk of severe illness for example

- Manchester's unemployment rate compared to England's for people aged 16-64 was beginning to widen before the pandemic and has further widened since the pandemic
- There were 2,546 households in temporary accommodation at the end of March 2021. This is an increase of 17% from March 2020.

Covid-19 Inequalities (5)

- The impact of Covid-19 has been felt by our children and young people in education settings: On average, each school age child in Manchester lost 43 days face to face learning.
- For every reported case of a female in Key Stage 4 (GCSEs), there were 26 identified contacts who also needed to self-isolate. This is higher than the mean average of 22 contacts for every case of a male in Key Stage 4.
- The number of confirmed cases of Covid-19 over the academic year were higher in school age children living in more deprived wards (particularly in the north of the city), and in wards with larger ethnic minority populations including Longsight, Cheetham, Crumpsall, Moss Side and Levenshulme.
- Manchester residents have needed extra support to self-isolate due their often complex circumstances and working situations which will continue as the legal requirement to self-isolate is removed. Our local Manchester Test and Trace Service reached out to 23,000 residents to offer support and 2,700 were given practical, clinical and emotional support.
- 9,392 residents have received a Test and Trace Support payment of £500 to support them to self-isolate – a total of £4,696,000. This scheme ran from 28/9/2020 and stopped on 23/2/2022

Epidemiology - Context and where we may be headed (1)

- Omicron has demonstrated a wave of Covid-19 with less direct health harms than previous waves, due to population levels of immunity (vaccines and prior infection) and to some extent inherent reduction in severity.

- Covid-19 is not yet endemic - It will become endemic once it is predictable and there is a clearer understanding of how to manage it.

Even with vaccination, Covid-19 and its variants will continue to circulate for some time.

- SAGE have estimated it will take at least a further five years for Covid-19 to settle to a predictable endemic state and the path to endemicity will be critically dependent on:
  - ❖ how the virus evolves
  - ❖ the rate of waning of immunity
  - ❖ chosen policies on vaccination and boosting

- There are likely to be further waves of infection, due to waning immunity and/or new variants emerging but it may be hard to spot when and where these are occurring in Manchester without routine and reliable local surveillance data.

Epidemiology - Context and where we may be headed (2)

- A future Variant of Concern could be more or less transmissible, and more or less dangerous.
- Waves of new variants are likely to continue until a very much higher percentage of the world's population has been vaccinated.
- Repeated vaccination may be required to maintain sufficient vaccine-derived immunity for future Covid-19 control.
- We are moving to minimal restrictions with rates still at very high levels, therefore it is likely that reasonably high levels will remain for some time, possibly falling to lower levels in the summer. However, Delta was a summer wave, and in the last two years we have had a new wave roughly every 6 months.
- It is a realistic possibility that, over the next five years, there will be epidemics of sufficient size to overwhelm health and care services (SAGE - Scientific Advisory Group for Emergencies).

There are various possible future scenarios (Further details in Appendix 3 and 4)

World Health Organisation describes 3 scenarios:

Scenario	
1: 5th endemic coronavirus	Covid-19 remains highly contagious but causes mild illness in most cases It is added to the existing 4 coronaviruses that already circulate endemically (SAGE estimates this could take 5 years)
2: Flu like	Covid-19 behaves like seasonal flu with recurring epidemics and severe disease is seen in people most at risk
3: Ongoing pandemic through various Variants of Concern	A new variant emerges that evades acquired immunity resulting in large number of cases, overloaded health system and more deaths

Scientific Advisory Group for Emergencies (SAGE) describes 4 possible scenarios and compares these to the current Omicron variant:

Scenario	
1: Reasonable Best-Case	Relatively small resurgence in Autumn/ Winter with low levels of severe disease
2: Central Optimistic (most likely)	Seasonal wave of infections in Autumn Winter with similar size and severity to Omicron wave
3: Central Pessimistic (most likely)	Emergence of new variant of concern results in large waves of infections at short notice and outside Autumn/ Winter season. Severe disease and mortality concentrated in certain groups – unvaccinated, vulnerable, older people
4: Reasonable Worst-Case	Large waves if infections with increased levels of severe disease seen across populations, with most severe health outcomes primarily in people with no prior immunity

National policy context (1):

Covid-19 Response: Living with Covid-19 published on 21st Feb 2022

Objective: To enable the country to manage Covid-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.

Government response centred around the following four principles:

- Living with Covid-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses;
- Protecting people most vulnerable to Covid-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing;
- Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency;
- Securing innovations and opportunities from the Covid-19 response, including investment in life sciences.

National policy context (2):

21st Feb

- the Government removed the guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing (still in place for high risk education settings e.g. SEND)

24th Feb

- Routine contact tracing ended (local teams will continue to carry out context-specific contact tracing as part of outbreak response)
- Legal requirement to self-isolate following a positive test removed.
- Fully vaccinated close contacts and those under the age of 18 no longer required to test daily for 7 days, and the legal requirement for close contacts who are not fully vaccinated to self-isolate removed
- End to self-isolation support payments and national funding for practical support. The medicine delivery service will no longer be available.
- The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations revoked.
- End of the legal obligation for individuals to tell their employers when they are required to self-isolate.

24th March

- Covid-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end.

National policy context (3):

31st March

- National Test and Trace will end
- National Education Advice Service (accessed through DfE Helpline) will end

1st April

- No longer provide free universal PCR and lateral flow testing for the general public (tests will be made available to purchase). Limited symptomatic testing available for a small number of at-risk groups – further details to be confirmed. Free symptomatic and routine testing will remain available in health and social care settings.
- Remove the current guidance on voluntary Covid-19-status certification in domestic settings and no longer recommend that certain venues use the NHS Covid-19 Pass.
- Update guidance setting out the ongoing steps that people with Covid-19 should take to minimise contact with other people. This will align with the changes to testing.
- Consolidate guidance to the public and businesses, in line with public health advice.
- Remove the health and safety requirement for every employer to explicitly consider Covid-19 in their risk assessments.
- Replace the existing set of 'Working Safely' guidance with new public health guidance.

Building a shared understanding of what 'living safely and fairly with Covid-19' means for Manchester

Our approach:

- Remain committed to doing what is right for our Manchester residents, taking an Our Manchester approach
- Work together with our communities, valuing the role of community leaders and neighbourhood working in our health protection system
- Keep health equity and tackling health inequality at the heart of what we do
- Build on learning from our Covid-19 response and follow the latest evidence and insights from our communities

We will:

- Consider the national policy direction from Feb/March 2022 as more information is released
- Look at the local patterns of infection and transmission to help inform our plans
- Review current local and Greater Manchester arrangements – both function and resourcing
- Build a resilient local health protection system, retaining the crucial skills, knowledge and experience of teams we have built up over the past two years working on Covid-19 response
- Remain prepared for future Covid-19 surges and be able to respond early and rapidly to outbreaks
- Integrate Covid-19 work with other infectious diseases that we respond to locally, e.g. TB, flu, measles, other vaccination programmes (childhood immunisations)
- Have a renewed focus on other important health protection issues and deliver new programmes of work
- Through the Chief Executive of the City Council and Director of Public Health continue the dialogue with central Government to ensure the learning from Manchester is fed into national policy developments.

Inequalities considerations

Significant inequalities and disproportionate direct and indirect impacts of Covid-19 have been evident and persisted throughout the pandemic

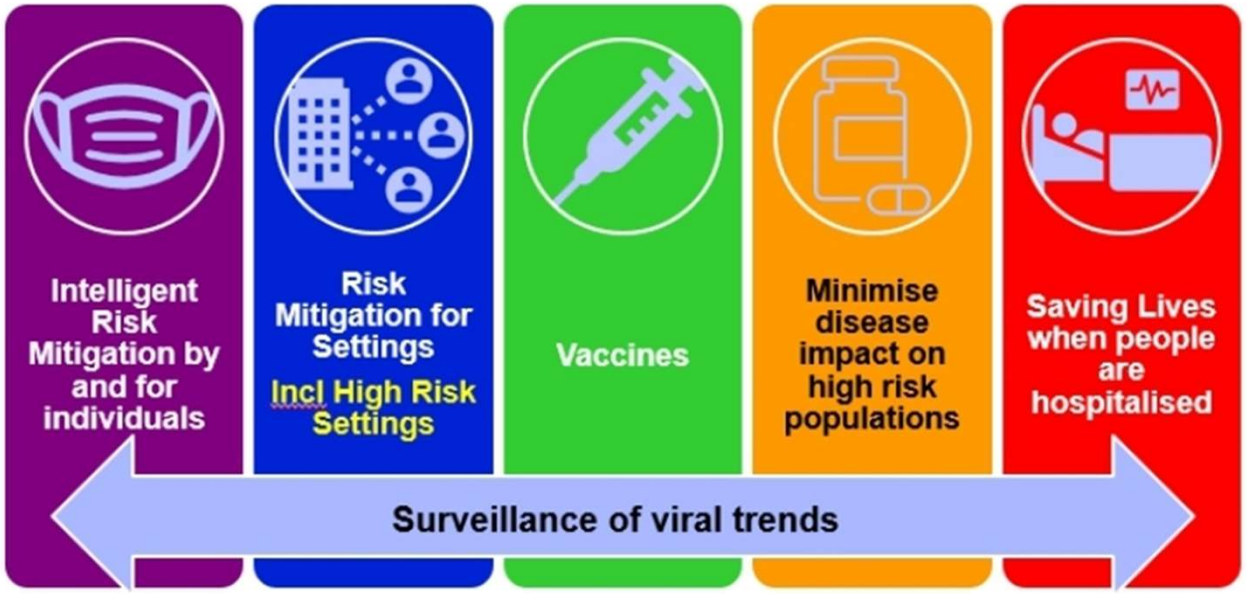
We will:

- Protect high risk settings and people who are more vulnerable to disease, to reduce the impact of Covid-19 on individuals and communities at highest risk of poor outcomes (people may be vulnerable because of clinical and or social reasons)
- Assess and mitigate equalities impacts as part of any review and change in national Covid-19 policy/guidance
- Rebuild population health and address both the direct and wider impacts of the pandemic on health and wellbeing and on health inequalities
- Ensure that plans to tackle the health service treatment "backlog" have a strong inequalities focus

It is unknown if enhanced support will be available to places with ongoing high case rates.

5 Cornerstones to make Living Safely and Fairly with Covid-19 work

The Association of Directors of Public Health has identified 5 cornerstones to make Living Safely and Fairly with Covid-19 work



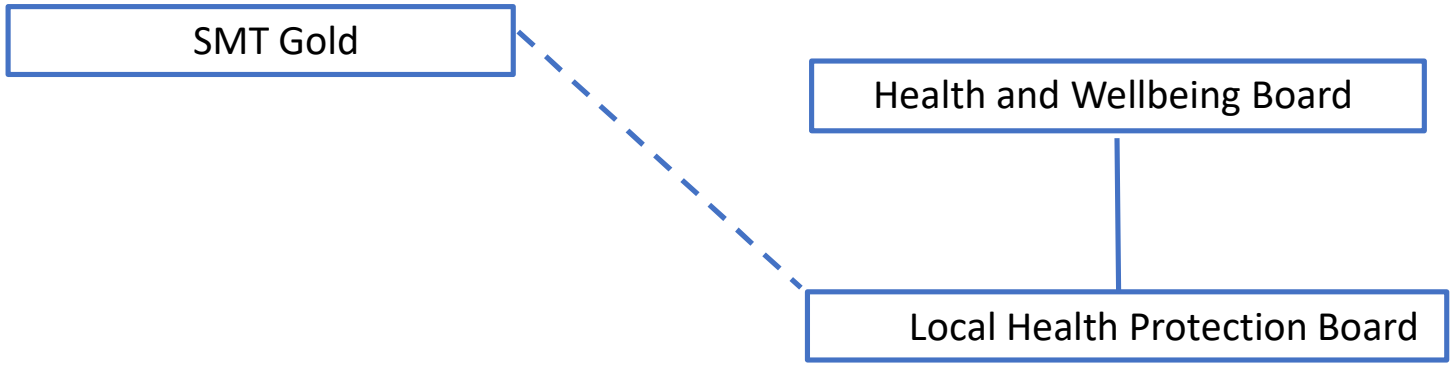
Association of Directors of Public Health, Feb 2022

Local Governance Emerging Arrangements

Throughout the pandemic we have had strong governance arrangements to oversee our Covid-19 response. Our Local Health Protection Board (Covid-19 Response Group/ Covid-19 Task Group), chaired by the Director of Public Health, had a dedicated Covid-19 focus and reported into the Health and Wellbeing Board and SMT Gold meetings, chaired by MCC's Chief Executive.

Moving forward, we will incorporate the Covid-19 Task Group back into a wider Health Protection Board, which will cover Covid-19 and other health protection issues.

The Health Protection Board will report into the Health and Wellbeing Board and will link to SMT Gold, which will be stood up as and when required. It is important to note that the Manchester Partnership Board will be considering the wider NHS challenges and care system pressures relating to the "backlog".



Our Twelve Priorities

Our Twelve Point Action Plan has been updated regularly since August 2020 and has mirrored the national and Greater Manchester approach.

The Plan has been revised in line with the new national strategy and our own Living Safely and Fairly with Covid-19 in Manchester vision.

For each of our priorities we have described:

- How we are currently responding to Covid-19
- How we will change our approach to live safely and fairly with Covid-19
- How we will go about moving from our current position to where we need to be

As part of the transition, there will be a very different approach needed to some areas of work, in particular testing, contact tracing and isolation support.

Our 12 priorities are:

1. Resilient Local Health Protection System
2. Infection Prevention and Control
3. Vaccination and treatments
4. Care homes and other high risk settings
5. People and communities that are high risk, clinically vulnerable or marginalised
6. Testing, contact tracing, outbreak management and support to self-isolate (revised approach)
7. Communications
8. Community engagement
9. Data and intelligence
10. Education settings
11. Workplaces and businesses
12. Events, leisure and religious celebrations

1. BUILDING A RESILIENT LOCAL HEALTH PROTECTION SYSTEM

AIM: Develop a new, resilient local health protection system using the learning and skills developed through our Covid-19 response to respond to future surges, outbreak and variants of Covid-19 as well as other health protection threats such as measles, TB and poor air quality

Manchester Covid-19

Living Safely and Fairly With Covid-19

Lead: Sarah Doran

Responding to Covid-19: *current position*

- Manchester Test and Trace provides strategic and operational Covid-19 response around testing, contact tracing, support to self isolate, outbreak response to Covid-19 and vaccination helpline
- Covid-19 Central Co-ordination Hub in place with clinical and non-clinical staff
- Specialist Community Health Protection Team provides advice, support and outbreak management for Covid-19 and other infections in high risk settings
- Environmental Health Team provides advice, support and outbreak management for workplaces and businesses
- Data and Intelligence, Communications and Neighbourhood Teams have been essential to Covid-19 response work
- Some work has now stopped based on govt strategy e.g. contact tracing outside of outbreak situations and support to isolate (from 24th Feb), compliance and enforcement activity now stood down in line with removal of plan B measures

Living Safely With Covid-19: *our priorities for the future*

- Develop a new resilient local health protection system with public facing, specialist advice, outreach and strategic functions
- Retain some capacity using skills and expertise built up through Covid-19 response
- Work ongoing to identify key priorities but likely to include:
  - Living safely and fairly with Covid-19
  - Increasing screening and vaccination, with a focus on childhood immunisations, flu and Covid-19 vaccination
  - TB work programme
  - Reducing health inequalities associated with poor air quality
- Develop plans that can be scaled up at pace based on local surveillance and data analysis with all partners sufficiently engaged and resourced.
- Reintroduce compliance and enforcement measures if required to manage future peaks/variants

Transition Plan: *how we will achieve this*

- Local Health Protection Board will be refreshed and re-established to oversee the new local health protection system and the Living Safely and Fairly with Covid-19 work
- Transition planning will scope and implement a new local health protection system by June 2022
- Current arrangements funded until June 2022 and plans for capacity required July onwards will consider how we head out of emergency response and towards business as usual but retain capacity to stand up elements of emergency response swiftly, whilst uncertainty of the virus evolution remains.
- Plans will include retaining some compliance and enforcement capability to re-establish previous arrangements should legally enforced measures/restrictions be put in place again

2. INFECTION PREVENTION AND CONTROL

AIM: Increase skills and good practice in infection prevention control across settings and residents to minimise risk of transmission of infectious diseases including Covid-19

Manchester Covid-19

Living Safely and Fairly With Covid-19

Lead: Leasa Benson

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Enhanced Infection Prevention and Control (IPC) measures in place across health and care settings • Increased awareness of IPC measures across the general public and settings including social distancing, ventilation, improved hand and respiratory hygiene, use of face coverings and environmental cleaning. • Outbreak management includes enhanced IPC controls • A mixed model of Personal Protective Equipment (PPE) provision with most now provided through the national portal • Local PPE mutual aid hub is in place • Specialist advice provided by Community Health Protection Team and Environmental health Team	• Promotion of key public health messages including staying at home, respiratory and hand hygiene and environmental cleaning to reduce transmission of all infections including Covid-19 • Consider policy options to improve ventilation and indoor air quality in schools, workplaces, enclosed public spaces and homes • Continue to use enhanced IPC controls to manage outbreaks • Increased focus on IPC training and awareness across sectors, building on skills and knowledge developed during the pandemic • Investigate cost effectiveness of additional measures including CO2 monitors and filtration systems • Continue to support enhanced IPC measures as the norm in some health and social care settings • Support providers to access national PPE supplies and retain a locality contingency role	• Inclusion of IPC measures in all relevant plans and service specifications • Continued messages to the public around keeping safe, hand and respiratory hygiene and ventilation etc, for example encouraging face coverings on public transport • Retain a locally deployable stockpile of PPE • Implement the E-Bug Programme across education settings

3. VACCINATION & TREATMENTS (1)

AIM: Maximise vaccination coverage and improve vaccine equity for first and second doses and booster vaccinations; develop and deliver annual winter vaccination programme, ensure availability and equitable access to appropriate treatment for those who are eligible

Manchester Covid-19

Living Safely and Fairly With Covid-19

VACCINATION

Lead: Manisha Kumar & David Regan

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Mixed model of delivery in place including Local Vaccination Sites and GP practices, Mass Vaccination Clinics, Hospital Hubs, community pharmacies, schools, pop ups, housebound delivery and bespoke clinics for specific target groups. • Vaccine equity plan delivering a number of activities focussed on communities (either geographically, by ethnicity or other risk groups) with lower vaccine coverage including; data driven approach, culturally competent targeted communications and engagement,, bespoke targeted vaccination clinics, neighbourhood based approach, and continuous learning, evaluation and improvement of offer informed by community insight • "Think Family" approach for schools (12-15) vaccination programme with enhanced support offer for schools in priority/lower coverage areas and communities • Helplines available to support with non-digital booking and access, and a range of Covid-19 related queries with clinical staff and interpreters available	• Tackling inequalities and improving vaccine equity for population groups and areas of the city with lower vaccine coverage • Ensure Evergreen offer in place across the city to respond to demand for first and second doses; and ability to increase capacity if needed for any future surge • Ensure a continued offer for new phases as they are introduced e.g. Healthy primary school aged children, spring boosters and any further doses , • Ensure an accessible out of school offer is promoted and available to children, young people and families that is aligned to the evergreen offer • Plan for Autumn 22/23 annual winter vaccination programme which may require additional capacity – building on the model for the programme so far • Local Vaccination Helpline to continue to be offered by Local Health Protection Co-ordination Hub (previously called Manchester Test and Trace Coordination Hub) • NHS Gateway phoneline to continue including targeted outbound calling	• Commitment in place to deliver 'Evergreen' offer until March 2023 with a strong focus on inequalities and community engagement including delivery for housebound, community pop ups and bespoke clinics alongside fixed-site offers. • Hyperlocal outreach offer to continue with mobile units and peripatetic vaccination team working in partnership with neighbourhood teams to target areas and communities who are marginalised, underserved or have lower vaccine coverage • Lobby for change to current national commissioning and payment models to enable flexible, nuanced and resource intensive approach required to improve coverage in Manchester • Apply workforce models for Covid-19 vaccination to other vaccination programmes • Local Vaccination Helpline to be expanded to offer help on other vaccinations, such as childhood imms, as well as Covid-19

3. VACCINATION & TREATMENTS (2)

AIM: Maximise vaccination coverage and improve vaccine equity for first and second doses and booster vaccinations; develop and deliver annual winter vaccination programme, ensure availability and equitable access to appropriate treatment for those who are eligible

Manchester Covid-19

Living Safely and Fairly With Covid-19

TREATMENTS

Lead: Manisha Kumar & David Regan

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Antiviral and monoclonal antibody treatments are available for certain high risk individuals who test positive for Covid-19 and who have mild-moderate symptoms. The treatments are aimed at reducing severity of covid-19 and reducing the risk of hospitalisation. Treatments are delivered via CMDUs (Covid Medication Delivery Units) within the first 5 days of acute Covid-19 illness. Current eligibility is based on positive lateral flow test or positive PCR result. • Hot clinics are a GP led primary care service for people with suspected or confirmed positive Covid-19, where they can be seen in person for an assessment. Clinics are based in Central, South and North Manchester for those able to travel. • Home visits if required are provided by a patient's own General Practice • People at high risk of severe disease will be referred either into the Covid-19 Home Oxygen Monitoring Service, considered for antiviral treatment or escalated into hospital if required • Long Covid Clinics at all 3 Manchester hospital sites following GP assessment and referral	• Ensure equitable access to Covid Medication Delivery Units (CMDUs) so that all eligible people at risk can access antiviral and monoclonal antibody treatments if they have mild-moderate symptoms • Continue offer of access to face to face care if needed for patients with Suspected Covid-19, through GP, Hot Clinics or Home visit. • Further escalation route into Hospital or CMDU(for considering antiviral treatment) will remain. • Availability of testing capability is essential for eligible people to access treatment. • Encourage vaccination to prevent long Covid-19, and increase awareness of symptoms and available support • Ensure emergency preparedness for futures waves	• Detailed government guidance awaited to confirm that free testing remains in place for people eligible for treatments , as part of 'limited symptomatic testing" for a small number of at risk groups" to ensure that they can go on to access life-saving treatments. • Deliver good communications to ensure that eligible individuals know how to test and access treatment if develop symptoms of covid-19. • Development of Long Covid rehabilitation offer from Manchester Local Care Organisation • Development of robust emergency preparedness and business continuity plans to address possible future waves

4. CARE HOMES & OTHER HIGH RISK SETTINGS

AIM: Protect the city's most vulnerable residents by reducing and minimising the effects of Covid-19 outbreaks in high risk settings, such as adult's care homes, children's care homes and residential settings, supported living accommodation, homeless hostels, asylum seeker provision, hospice, day centres, boarding schools, Special Educational Needs schools and the prison.

Manchester Covid-19

Living Safely and Fairly With Covid-19

Leads: Leasa Benson & Nicola Rea

Responding to Covid-19: *current position*

- Community Health Protection Team (CHPT) supports vulnerable residents and high risk settings
- Partnership work with Manchester Test and Trace Coordination Hub, Environmental Health, Adult Social Care, UK Health Security Agency, education and homelessness service colleagues
- Monitoring Covid-19 cases in residents and staff, supporting settings to manage situations, and reporting to various regulators
- Managing outbreaks
- Providing support and guidance on staff and resident testing regimes
- Promotion of vaccination uptake in staff and residents in high-risk settings
- Providing regular comms and guidance to settings
- Virtual visits where concern is raised
- Training and education sessions on specific areas of Infection Prevention and Control
- Specialist support for settings providing high risk procedures

Living Safely With Covid-19: *our priorities for the future*

- Continued role in supporting high risk settings with outbreak management, including enhanced infection prevention and control measures and regular staff and resident asymptomatic testing regimes and outbreak testing as guided by national policy
- Continuation of review and distribution of new and updated guidance and other comms
- Ongoing communication between the Community Health Protection Team, Adult Social Care, children's social care, education, homelessness services and other care providers around Covid-19 and other communicable diseases
- Promotion of vaccination programmes and promotion of vaccine status checks for new residents
- Planned and spot check support visits to providers with concerns post outbreak
- Return to proactive visits to provide support and guidance on infection prevention and control measures and managerial responsibilities around health protection issues, outbreak response and prevention of health protection incidents

Transition Plan: *how we will achieve this*

- Retain staffing levels and expertise of specialist Community Health Protection Team staff, ensuring sufficient capacity and knowledge base
- Work in partnership with Greater Manchester contact tracing hub, UKSHA, GM Health Protection Collaborative as part of Health Protection reforms and ongoing review of Health Protection delivery locally and across Greater Manchester
- A clear communications plan for health protection issues in high risk settings, including planned and emergency situations
- Work closely with neighbourhood colleagues to raise awareness of actual and potential health protection risks in specific areas of the city
- Local health protection system leadership to influence local, Greater Manchester and national groups, boards & committees, ensuring health protection remains a priority with future planning of services and developments.

5. HIGH RISK, CLINICALLY VULNERABLE & MARGINALISED COMMUNITIES

AIM: Ensure the needs of people and communities that are high risk, clinically vulnerable or marginalised are prioritised and addressed within the broader Living Safely and Fairly with Covid-19 plans

Manchester Covid-19

Living Safely and Fairly With Covid-19

Lead: Cordelle Ofori

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Covid-19 Health Equity Manchester (CHEM) engaging and working with communities at high risk of adverse impacts to deliver culturally competent bespoke messages and engagement approaches, improve vaccination coverage, and enable people to keep safe and well. Activities include establishment of Sounding Boards and Disabled People's Engagement Board; Targeted Fund for voluntary and community organisations; Covid-19 CHATS; working with community influencers and leaders to share messaging' and working with neighbourhood teams to target Covid-19 response work • The shielding programme for people who were previously considered Clinically Extremely Vulnerable ended on 15.9.21 however many people never stopped shielding and are now anxious about what the removal of restrictions will mean for them.	• Continue to promote the importance of vaccination for high risk groups and ensure that information and the vaccination offer itself is accessible , and work continues build trust, dispel myths and address vaccine hesitancy • Ensure equitable access to testing and treatment for people in high risk groups who develop Covid-19 symptoms and would be eligible for treatment to prevent severe illness and death • Ensure that people who were clinically extremely vulnerable (CEV) are supported and enabled to safely integrate back into society. • Address the indirect consequences of Covid-19 with a focus on what matters to people in the CHEM risk groups e.g. Mental Health; Long Covid-19; food, housing and income security; children and young people, and primary care and as part of Manchester's Build Back Fairer/Marmot Action Plan	• Maintain, develop and strengthen the CHEM infrastructure and approaches to engagement, inclusive communication and inclusive data that underpin the work to address health equity • Work with NHS, primary care and neighbourhood teams to identify and address any inequalities in access to Covid-19 Medication Units, Hot Clinics and opportunities for treatment for eligible individuals • Welcome back events being planned with the support of libraries and galleries to enable those that were categorized or saw themselves as clinically extremely vulnerable to participate in activities in a safe way. • Further guidance is awaited on the national Enhanced Protection Programme (EPP) approach for people who were clinically extremely vulnerable. • Ensure voice of Communities that Experience Racial Inequality, Inclusion Health and other marginalised groups influence delivery of the Build Back Fairer plans.

6. TESTING, CONTACT TRACING, SUPPORT TO ISOLATE, OUTBREAK MANAGEMENT (1)

AIM: Focus testing on those most vulnerable to disease and those in high-risk settings, to ensure these residents are protected. Testing to be used for treatment, prevention, surveillance and outbreak investigation.

Manchester Covid-19

Living Safely and Fairly With Covid-19

Leads: Sarah Doran & Christine Raiswell

TESTING

Responding to Covid-19: *our current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*

• Free universal testing for general population until 31st March 2022:
  • 9 PCR test sites (7 'local' and 2 regional), and PCR home delivery, run by NHS Test and Trace
  • LFD test provision through pharmacies, community venues, workforce schemes, and home delivery
  • Community agile 'pop up' testing, targeted to reduce health inequalities
• Routine testing for health and social care staff and residents/patients in high-risk settings
• Enhanced testing as part of outbreak response for example schoosl, prison and businesses
• Mobile Testing units available for large scale outbreak / variants of concern response
• Twice weekly asymptomatic testing for school staff and secondary school students encouraged
• Local testing team delivering regular and outbreak testing in high-risk settings, and home swabbing.
	• Much of our approach will be guided by national policy and infrastructure, where full details are to be confirmed over the coming weeks.
	• Continued twice weekly testing for SEND schools (regular testing in other education settings ended on 21st February)
	• Continued routine and symptomatic testing for health and social care settings following national guidance
	• Use of enhanced testing as a control measure for outbreak management in high risk settings
	• Ensure equitable access to available testing for Manchester residents, based upon factors such as income, digital access and ability to leave home.
	• Ensure testing is accessible for 'at-risk' groups as government guidance becomes available.
	• Ensure we have the capacity and capability to scale up provision rapidly.
		• Continue to work closely with UKHSA colleagues to understand and influence ongoing changes, e.g. how mass testing can be re-established rapidly, how testing will be made available to specified groups (e.g. those identified in Government report as 'at-risk').
		• Continue collaborative working with Education, Adult Social Care, and Communications colleagues to share understanding of upcoming changes to guidance and manage its effective implementation
		• PCR float stock will be made available to support outbreak response
		• Maintain a supply of LFD kits in reserve given uncertainty around national arrangements.
		• Costed options for securing additional supplies of tests to ensure cost is not a barrier for residents to access testing.

6. TESTING, CONTACT TRACING, SUPPORT TO ISOLATE, OUTBREAK MANAGEMENT (2)

AIM: Identify local outbreaks of COVID early and provide an integrated, rapid response through effective management, drawing on the expertise and learning developed over the pandemic.

Manchester Covid-19

Living Safely and Fairly With Covid-19

CONTACT TRACING & OUTBREAK MANAGEMENT

Leads: Sarah Doran & Christine Raiswell

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*

• As our Single Point of Contact, our Local Test and Trace Coordination Hub has received detail of cases of COVID in settings, working to risk assess and triage out to teams to lead investigations in their specialist areas:
  • Environmental Health team (inc. businesses, offices, hospitality, justice)
  • Community Health Protection Team (inc. care settings, early years and schools)
• Multiagency Outbreak Control Team meetings called where required, involving UK Health Security Agency colleagues where appropriate.
• We have had clinical, expert contact tracing staff in place in our Local Manchester Test and Trace Team, undertaking complex contact tracing of residents who have not engaged
• We have taken the lead from national on tracing as part of Variant Of Concern (VOC) response
• GM Integrated CT Hub has provided additional surge capacity & resilience
• All routine individual contact tracing ended on 24 February 2022.
	• A revised national Covid-19 Outbreak Management Framework is expected in March. This will further outline our local role. Moving forward, it is understood:
	  • Outbreak management will move to be focussed only on high risk settings, and will need to include testing and antiviral prescription routes. Outbreak management for COVID will be delivered by local and regional teams with no national system in place.
	  • Contact tracing would only be required as part of outbreak management and in response to new variants, although circumstances whereby the latter would be required are as yet unclear. We will need to ensure we have capacity to scale up this specialist provision rapidly.
		• We will retain capacity and expertise for contact tracing and outbreak management supported by the Greater Manchester Integrated Hub as part of health protection reforms and ongoing review of health protection delivery
		• We will engage with businesses on wellbeing agenda and importance of changing presenteeism
		• Clear communications to business and the public on importance of staying at home for all communicable diseases
		• We will gather insight from the two years of Covid-19 tracing and outbreak management and ensure lessons are applied to future health protection systems.

6. TESTING, CONTACT TRACING, SUPPORT TO ISOLATE, OUTBREAK MANAGEMENT (3)

AIM: Ensure support is available for residents who are self–isolating by connecting people to existing support provision and engaging with employers

Manchester Covid-19

Living Safely and Fairly With Covid-19

Leads: Christine Raiswell & Shefali Kapoor

SUPPORT TO ISOLATE

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• The legal duty to self-isolate ended on 24 Feb, moving to an advisory position to stay at home. • Non-financial support: over the past year our local Test and Trace Coordination Hub has fulfilled requirements set out in DHSC Framework to support residents to self isolate. We have called any resident who has declared a support need during the contact tracing process. • Our clinical team has given advice for people feeling unwell and we have offered support to access medicines and GPs. • We have worked closely with the Food Partnership and VCSE organisations to ensure culturally sensitive provision is available. • Financial support: colleagues in Revenues & Benefits have administered the NHS Test & Trace Payment scheme, which has exceeded expected demand. This scheme ended on 24 Feb 2022. • Wider Humanitarian Support: Covid Response Hub has been in place offering support with food, getting online, loneliness, delivery of medication and support with fuel. Proposed that Covid Response hub will end on 31st March.	• Our Manchester Test and Trace Hub will continue to offer advice and support to residents about Covid-19 and other health protection issues in its new Health Protection Co-ordination Hub function • Develop and adapt our support in light of the ways poverty and certain types of employment are likely to mean that some residents will be less able to follow any discretionary advice which might exist on isolation, creating increased risks of higher infection rates and outbreaks • Continue to develop the Manchester Food Partnership which will support the city's approach to tackling poverty • Work with communications team to provide messages as to how to prepare for isolation if measures are reintroduced	• There is an inequalities risk with employers setting policy/culture on staying at home advice when unwell so engagement with businesses and employers will be vital. • Where our local team speak to residents opting to stay at home (via choice or experiencing symptoms) we will link them into existing provision via the Family Poverty Strategy, including CAB to explore financial support. • Humanitarian Support - Any calls for signposting/ information in relation to Covid will be absorbed by the contact centre • We will continue the Food Partnership, although resources are required in the short term to grow and develop a sustainable entity. • Business case developed to establish food partnership to continue work developed amongst food providers across the city.

7. COMMUNICATIONS

AIM: Co-ordinate an effective communications response to an inclusive recovery, enabling Manchester residents to live safely with Covid-19 and help them make well considered and informed decisions, including around staying safe and well, vaccinations and responding to Variants of Concern.

Manchester Covid-19

Living Safely and Fairly With Covid-19

Lead: Alun Ireland

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Communications has played a key role in amplifying and localising national public health messaging, reassuring communities and supporting people impacted by Covid. Links to national messaging via weekly Cabinet Office briefing Regular local insight surveys and national research used to inform messaging and policy. • Multi-channel communications campaign in place throughout the pandemic • Tailored materials developed to address the information needs and concerns of priority audiences • Additional investment in engagement and community capacity building, through Covid-19 funding with an emphasis on neighbourhood level messaging from trusted sources.	• Communications will be critical over coming months/weeks as policy and guidance changes • Communications support will be required if risks increase (outbreaks, future peaks, variants and so on) • Potential that humanitarian support may also be needed again in future peaks • Recognised need for targeted messages and engagement support for those at risk or less likely to comply with public health messages • Focus on where people can get help • The focus on health equity through COVID Health Equity Manchester (CHEM) has transformed community engagement and built a level of trust and co-operation. This partnership approach is our blueprint for the future • Communications support on wider health protection issues as part of building resilient health protection system.	• Develop a system-wide communications strategy and approach for the next 3 months to manage outbreaks, future peaks and variants of concern • Develop a clear narrative with direction and guidance on how people can stay safe, protect themselves and their loved ones, particularly those at highest risk in their community • Develop clear messages and guidance to businesses and the public on importance of staying at home for all communicable diseases • Build on new approaches to community engagement rooted in equality and equity, including developing culturally competent, targeted public health messages supporting targeted engagement activity • Continue using data and insights to increase the efficacy of messaging and activities.

8. COMMUNITY ENGAGEMENT

AIM: Deliver targeted community engagement that supports wider aims and objectives, ensuring that appropriate and culturally sensitive approaches are taken

Manchester Covid-19

Living Safely and Fairly With Covid-19

Lead: Shefali Kapoor

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Targeted engagement approaches taking place across the city, particularly with those communities where vaccination rates are low and/ or where there are higher numbers of the population that have been disproportionately affected by Covid-19. • This activity and feedback received from the community has helped inform our communications material • Additional resource embedded within the council's Neighbourhood team; work with health colleagues to focus on this activity • Regular messaging going out to over 1000 community groups via Covid-19 Community Toolkit	• Continue to utilise day to day engagement activities as a way of promoting how to live with covid safely • Work closely with health, COVID Health Equity Manchester (CHEM) and other partners to continue to proactively engage with communities that have been disproportionately affected by Covid-19 • Continue to use the Team Around the Neighbourhood and use of data and intelligence as a way of targeting activity and working in partnership to deliver activity at a local level • Engagement model used for Covid-19 response to be used with other health protection issues affecting our communities as part of building a resilient health protection system	• Engagement Strategy to draw on learning from Covid-19, and sustainability of current work needs to be considered • Embed activity through day to day activity via the Team Around the Neighbourhood.

9. DATA & INTELLIGENCE

AIM: Ensure that decisions in respect of the living safely and fairly with Covid-19 and the wider recovery programme are informed consistently by high quality data and intelligence

Manchester Covid-19

Living Safely and Fairly With Covid-19

Lead: Neil Bendel

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Data: We access a range of individual record level data via Covid-19 Situational Awareness Explorer (Power BI) including positive and negative tests results, cases, contact tracing cases and contacts; enhanced contact tracing (common exposures and postcode coincidences) and vaccination • Surveillance: We undertake a range of strategic and more in -depth analysis of patterns and trends in Covid-19 at whole population level utilising full range of data available • Reporting: With partners, we produce a range of routine reports, dashboards and tools relating directly to Covid-19 for a number of different audiences, including Covid-19 Weekly Data Updates, Daily Covid-19 Dashboard, IMT Covid-19 19 update, Covid-19 Neighbourhood Surveillance Dashboard and Covid-19 recovery dashboard	• Data: Data derived from testing activities will be more limited in scope, thus necessitating the greater use of qualitative local insight from sounding boards, schools, universities and local businesses etc. • Surveillance: We will move from whole population surveillance to surveillance based on targeted testing in high-risk setting and vulnerable populations and make greater use of alternative, non-testing-based data sources such as wastewater analysis • Reporting: We will refocus our reporting on the new Manchester Health Protection Board. Less regular but more targeted reporting. Greater focus on Long Covid-19 and other sequelae of infection. Undertake more retrospective analysis of data as part of national / local review of Covid-19 response activities	• Data: Set up local data collection and recording processes. More joined up, structured arrangements for gathering, collating and analysing local insight from businesses and communities. • Surveillance: Identify sources of syndromic surveillance e.g. hospital admissions, GP presentations, absenteeism for 'Covid-like-symptoms'. • Reporting: Develop broader Health Protection Dashboard(s) to replace Covid-specific ones. More analysis will be undertaken at pan-LA level by GM ICS and GMCA teams ('do once and share').

10. EDUCATION SETTINGS

AIM: Support early years, schools, colleges, universities and other higher education settings to remain open and operate as safely as possible, using effective infection control measures, vaccination and supporting management of outbreaks

Manchester Covid-19

Living Safely and Fairly With Covid-19

Leads: Amanda Corcoran & Christine Raiswell

EARLY YEARS, SCHOOLS AND COLLEGES

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
Manchester Test and Trace, Education Teams and Health and Safety supporting education settings: • Monitoring Covid-19 cases and supporting settings to manage situations • Managing outbreaks using the Greater Manchester Outbreak Management Framework for Schools and Colleges • Providing regular comms and guidance to settings • Providing advice on Covid-19-related HR matters for schools • Promoting vaccination • Supporting with risk assessment and Covid-19 controls • Schools encouraging regular asymptomatic testing and providing onsite testing at starts of term • Enhanced testing to manage outbreaks including use of mobile testing units	• Continued role in supporting education settings with advice to manage outbreaks including enhanced measures and testing – in line with processes for other infectious disease outbreaks • Continued regular testing in SEND and other specialist settings (regular testing for other education settings finished on 1st Feb) • Education settings will need to have outbreak plans in place • Ongoing communication between the local health protection system and education leaders around Covid-19 and other infectious diseases • Increasing vaccination uptake in children and young people with a focus on health inequalities • Continued role providing advice on Covid-19-related HR matters for schools • UKHSA Educational Setting Advice Service (accessed through DfE Helpline) will be decommissioned from 31 March 2022. Our local helpline for education settings will continue to be available via our Health Protection Co-ordination Hub	• Manchester Public Health Advice to Schools Group will expand its remit to cover all education settings (early years through to Universities) and wider health protection issues. The group will continue to provide relevant advice. • Ensure sufficient surge capacity is available to support outbreaks and single cases of high risk infections such as TB, in education settings (testing and outbreak vaccination/chemoprophylaxis where appropriate) • Continue to support work to increase vaccination uptake, working with the Vaccination Programme Leads • Implement EBug Programme across education settings

10. EDUCATION SETTINGS

AIM: Support early years, schools, colleges, universities and other higher education settings to remain open and operate as safely as possible, using effective infection control measures, vaccination and supporting management of outbreaks.

Manchester Covid-19

Living Safely and Fairly With Covid-19

Leads: Sarah Doran, Jenny Clough, Arpana Verma

UNIVERSITIES AND HIGHER EDUCATION SETTINGS

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Manchester Test and Trace supporting Universities and Higher Education settings • Monitoring Covid-19 cases with regular joint meetings to examine cases • Supporting with risk assessment and Covid-19 controls • Supporting settings to manage situations • Managing outbreaks using the Greater Manchester Outbreak Management Framework for Universities, with focus on outbreaks within Halls of Residence • Providing regular comms and guidance to settings • Promoting regular testing in students and staff • Promoting vaccination uptake amongst students and staff • Supporting Universities to manage Covid-19 related issues with International students and large scale events • Universities Learning and Networking Group supports joint working between Universities, Manchester Test and Trace and UK Health Security Agency	• Continued role in supporting Universities and Higher Education settings with advice to manage outbreaks including enhanced measures and outbreak testing – in line with processes for other infectious disease outbreaks • Universities and Higher Education settings will need to have outbreak plans in place • Ongoing communication between the local health protection system and Universities around Covid-19 and other infectious diseases • Continue to promote vaccination uptake in students and staff • Continued role in supporting Universities to manage Covid-19 related issues with International students and large scale events • UKHSA Educational Setting Advice Service (accessed through DfE Helpline) will be decommissioned from 31 March 2022. Our local helpline for education settings will continue to be available via our Health Protection Co-ordination Hub	• Universities Learning and Networking Group to continue to meet and focus on key events, such as Welcome week, sharing good practice, student mental health support with an emergency stand up option for outbreak situations • Manchester Public Health Advice to Schools Group will expand its remit to cover all education settings (early years through to Universities) and wider health protection issues. The group will continue to provide relevant advice. • Ensure sufficient surge capacity is available to support outbreaks and single cases of high risk infections such as TB, in University and HE settings (testing and outbreak vaccination/chemoprophylaxis where appropriate) • Continue to support work to increase vaccination uptake, working with the Vaccination Programme Leads

11. WORKPLACES, BUSINESSES & BORDER

AIM: Support workplaces and businesses to operate as safely as possible, using compliance measures and enforcement powers where necessary. Support work to keep our border safe at Manchester Airport

Manchester Covid-19

Living Safely and Fairly With Covid-19

Lead: Carmel Hughes

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Environmental Health (EH) support outbreaks in Manchester workplace businesses and Borders at Manchester Airport • EH partnership work with the Community Health Protection Team and Manchester Test and Trace Central Co-ordination Hub on complex settings such as Asylum Seekers settings and Bridging Hotels and with UKSHA on outbreak management at Immigration Centres and Justice settings • Current work includes: • Monitoring Covid-19 cases in workplace staff, supporting settings to manage situations and reporting to various regulators • Managing outbreaks • Providing support and guidance to Business owners and Managers providing regular comms and guidance to the settings • Visits where concern is raised • Engagement visits to small and medium sized businesses in wards identified in the 12 point plan • Assistance at vaccination pop up events in local communities	• Continued role for regulatory services in managing outbreaks, particularly in workplaces, replicating approach for other infectious diseases/threats to health • Ongoing communication and guidance to businesses on living safely and fairly with Covid • Respond to concerns raised by employees and members of the public • Promote vaccination programmes during visits to local businesses • Ongoing communication and guidance supporting Hospitality and Large Venues with continued work with licensing strategy and local Out of Hours colleagues • Ongoing work with the current HSE Spot check initiative for Office based settings in Manchester	• Continue to support and advise business on current national and local guidance • Continue to use data and intelligence surveillance tools • Facilitate DHSC/UKHSA wastewater epidemiology feasibility pilot schemes with high risk business settings and report findings and on going workstreams • Continue to support the development and integration of the case management system for Covid infection in business settings • Integrate covid and vaccination engagement work into food business visits and engage with the Manchester Food board, coordinated by Population Health Team, and focus on Food Poverty. • Develop work with Be Smokefree (Shisha) Community outreach and the new Population Health Regulatory Project Manager

12. EVENTS, LEISURE & RELIGIOUS CELEBRATIONS

AIM: Facilitate the recovery of the city by supporting the shift from regulatory to voluntary guidance for events, leisure and religious celebrations, and to ensure the sector is well positioned to respond to any national policy changes

Manchester Covid-19

Living Safely and Fairly With Covid-19

Leads: Barry Gillespie & Carmel Hughes

Responding to Covid-19: *current position*	Living Safely With Covid-19: *our priorities for the future*	Transition Plan: *how we will achieve this*
• Supporting, wherever possible, events, leisure and religious celebrations to take place. • Population Health and Environmental Health active participation in planning, risk assessment and Safety Advisory Groups • Taking a Twin Track Approach: Professional and expert liaison, advice and support to the sector, including large scale venues, to help them to deliver safe events and fulfil legal requirements; adequately protecting their staff, contractors and visitors • We encourage staff to be vaccinated. • Where businesses might fail to comply, the authority will exercise legal powers to enforce.	• We want Manchester to be a Covid-safe and welcoming city, with a thriving cultural, sports, leisure and religious offer, giving people a renewed sense of place • We will support the sector to transition from regulatory to voluntary guidance for events, leisure, sports and religious celebrations • We will continue to advise all events providers and venue operators of remaining legal responsibilities under the Health and Safety at Work Act and Workplace Health, Safety and Welfare Regulations, which will ensure that a level of control remains in place, enabling us and them to respond and manage risks from future possible Covid-19 scenarios	• Collaboration: We will build upon relationships and collaborations which began during the pandemic between Population Health, Environmental Health, and Licensing teams, including ongoing participation in the Safety Advisory Group Process • Project Management Support: Population Health have employed a Project Manager to support areas where regulation can support and promote public health. This manager will capture and coordinate intelligence around risks in relation to events and beyond, coordinating collaborations with partners and escalating to the Director of Public Health if needed • Vigilance: We will remind our partners and providers in the sector that some risk from Covid-19 remains, that risks may increase and decrease and that planning for all events, leisure and religious celebrations should be carried out with this in mind, particularly for mass participation events – both in respect of public, staff and medical response.

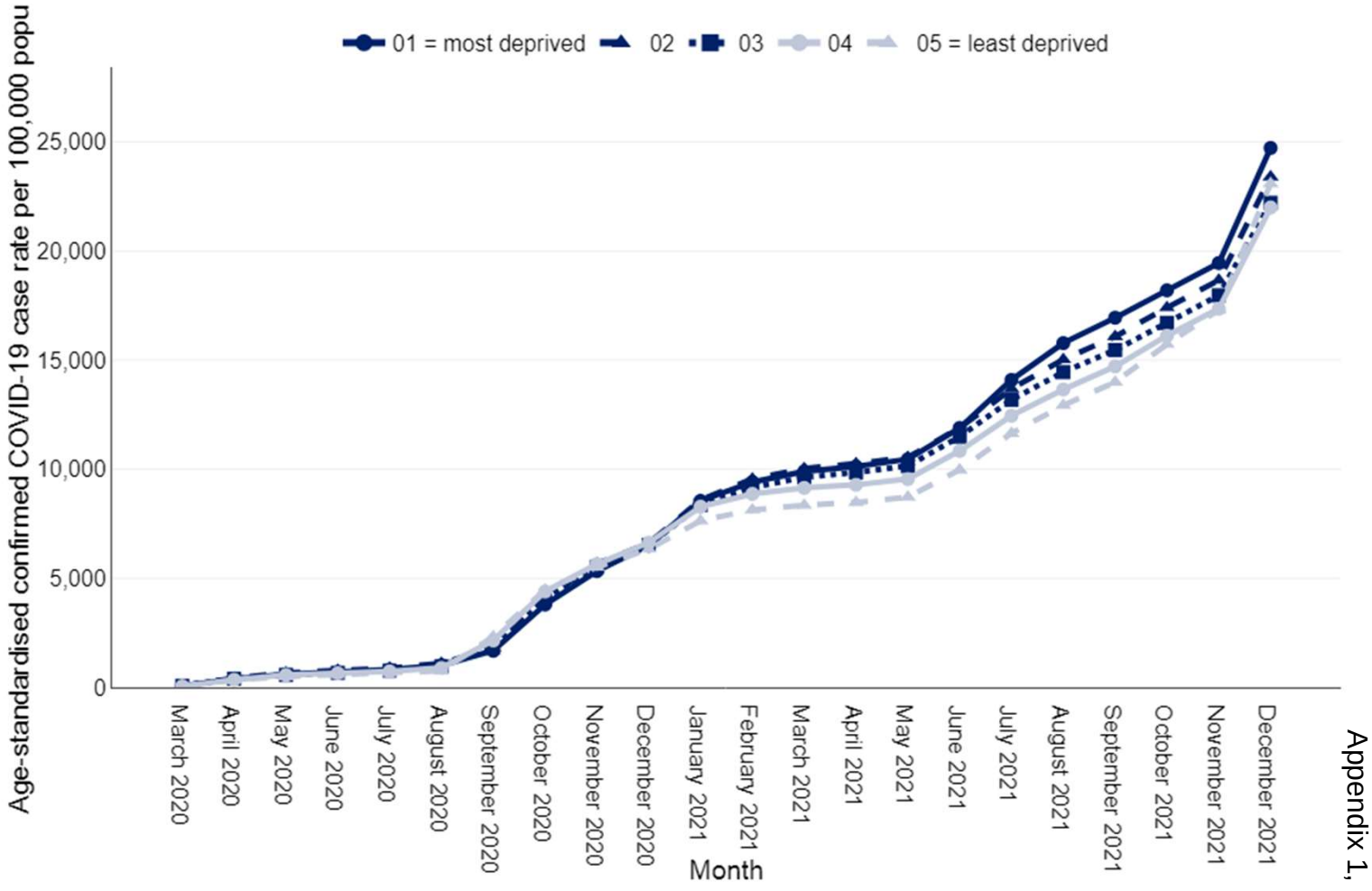
Resource Requirements

- The Government have agreed that unspent Contain Outbreak Management Fund (COMF) resources allocated in 2021/22 can be carried forward into 2022/23

- This will aid transition planning, however, COMF is not recurrent. Work will take place in the first quarter of 2022/23 with Council and Manchester Health and Care Commissioning/ICS colleagues to identify the core resources needed from the public health grant and other sources to sustain the revised health protection system. This will be a collaborative approach that will also involve the UK Health Security Agency (UKHSA)

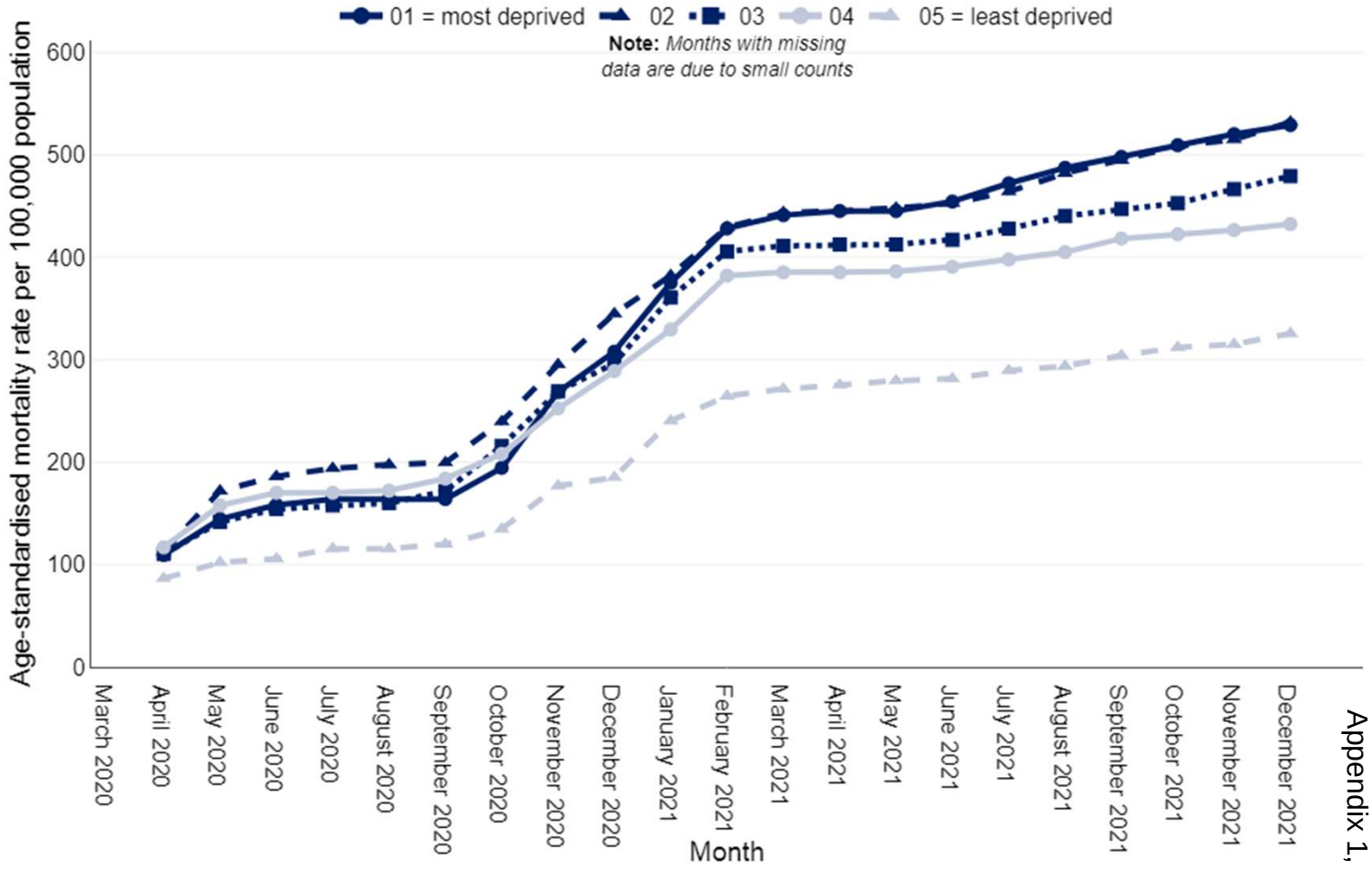
Appendix 1

Cumulative age-standardised COVID-19 cases rate per 100,000 population in Manchester by deprivation quintile (March 2020 to December 2021)



Appendix 2

Cumulative age-standardised mortality rate per 100,000 population for deaths involving COVID-19 in Manchester by deprivation quintile (March 2020 to December 2021)



Appendix 3

WHO Predicted Scenarios

- **Scenario N°1: 5th endemic coronavirus** SARS-CoV-2 remains highly contagious but causes mild illness in the majority of cases. The virus can be grouped with the 4 other coronaviruses that circulate endemically. This scenario is not unrealistic, but it may take many years to be realised. SAGE estimates this could take as long as 5 years
- **Scenario N°2: "Flu-Like"** The disease presents itself as recurring epidemics when the conditions of transmission are favourable (similar to seasonal influenza). Since the population has basic immunity, severe forms of the disease are observed only in people at risk. It will be important to continue to vaccinate at-risk groups and adopt preventive measures when transmission is high
- **Scenario 3: Ongoing pandemic through new VOCs** A new variant emerges evading acquired immunity and resulting in a large number of cases. The health system is overloaded and therefore there are more deaths. The situation is very similar to what was experienced at the beginning of 2020 in many regions of the world

Appendix 4 (Part 1)
SAGE - Future evolution of the virus
There are various possible scenarios, including:

Key: Relative to Omicron characteristics

- Less/better
- Equal to
- More/worse

Scenario	Transmissibility	Immune escape	Intrinsic severity	Realised severity
1: Reasonable Best-Case				
2: Central Optimistic				
3: Central Pessimistic				
4: Reasonable Worst-Case				

Source: S1513 Viral Evolution Scenarios.pdf (publishing.service.gov.uk)

Appendix 4 (Part 2)

SAGE - Future evolution of the virus

There are various possible scenarios, including:

1. Reasonable Best Case

- Further variants emerge but there are no gains in transmissibility and severity.
- Vaccines retain their effectiveness
- Minor seasonal/regional outbreaks.
- Existing vaccines used annually to boost only most vulnerable.
- Antiviral drugs reduce death and illness.

In next 12-18 months:
relatively small resurgence in Autumn/ Winter with low levels of severe disease

2. Central Optimistic

- Waves of infection occur
- Waning immunity and/or
- New variants, some will cause more severe disease
- Good and bad years
- Immunity protects most people
- Resistance to antiviral drugs starts

In next 12-18 months:
seasonal wave of infections in Autumn Winter with similar size and severity to Omicron wave

3. Central Pessimistic

- Repeated, disruptive waves of infection
- Waves driven by unpredictable emergence of variants
- Existing immunity and new vaccines continue to protect people
- Resistance to antiviral drugs is widespread

In next 12-18 months:
emergence of new variant of concern results in large waves of infections at short notice and outside Autumn/ Winter season. Severe disease and mortality concentrated in certain groups – unvaccinated, vulnerable, older people

4. Reasonable Worst Case

- High levels of transmission
- Incomplete global vaccination
- Transmission among animals leads to repeated emergence of variants (some which cause severe disease and escape immunity)
- There are increased long term impacts of infection

In next 12-18 months:
large waves if infections with increased levels of severe disease seen across populations, with most severe health outcomes primarily in people with no prior immunity

Source: S1513 Viral Evolution Scenarios.pdf (publishing.service.gov.uk)

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Manchester City Council
Report for Information

Report to: Health and Wellbeing Board – 23 March 2022

Subject: North Manchester Strategy

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

Summary

This item provides an overview of the North Manchester Strategy and an update on the health infrastructure developments that form part of the strategy, namely the reprovision of the Park House mental health facility and the North Manchester General Hospital (NMGH) site redevelopment. Partners will present the accompanying slide deck at the meeting.

Recommendations

Health and Wellbeing Board is asked to note the contents of the paper and the presentation; and to support the North Manchester Strategy.

Wards Affected:

Higher Blackley, Crumpsall, Cheetham, Harphurhey, Moston, Charlestown, Ancoats and Beswick, Miles Platting and Newton Heath and Clayton and Openshaw.

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
The infrastructure developments encompassed in the North Manchester Strategy have an important contribution to make to the city's zero carbon target, through sustainable design and development methods and sustainable placemaking strategies.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The North Manchester Strategy recognises the role of the local authority and NHS organisations as Anchor institutions in their local communities. The strategy seeks to maximise the social value of planned infrastructure investments in the north of the city, in relation to education, employment and skills; health and wellbeing; community resilience; digital; and zero carbon 2038.
A highly skilled city: world class and home grown talent sustaining the city's economic success	The North Manchester Strategy recognises the role of the local authority and NHS organisations as Anchor institutions in their local communities. The strategy seeks to maximise the social value of planned infrastructure investments in the north of the city, in relation to education, employment and skills; health and wellbeing; community resilience; digital; and zero carbon 2038.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The North Manchester Strategy seeks to improve health and care facilities, housing and wider social assets and amenities; enable service integration; and support partners to work with communities to progress prevention, early intervention and the social determinants of health, thus contributing to improved experiences and outcomes.
A liveable and low carbon city: a destination of choice to live, visit, work	The North Manchester Strategy, through its infrastructure investments, has an important contribution to make to the city's zero carbon target and sustainable placemaking.
A connected city: world class infrastructure and connectivity to drive growth	The planned developments in North Manchester would bring significant capital investment and infrastructure improvements – both in facilities and digital capabilities – to the city.

Contact Officers:

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

Background documents (available for public inspection):

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

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

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

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

Health Infrastructure Developments – Health Scrutiny Committee 12 January 2022.

1.0 Introduction

1.1 Health and care partners, through the Manchester Partnership Board, are committed to using health infrastructure developments to drive economic regeneration; and to delivering major transformation programmes in order to change how health, care and the wider public sector deliver within a place for the benefit of improved patient care. Furthermore, partners are committed to addressing inequalities in the city and promoting the social determinants of health.

1.2 The North Manchester Strategy is key to the delivery of these ambitions. This seeks to achieve civic regeneration through investment and innovation in healthcare and housing and brings together three major planned infrastructure investments in the north of the city:

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

1.3 This paper provides an overview of the North Manchester Strategy and gives an update on the progress of the health infrastructure developments that it encompasses (New Park House and the North Manchester General Hospital (NMGH) site redevelopment). Oversight of the Victoria North development takes place through other democratic fora. As such, a detailed update on progress relating to Victoria North is not provided in this paper.

2.0 The North Manchester Strategy

2.1 The North Manchester Strategy sets out the shared ambition of 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 in one of the most socio-economically disadvantaged parts of the country.

2.2 The strategy has its origins in *The future of the North Manchester General Hospital site: A healthcare-led approach to civic regeneration* ("The Proposition"), which was produced in 2019 and refreshed in 2020. The strategy was redeveloped in 2021 to ensure that it remains contemporary given the changing strategic and operational context e.g. the implications of the pandemic and of national and local policy developments. An Executive Summary version of the strategy is attached at Appendix 1.

2.3 In strategically bringing together the three major health and housing capital developments planned in North Manchester, as set out in section 1, partners are seeking to maximise the impact and the social value of what will be the

biggest combined investment ever made in North Manchester – in the region of £4.5bn over the next two decades. The benefits of this will be felt locally and in surrounding areas in the north of Greater Manchester. Oversight of the regeneration and social value opportunities arising from these infrastructure schemes takes place via Economy Scrutiny Committee.

2.4 The approach taken in the North Manchester Strategy focuses on four key areas for action which are mutually supportive and interdependent:

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

2.5 Furthermore, the strategy's focus on taking a place-based approach to addressing inequalities and promoting the social determinants of health means that it forms part of the city's response to the findings of the 2021 report from Sir Michael Marmot and the Institute of Health Equity, *Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives.*

2.6 Following the refresh of the strategy, partners have run a programme of engagement, to raise awareness of the aims of the strategy; to test the thinking; and to understand the connections that can be made with a wide range of audiences through the various elements of the strategy's delivery. An overview of the engagement activities and key messages that have arisen to date is included at Appendix 2.

3.0 Update on health infrastructure developments

3.1 New Park House

3.1.1 Greater Manchester Mental Health NHS Foundation Trust (GMMH) is leading the process for the £105.9m reprovision of Park House.

3.1.2 On 11 November 2021, the UK government formally approved the Full Business Case (FBC) for the development, to release the necessary capital investment – the final approval needed to allow construction to begin. This followed approval of the FBC by both the Department of Health and Social Care (DHSC), and NHS England and Improvement (NHSEI), on 30 September 2021.

3.1.3 The facility will be reprovided on the NMGH site, with construction work due to start in Spring 2022 and the new building due to be complete and in use by 2024. Plans for the development include:

- 150 single en-suite bedrooms, over nine single sex wards. This will include a purpose built Psychiatric Intensive Care Unit (PICU), seven adult acute wards, and one older adults' ward.
- An assessment suite (specifically for people needing a place of safety and assessment under Section 136 of the Mental Health Act).

- A variety of internal activity areas and multiple outside garden spaces specifically designed to enhance the environment and aid recovery.

3.2 North Manchester General Hospital (NMGH)

3.2.1 NMGH became part of Manchester University NHS Foundation Trust (MFT) in April 2021. MFT is leading the process to redevelop the NMGH site.

3.2.2 The redevelopment plans encompass the significant redevelopment of the hospital and the creation of integrated health and social care facilities alongside high-quality new homes, access to better education and training and inviting public spaces which support wellbeing. This civic campus will provide a focal point for the community.

3.2.3 Outline Business Cases relating to the site redevelopment and associated digital investment were submitted in January 2021. The proposed preferred way forward would require £578m investment for the redevelopment and £96m for digital. The NMGH site redevelopment is part of the national New Hospitals Programme (NHP) and is subject to NHP timescales and processes.

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

3.3 Investment secured to date

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

4.0 Recommendations

4.1 Health and Wellbeing Board is asked to note the contents of the paper and the presentation; and to support the North Manchester Strategy.

The North Manchester Strategy

Civic regeneration through investment and innovation in Healthcare and Housing

Executive Summary

December 2021

Final version

1. Introduction

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

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

The strategy brings together three significant investment opportunities:

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

- **Challenges to address**

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

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

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

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

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

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

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

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

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

- **Strengths to build on**

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

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

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

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

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

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

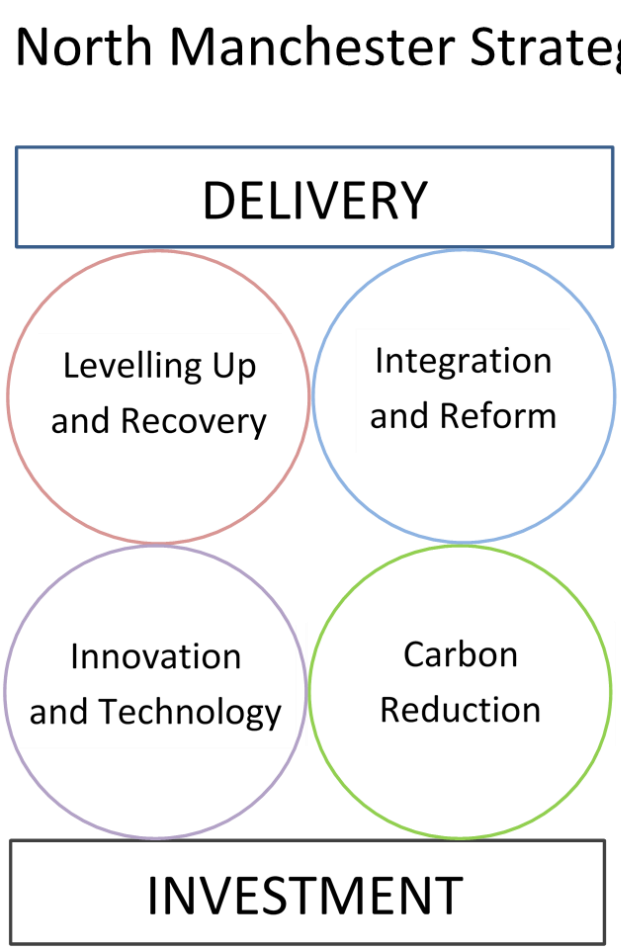
The objective of the North Manchester Strategy is to build on existing strengths and new opportunities to address historic challenges in North Manchester and the surrounding areas, and so ensure that the life chances of local people are levelled up in terms of health, wellbeing and prosperity.

- **Getting the right approach**

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

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

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



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

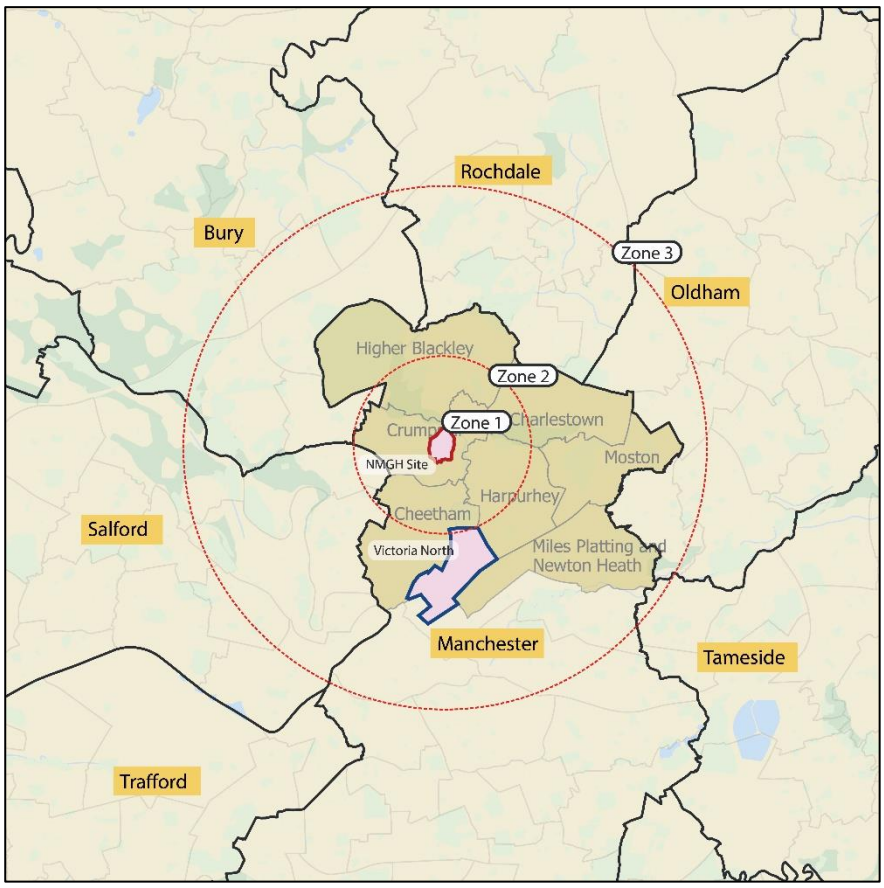
The North Manchester Strategy is intended to have wide-ranging benefits from improving healthcare, to strengthening communities, connecting local people to the benefits of enhanced economic activity, and addressing the wider determinants of health. These are set out in the North Manchester Social Benefits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

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

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

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

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



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

2. Investment

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

- **New Park House**

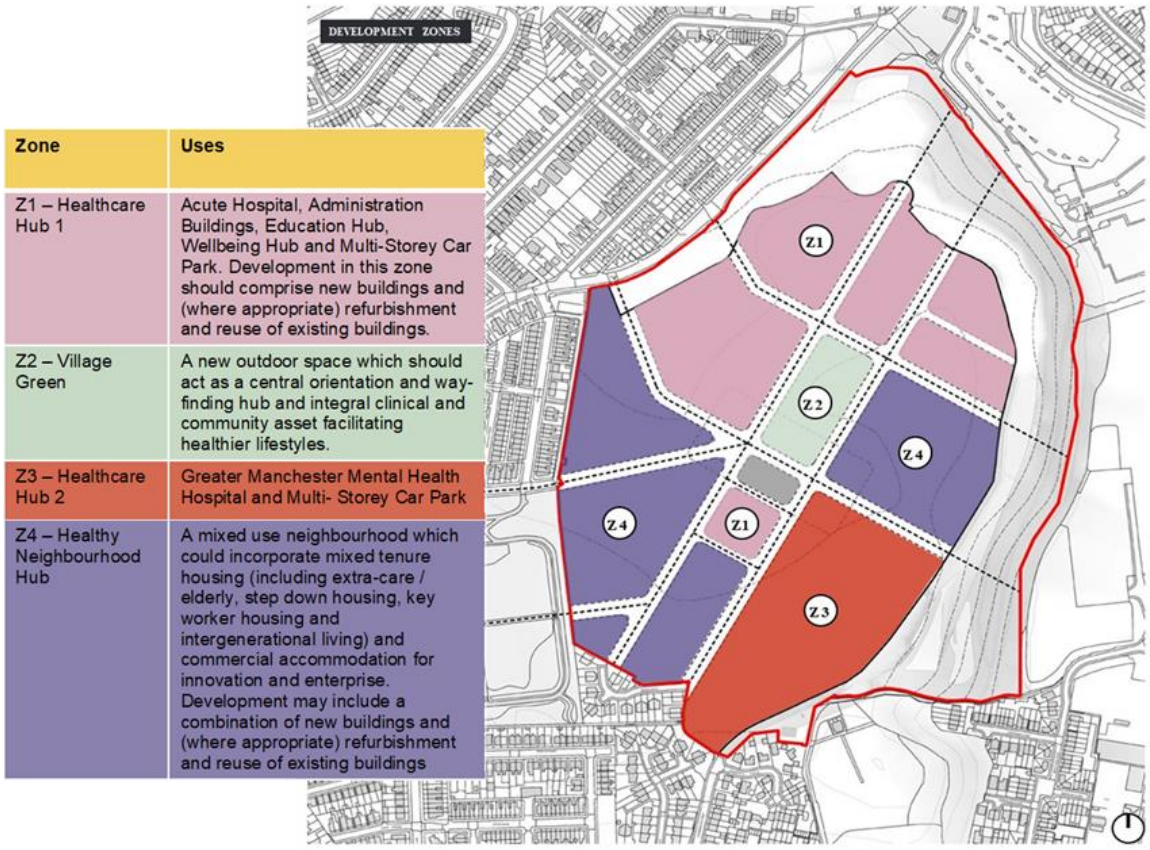
The new state-of-the-art unit will see a great improvement to patient experience, with spacious single bedrooms each with private en-suite bathrooms, a variety of indoor activity areas, and multiple outside garden spaces. The modern facilities will utilise the latest technology and therapeutic design,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

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

- **NMGH site redevelopment**

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

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



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

- **Victoria North**

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

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

Major Investments in North Manchester

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

* Subject to business case approval

3. Levelling up and recovery

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

- **Levelling up health and healthcare**

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

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

- **Levelling up housing**

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

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

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

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

- **Levelling up employment and training**

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

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

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

4. Integration and reform

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

- **Service transformation**

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

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

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

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

- **Workforce transformation**

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

- **System transformation**

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

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

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

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

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

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

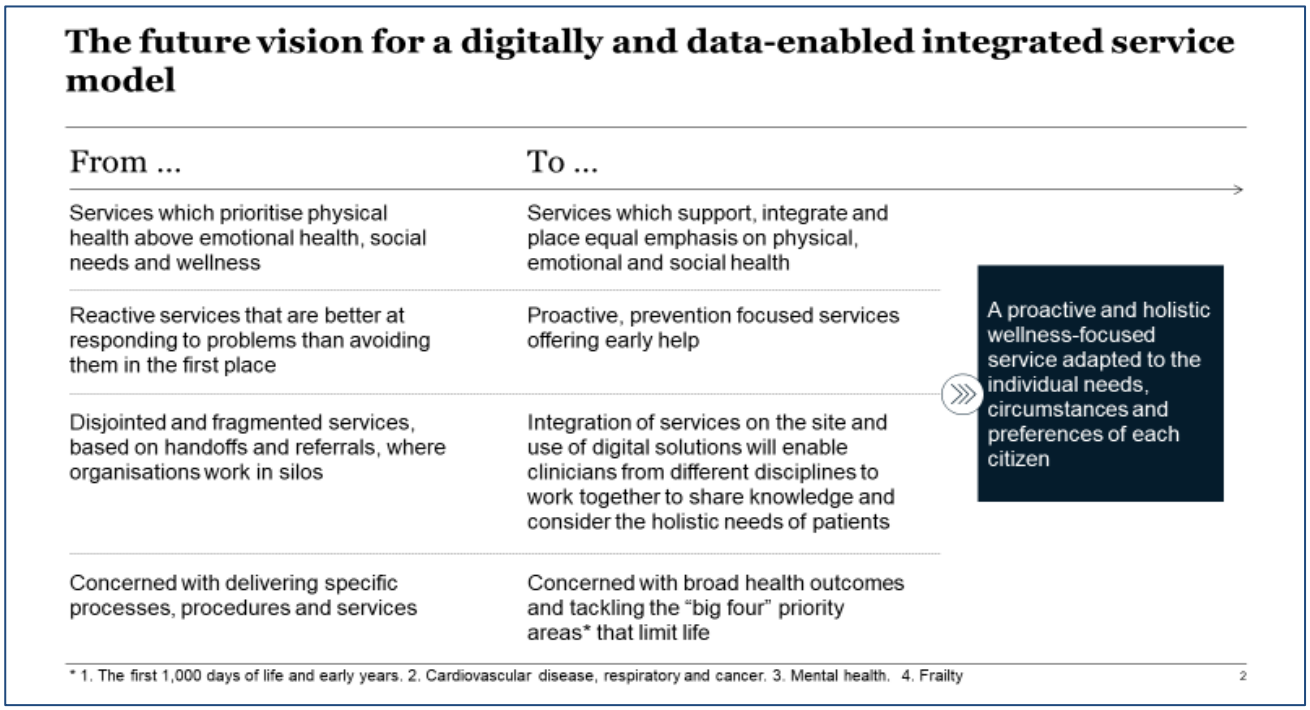
5. Innovation and technology

- **Digital and technology innovation**

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

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

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



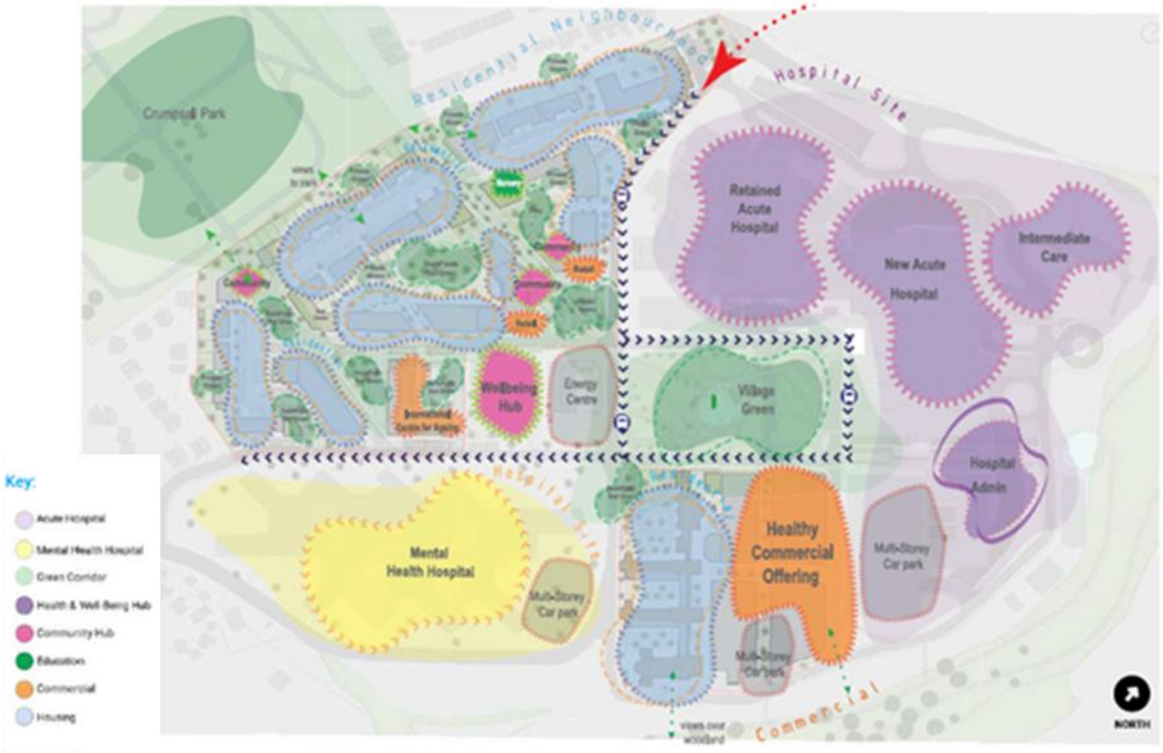
- **System innovation – the Healthy Neighbourhood**

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

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

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

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

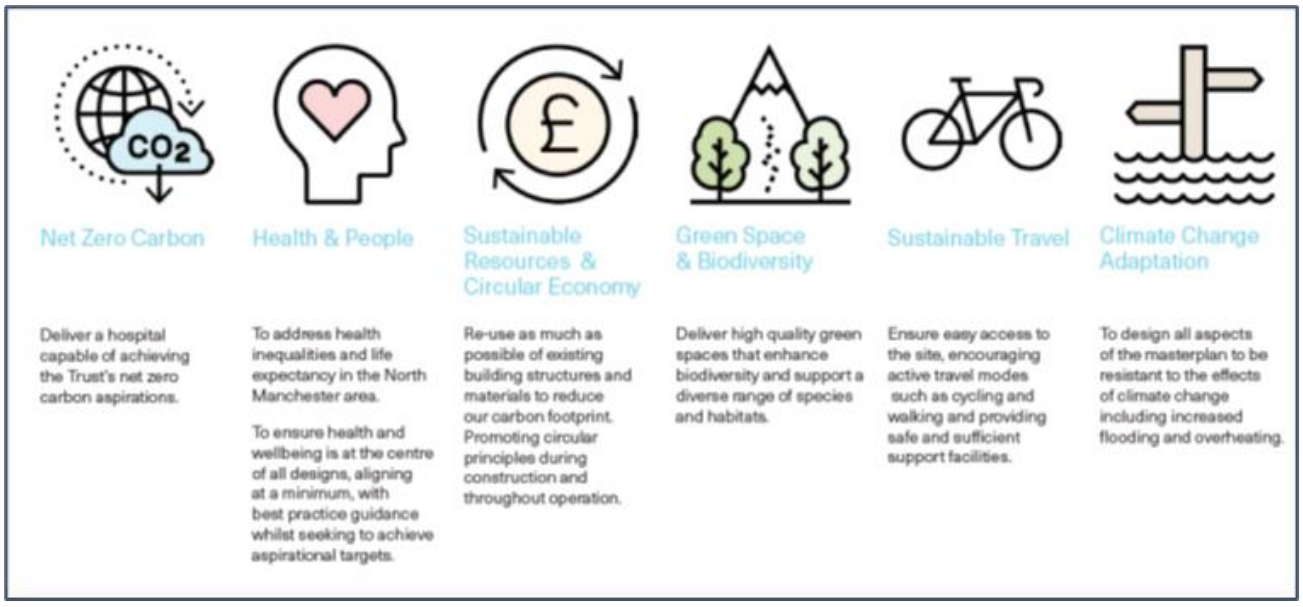


6. Carbon reduction

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

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

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



7. Delivery

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

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

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

8. Next steps

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

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

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

North Manchester Strategy
Health and Wellbeing Board, 23 March 2022

What makes the NHS an anchor institution?

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

Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.

Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.

Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.

Widening access to quality work
The NHS is the UK's biggest employer, with 1.6 million staff.

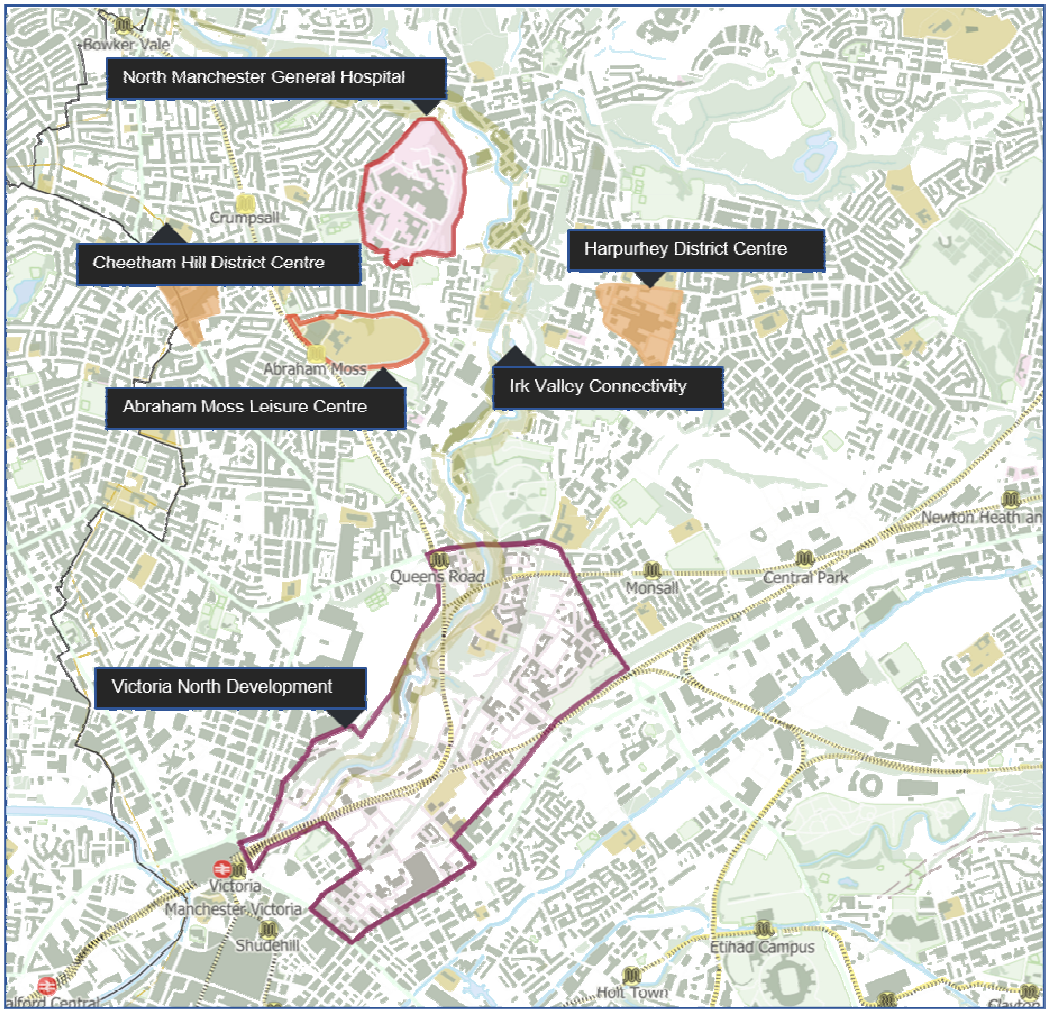
Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.

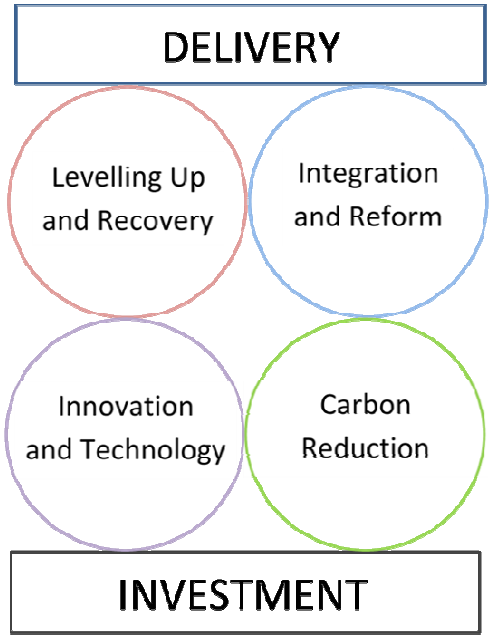
As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

The Health Foundation

References available at www.health.org.uk/anchor-institutions

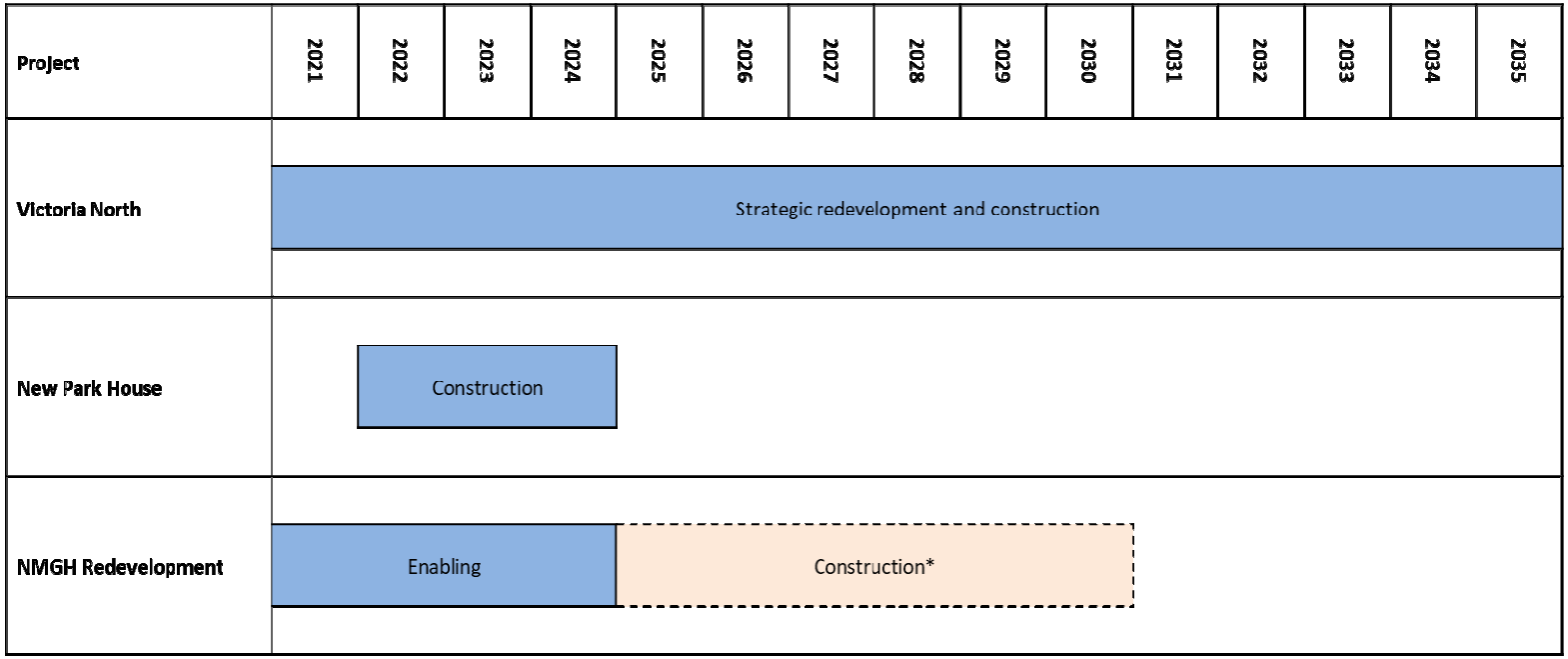
The North Manchester Strategy





North Manchester Investments

Major Investments in North Manchester



* Subject to business case approval

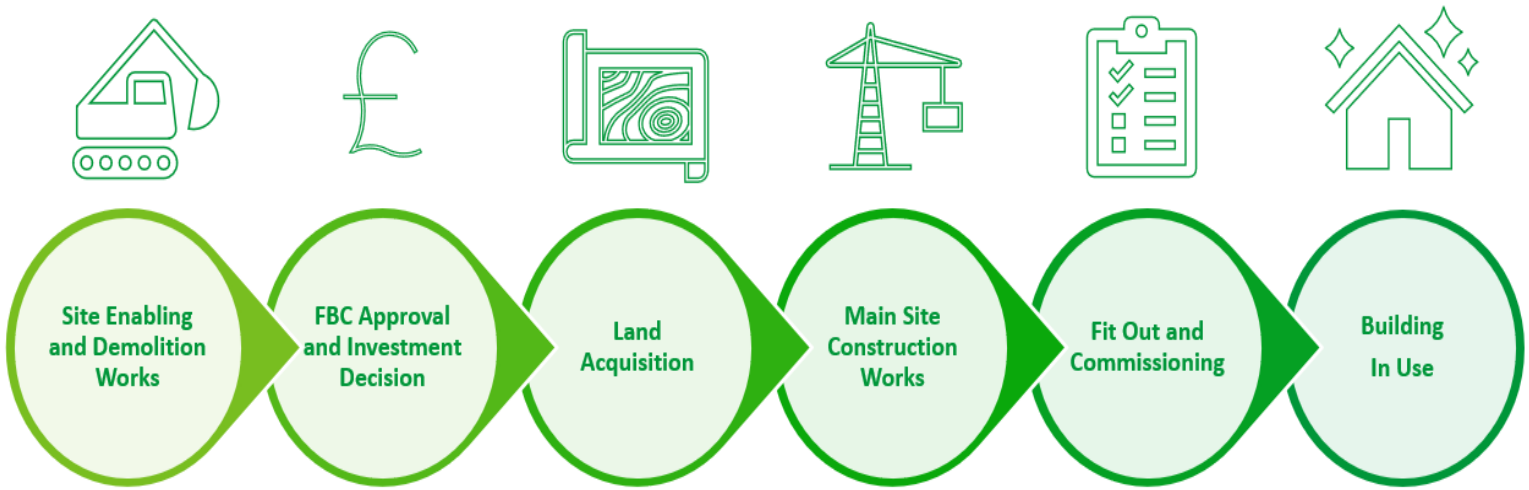
Communication and engagement

- Engagement activities since January have focused on raising awareness of the North Manchester Strategy
- 12+ sessions have been attended, reaching audiences including elected members, VCSE groups, businesses and health and social care partners
- Key messages arising include:
  - The need to maintain and build inclusive communications and engagement
  - Thoughts on timing of engagement and involvement processes, offers of support and connections into communities and groups to work with
  - An interest in strengthening and delivering social value in the short- and long-term
  - The importance of improving digital inclusion
  - A need to focus on transport challenges
  - An interest in connecting up existing initiatives more effectively
  - The importance of accessible services and places
  - The importance of sustainable neighbourhoods
- Communication and engagement activities are continuing

Update on the New Park House Development (NPHD)

Improving Mental Health
in North Manchester

Delivery Programme



Improving Mental Health
in North Manchester


En-Suite Bedrooms


Therapeutic Outdoor Spaces


Modern and Sustainable Design


Cafe
Communal and Activity Spaces

NMGH Redevelopment Timeline

MANCHESTER CITY COUNCIL NHS

North Manchester General Hospital
Site Redevelopment Programme

Strategic Regeneration Framework endorsed by MCC

£54m secured

MSCP & Cycle Hub Planning Application submitted

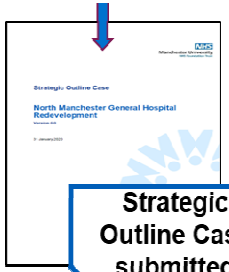
1 April 2021 NMGH Acquisition Date

New Hospitals Programme Visit

Announcement of NMGH in the HIP Programme

Early Enabling Funds confirmed

Sept 2019 | Jan to June 2020 | July to December 2020 | Jan to March 2021 | Apr to May 2021 | June to September 2021 | October to December 2021



Strategic Outline Case submitted

Start on site

Outline Business Case(s) submitted

£69m total secured

Full Enabling Plan funding secured

Limbert House demolition start on site

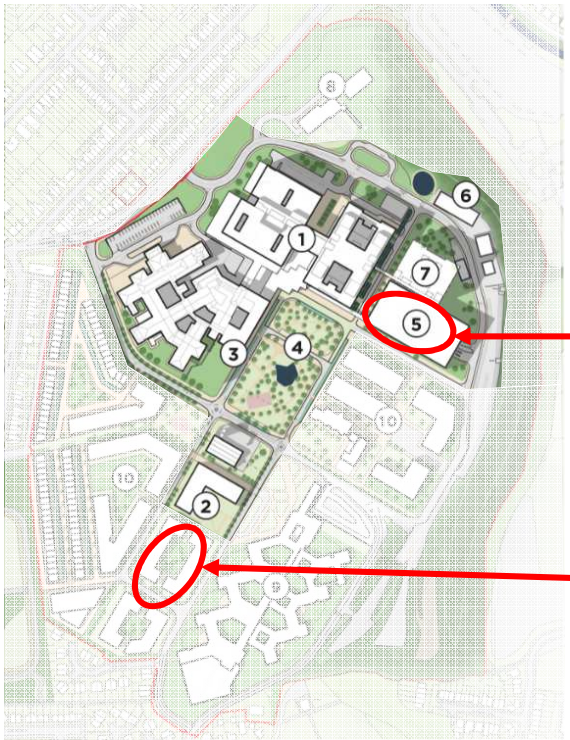
North Manchester House completed

6

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

MANCHESTER CITY COUNCIL NHS
North Manchester General Hospital
Site Redevelopment Programme

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



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

Modular office accommodation providing 300 desks.
Completed November 2021

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board - 23 March 2022

Subject: Manchester Joint Strategic Needs Assessment (JSNA) Update

Report of: Director of Public Health

Summary

This report provides a recap on the statutory responsibilities of the Health and Wellbeing Board in respect of the Joint Strategic Needs Assessment (JSNA) and summarises a number of recent updates to the JSNA topic papers on the mental health and emotional health and wellbeing of children and young people and on disabled people (Social Model of Disability). It also outlines a proposal to carry out a comprehensive review of the Manchester JSNA in 2022/23.

Recommendations

The Board is asked to note the report and the accompanying recommendations.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The JSNA provides an overarching assessment of the health and care needs of children, young people, adults and older people in Manchester. As such, it supports all of the health and wellbeing strategic priorities of the Board,
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

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E-mail: neil.bendel@manchester.nhs.uk

Background documents (available for public inspection):

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

JSNA Topic Paper: Mental health, and emotional health and wellbeing
https://www.manchester.gov.uk/downloads/download/6385/children_and_young_peoples_jsna_201516_-_mental_health_and_emotional_health_and_wellbeing

JSNA Topic Paper: Disabled people (Social Model of Disability)
https://www.manchester.gov.uk/downloads/download/7145/adults_and_older_people_jsna_-_disabled_people_social_model_of_disability

Introduction

1. This report provides a recap on the statutory responsibilities of the Health and Wellbeing Board in respect of the Joint Strategic Needs Assessment (JSNA) and summarises a number of recent updates to the JSNA topic papers on the mental health and emotional health and wellbeing of children and young people and on disabled people (Social Model of Disability). It also outlines a proposal to carry out a comprehensive review of the Manchester JSNA in 2022/23.

Statutory responsibilities of the Health and Wellbeing Board in respect of the JSNA

2. The Local Government and Public Involvement in Health Act 2007 (as amended by Health and Social Care Act 2012) states that each local authority and its partner CCGs must, through the Health and Wellbeing Board, prepare and publish an assessment of relevant needs in its area in the form of a Joint Strategic Needs Assessment (JSNA).

3. In exercising this responsibility, the local authority and each partner CCG must co-operate with one another, involve the Local Healthwatch organisation for the area of the responsible local authority and involve the people who live or work in that area.

4. The legislation further states that the responsible local authority and each of its partner clinical commissioning groups "must, in exercising any functions, have regard to any assessment of relevant needs prepared by the responsible local authority and each of its partner clinical commissioning groups...". In other words, they must use the JSNA to help deliver their commissioning responsibilities.

5. In Manchester, the Public Heath Team has been responsible for coordinating the production and upkeep of the JSNA in partnership with other Council Departments, Manchester CCG and a range of VCSE and other partners. The current iteration of the JSNA is hosted on the Manchester City Council website (www.manchester.gov.uk/jsna).

Recent updates to the JSNA

6. The need to focus the capacity of the Public Heath Team on responding to the Coronavirus (COVID-19) pandemic has meant that work on the JSNA largely ceased in 2020 and 2021. However, a new topic paper on on disabled children and young people with special educational needs was produced and added to the JSNA website in September 2020.

7. In recent months, work on the JSNA has gradually recommenced with a particular focus on updating a small number of existing topic papers relating to subjects or population groups that have been particularly affected over the course of the pandemic. Two of these topic papers have been comprehensively refreshed and are now publically available on the JSNA

website. These two papers are on the subject of mental health and emotional health and wellbeing of children and young people and on disabled people (Social Model of Disability).

8. A further update to the topic paper on childhood obesity / healthy weight is currently in preparation and is scheduled to be presented to the Children's Board in March 2022.

9. The following sections summarise briefly the content of the two refreshed topic papers. The complete topic papers are publically available on the Manchester JSNA website at www.manchester.gov.uk/jsna.

Mental health and emotional health and wellbeing of children and young people

10. The COVID-19 pandemic has had a profound effect on children and young people. Many young children have found it hard to cope with isolation, loss of routine, disruption to their education and anxiety about the future. Statutory and voluntary sector services have both seen a rise in referral rates, possibly due to either a rise in mental health needs in children and young people or potentially a shift in the public with regard to accessing services. Either way, the demand for already stretched mental health services is continuing to rise. Child and family poverty are a factor in this and the increase in child poverty during the pandemic has exacerbated mental health difficulties. A lack of access to privacy and technology has also prevented children in poorer families from being able to access the increased online offers which were developed during the pandemic.

11. The Office of Health Improvement and Disparities (OHID) has published a high-level summary of the evidence in respect of the mental health and wellbeing of children and young people. This shows that between March and September 2020 children and young people coped well as life satisfaction only slightly reduced and happiness was relatively stable. However, between September 2020 and January 2021, there was a decline in wellbeing and increased anxiety was a key impact. More recent intelligence covering January to June 2021 shows an initial increase in behavioural, emotional and restless/attentional difficulties, although this had decreased by March 2021. Children also appeared to have experienced a reduction in mental health symptoms as restrictions eased in March 2021, as seen in both parents/carers reporting and child self-reporting data.

12. Data from the Department for Education's COVID-19 Parent and Pupil Panel (PPP) suggest that wellbeing scores in secondary school pupils remained relatively stable between March and July 2021, although there is some evidence of a dip in these measures between December 2020 and February 2021 when schools were closed to most pupils. Reported wellbeing had recovered to levels seen before the most recent school closures by March 2021, although average scores for all measures remain lower than in summer 2020.

13. NHS Digital has undertaken a second follow up study to the Mental Health and Young People Survey (MHCYP) 2017 in order to explore the mental health of children and young people during the COVID-19 pandemic and report on changes since 2017. Overall, the results from this follow-up study reinforce the significant increases in probable mental disorders in children and young people. The rate of probable mental disorders in children aged 5 to 16 years increased from 10.8% in 2017 to 16.0% in 2020.

14. The available evidence shiows that mental health problems appear to be higher for some children and young people than others.

- Symptoms of probable mental disorder among children and young people aged between 6 and 23 years old were more likely to be reported in White British and the mixed or other groups, than in the Asian/Asian British and Black/Black British groups in 2021 (although sample sizes are small so need to be treated with caution).
- Symptoms of mental disorder were higher in children aged between 6 and 16 years old with special educational needs, compared to those without.
- Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).
- A greater proportion of Lesbian, Gay, Bi-sexual, and Transgender (LGBTQI+) respondents aged 11 to 18 years reported that their mental health had worsened since the start of the pandemic, compared to non LGBTQI+ respondents. LGBTQI+ respondents were also more likely to report mental health challenges such as anxiety disorder, depression and panic attacks, and suicidal thoughts and feelings.

15. Local analysis based on applying the best availabe national prevalence estimates to the local population suggests that there are approximately 5,800 pre-school children aged 2 to 5 years inclusive living in Manchester with a mental health disorder. Simlar estimates for school age children and young people indicate that there are around 4,550 children aged 5-16 years with mental health disorders living in the city.

16. Following the implementation of the first national lockdown in March 2020, the Child and Adolescent Mental Health Service (CAMHS) in Manchester reported a slight decrease in referrals. This has since reversed, with a reported increase of up to 70% in the number of referrals across the service, particularly for eating disorders/difficulties. There has also been an increase in acuity, with urgent referrals being up by around 40% and a reported increase in complex cases and self-harm presentations. Despite this surge in demand, the CAMHS service has maintained its target timescales for assessing all new referrals and has utilised a range of digital products to counter service disruptions and provide assessments and ongoing treatment throughout the period where children and young people were unable to attend in person. The service is now attempting to revert to face-to-face appointments where feasible.

17. The Our Manchester strategy recognises the value of children and young people in the city and places children at the heart of its vision for Manchester to be in the top- flight of world class cities by 2025. The city continues to provide services to all children and young people and their families who experience mental health problems or who may be vulnerable and at greater risk of developing mental health problems through a range of community CAMHS services and VCSE sector organisations.

18. As part of the city's Local Transformation Plan 2020/21, we are working with system partners to coproduce and implement a new delivery model of place-based care ('M-thrive') and are testing new types of service models within this model for specific groups of children and young people with complex and additional needs, including children and young people with autism and learning difficulties, eating disorders, those sufferingh from Adverse Child Experiences, those who are on the edge of care and who display over sexualised behaviour.

19. The topic report describes the findings of the review of Child and Adolescent Mental Health Services (CAMHS) in the city that was undertaken in September 2016 and goes on to summarise the actions that have been taken to adress the issues and gaps identifed in the review, including the new services and models of care that have been adopted and are being rolled out across the whole of the children's system, as well as some of the key achievements stemming from this work.The report also summarises community and stakeholder views on this topic as identified by the Manchester Youth Council and the young people's mental health and wellbeing charity 42nd Street.

Disabled people (Social Model of Disability)

20. This topic report was co-produced with Breakthrough UK and focuses on disabled adults, children and young people and is written through the lens of the Social Model of Disability. As such, the focus is on identifying and removing disabling barriers present in society rather than on people's impairments.

21. Nationally, disabled adults report much lower rates of good health overall compared with non-disabled adults and disabled people are four times more likely to die of preventable causes than the general population. Barriers to accessing healthcare are a significant reason for this and published research looking at the experiences of disabled people in the UK shows that disabled people report worse access to healthcare, with transportation, cost and long waiting lists being the main barriers.

22. All of the health and wellbeing inequalities facing disabled people have been further exposed and exacerbated by COVID-19. In February 2021, the Office for National Statistics (ONS) published a report on Coronavirus and the social impacts on disabled people in Great Britain which showed that:

- A larger proportion of disabled people than non-disabled people aged 16 years and over said they were worried (very or somewhat) about the effect that the coronavirus (COVID-19) was having on their life
- Disabled people indicated more often than non-disabled people that coronavirus had affected their life in ways such as their health, access to healthcare for non-coronavirus related issues, well-being and access to groceries, medication and essentials
- Among people who indicated coronavirus affected their well-being, disabled people specified that the coronavirus was making their mental health worse more frequently than non-disabled people and they are more likely to feel like a burden on others, stressed and anxious or lonely.
- Disabled people had on average poorer well-being ratings than non-disabled people across all four well-being measures (life satisfaction, feeling that things done in life are worthwhile, happiness and anxiety).
- Disabled people also tended to be less optimistic than non-disabled people about life returning to normal in the short term.

23. Office for National Statistics (ONS) figures show disabled people have made up about three-fifths of COVID-related deaths in England and Wales. Updated estimates of COVID-19 related deaths by disability status showed that between 24 January and 20 November 2020, the risk of death involving COVID-19 in England was 3.1 times greater for more-disabled men and 1.9 times greater for less-disabled men, compared with non-disabled men. Among women, the risk of death was 3.5 times greater for more-disabled women and 2.0 times greater for less-disabled women, compared with non-disabled women.

24. Government commissioned research on the lived experience of disabled people during the COVID-19 pandemic published in September 2021 also highlighted disabling barriers emerging through the pandemic. More locally, the findings from the Greater Manchester Disabled People's Panel Big Disability Survey 2020 show that inequalities in mental wellbeing between disabled and non-disabled residents have been exacerbated by the COVID-19 pandemic and 90% of respondents said that the pandemic has had a negative impact on their mental health.

25. Based on the latest data from the Health Survey for England 2019, published in December 2020, it can be estimated that around 9% of the population aged 16-64 in Manchester have a "moderate or serious" physical impairment compared with 11.2% for the North West and 11.1% for England. Other data from the Quality and Outcomes Framework (QOF) shows that, in 2020-21, there were 4,762 people recorded as a having a learning difficulty on GP patient registers in Manchester, compared with 3,246 people in the previous year (2019/20). The big increase in the number of people recorded is likely to be due to improvements in data quality linked to COVID.

26. In 2019/20, there were a total of 2,726 blind or partially sighted people registered with Manchester City Council - a rate of 490.5 per 100,000 population. Just under half (46%) of blind or partially sighted people registered

were recorded as having an additional impairment. Around 28% of blind or partially sighted people also had a physical impairment and 12% were also hard of hearing.

27. Data collected by Manchester City Council as part of the Short and Long Term Service (SALT) report shows that there were 7,390 adults aged 18 and over receiving long term social care support between 1 April 2000 and 31 March 2001. Over this period, 17.5% of all clients aged 18 years and over had learning difficulties recorded as a primary support reason and 61.6% had a physical impairment (physical support need).

28. As well as summarising the evidence in respect of the impact of the COVID-19 pandemic on disabled people, the topic report outlines some of the possible solutions to addressing the barriers to disabled people relating to COVID-19. These recommendatiions have been drawn up a panel of Manchester based disabled people facilitated by Breakthrough UK who provide guidance to system leaders in the city to remove disabling barriers, based on their own lived experience. These recommendations cover such areas as:

- Information and advice around COVID-19
- Transportation and travel
- Digital inclusion
- Employment and education
- After care services (e.g. for Long Covid)
- Shared learning and experience of removing barriers

29. The topic report also describes the wide range of work that is going on across the city to improve the lives of disabled people. This is complementary to the work to improve the health and wellbeing of all Manchester residents as set out in the Manchester Locality Plan. The ambition is for Manchester to be a fully accessible city that puts disabled people at the front of projects and creates an inclusive and co-productive approach as a default.

30. The Our Manchester Strategy contains a commitment to build a more equal, inclusive and sustainable city for everyone who lives, works, volunteers, studies and plays in the city. The Our Manchester Disability Plan - now known as the Our Manchester Disability Equality and Inclusion Partnership (OMDEIP) - has been co-produced by local disabled people, disabled people's organisations, public sector organisations and other voluntary sector organisations and provides a shared vision on how services must be reshaped to ensure that no further barriers are created for disabled people and that accessibility for all, on whatever activity or topic, is central to our approach to planning and delivering services for disabled people. The main aim of the OMDEIP is to develop actions which will remove the barriers in society that stop disabled people from playing a full part in society.

31. The Manchester Local Care Organisation (MLCO) also has a key role in creating accessible local provision for disabled people and promoting holistic ways of working that address all the pillars of independent living in disabled people's lives.

32. The final section of the topic report contains a series of ‘opportunities for action’ that should be considered by commissioners and strategic bodies, providers, VCSE organisations, disabled people and allies.

Review of the Manchester JSNA 2022/23

33. Given the forthcoming structural changes to the health and care system in the city, it is important to review the content of the Manchester JSNA as well as its overall purpose, structure, format and governance structure. The emergence of the Greater Manchester ICS, and the resulting changes to the role of Manchester CCG and Manchester Local Care Organisation (MLCO), mean that it is a good time to give members of new and existing organisations and groups, such as the Manchester Partnership Board, an opportunity to have their say in terms of what the JSNA should look like in the future and how it fits in with other products and strategies, such as the State of the City report and the Marmot Action Plan.

34. For that reason, it is proposed to undertake a ‘root and branch’ review of the JSNA during the first half of 2022/23, with the aim of presenting a comprehensive set of proposals back to the Manchester Partnership Board and the Health and Wellbeing Board by the autumn of 2022.

35. It is important that this review incorporates a degree of independence and peer challange so we will look to identify an appropriate organisation to work with us on this task. We will also seek to use the NW JSNA Leads Network and the LGA to identify good practice from other local authority areas.

Recommendations

36. The Health and Wellbeing Board is asked to:

- Note the statutory responsibilities in respect of the Joint Strategic Needs Assessment (JSNA) and the recent updates to the JSNA topic papers
- Support the proposal to undertake a comprehensive review of the Manchester JSNA in 2022/23.

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Joint Strategic Needs (Barriers) Assessment

Children and Young People / Adults and Older People

Theme - Key Groups

Topic - Disabled People (Social Model of Disability)

Date - January 2022

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Why is this important?

Introduction

This topic report focuses on disabled adults, children and young people and is written through the lens of the Social Model of Disability. Although, in line with legislation, this report forms part of the Manchester Joint Strategic Needs Assessment, the focus throughout is on identifying and removing disabling barriers present in society (rather than people's impairments) and therefore it is more accurately described as being a Joint Strategic Barriers Assessment (JSBA) rather than a needs assessment.

The report describes to all commissioners and planners of public services (not just health and social care), why a barrier removal approach based on the Social Model of Disability should be used. It provides evidence that will enable commissioners to work with disabled people to plan and develop better, more inclusive programmes that recognise and remove disabling barriers from the outset.

Most local and national research data on disabled people tends to follow a deficit-based, medical approach that is focused on the details of individual impairments, rather than on disabled people's lived experience of social barriers. Research methodologies also draw on very different definitions of disability and data collection is often very limited and, as a result, there may be gaps in terms of the availability of reliable evidence about the impact of social barriers on disabled people and their solutions. This report draws on some broader statistical evidence from non-social model research approaches and methodologies, but this is not necessarily an endorsement of such approaches.

What is the Social Model of Disability?

Manchester City Council adopted the Social Model of Disability in 1991, the first local authority in the country to do so. The Social Model of Disability was developed in the 1970's by disabled people as an alternative to the prevalent medical model. It is based on the premise that people with impairments encounter barriers that have been created by a society which has not taken disabled people into account when designing and delivering services. It is these socially constructed barriers which disable (i.e. exclude) people, not their impairments. The Social Model of Disability is all about recognising potentially disabling barriers, and then taking action to remove them.

Commissioners of services for disabled people, whether specialist or mainstream have traditionally used the medical model of disability (also known as the 'individual' or 'deficit' model). It views an individual with an impairment as the 'problem' and therefore 'in need' of modifications or support to 'cure' or 'fix' that individual problem. It is that person who doesn't fit in with existing policies, procedures, or practices. The medical model is still commonly used in health and social care settings and when assessing benefits, where only aspects of a person are considered, rather than identifying structural barriers to their full participation in society and dealing with people holistically.

Using the medical model can lead to assumptions being made about a disabled person's abilities or requirements based on their impairment e.g. there are many different ways in which visually impaired people experience the world and there are many common

conditions which affect how a visually impaired person sees objects and people in different ways. Similarly, neuro-diverse people will experience and understand people, information, and environments in different ways, as will people with dementia, wheelchair users, people with mental health issues and other disabled people.

The Social Model seeks to move the focus of attention away from a person's impairment towards a better understanding of their access and participation requirements. Rather than asking people about the ways in which are they are disabled or what 'disability', medical condition or impairment they have, the focus should be on asking whether they have any access requirements or reasonable adjustments, whether they face any barriers in accessing a service or event and what their communication requirements are.

The Social Model frames disability as something that is socially constructed and created by physical, organisational, and attitudinal barriers which can be changed and eliminated. Viewed through this lens, disability is the name for the social consequences of having an impairment. People with impairments are disabled by society and disability is therefore a social construct that can be changed and removed.

The term 'impairment' refers to an individual's physical, sensory or cognitive difference (e.g. being visually impaired, experiencing bipolar or having a learning difficulty).

Key disabling barriers from a Social Model approach include:

- Attitudinal barriers: These are social and cultural attitudes and assumptions about people with impairments that explain, justify and perpetuate prejudice, discrimination and exclusion in society; for example, assumptions that people with certain impairments can't work, can't be independent, can't have sex, shouldn't have children, need protecting, are "child-like", are "dangerous", should not be seen because they are upsetting, are "scroungers" etc.

- Physical barriers: These are barriers linked to the physical and built environment, and cover a huge range of barriers that prevent equal access, such as stairs/steps, narrow corridors and doorways, kerbs, inaccessible toilets, inaccessible housing, poor lighting, poor seating, broken lifts or poorly managed street and public spaces.

- Information/Communication Barriers: These are barriers linked to information and communication, such as lack of British Sign Language interpreters for deaf people, lack of provision of hearing induction loops, lack of information in different accessible formats such as Easy Read, plain English and large font.

This gives us a dynamic and positive model that tells us what the problem is and how to fix it. It takes us away from the position of "blaming" the individual for their 'shortcoming'.

The Social Model of Disability states that "impairment is, and always will be, present in every known society, and therefore the only logical position to take, is to plan and organise society in a way that includes, rather than excludes, disabled people." (Barbara Lisicki, 2013 cited in Inclusion London's Factsheet on The Social Model of Disability)

Disabling social barriers contribute hugely to avoidable disadvantages experienced by many disabled people, for example:

- Poorer health outcomes

- Social isolation
- A higher risk of being exposed to violence
- Restricted participation
- Reduced quality of life
- Lower educational achievements
- Reduced economic participation and lack of employment opportunities
- Higher rates of poverty

Commissioners and planners are in an excellent position to change this by ensuring that barriers are designed out of programmes and services.

The Social Model, in highlighting the barrier, often simultaneously identifies the solution to the barrier, for example:

- Barrier - the intercom in a block of flats does not have a video camera, therefore deaf/hard of hearing residents cannot establish who is seeking entry.
- Solution - Install an intercom system with video for deaf and hard of hearing residents.
- Additional benefits - Older people and other people who may feel vulnerable feel more secure in the accommodation.

By using the Social Model of Disability, individuals are empowered by respecting and incorporating their own experiences. It provides an enabling framework for disabled people to explain their requirements and explore inclusive opportunities that will best support their requirements and aspirations. It provides an opportunity to work together towards making Manchester fully inclusive and barrier free.

Health of disabled people

Health inequalities often start early in life. Difficulties in getting effective and appropriate healthcare when it is needed can make a person's health worse and affect their quality of life. The World Health Organisation (WHO) has summarised some of the barriers that can result in health inequalities experienced by disabled people. These include:

- Limited availability of accessible services
- Access barriers
- Inadequate skills and knowledge of health workers
- Poverty
- Inaccessible transport
- Poor communication
- Negative attitudes
- Diagnostic overshadowing and under-shadowing[1]

[1] Diagnostic overshadowing is a term used to describe the under-diagnosis of mental ill health in people with a learning disability. The term has also been used when physical illnesses are overlooked in people experiencing mental ill health. Diagnostic overshadowing can lead to delays in treatment for physical health conditions in people with mental ill health, leading to increased mortality and poorer treatment outcomes

Published research looking at the experiences of disabled people in the UK has shown that disabled people report worse access to healthcare, with transportation, cost and long waiting lists being the main barriers.

Across Britain, disabled adults report much lower rates of good health overall compared with non-disabled adults. A report from the Equality and Human Rights Commission ('Being disabled in Britain 2016: A journey less equal') states that:

"Disabled people are more likely to experience health inequalities and major health conditions and are likely to die younger than other people. The extent of these health inequalities is difficult to assess because of limited data on outcomes for disabled people collected by NHS providers and commissioners. Accessibility of services is problematic, and disabled people are less likely to report positive experiences in accessing healthcare services."

The Equality and Human Rights Commission's report on the state of equality and human rights in 2018 highlights that health inequalities and barriers to accessing healthcare are a significant reason why disabled people are four times more likely to die of preventable causes than the general population. Research from the Deaf health charity Sign Health (Sick of It: How the Health Service is Failing Deaf People) shows that Deaf people are twice as likely as hearing people to have undiagnosed high blood pressure and are also more likely to have undiagnosed diabetes, high cholesterol and cardiovascular disease.

All of the health and wellbeing inequalities facing disabled people have been further exposed and exacerbated by Covid-19. In February 2021, the Office for National Statistics (ONS) published a report on Coronavirus and the social impacts on disabled people in Great Britain which showed that:

- A larger proportion of disabled people (78%) than non-disabled people (69%) aged 16 years and over said they were worried (very or somewhat) about the effect that the coronavirus (COVID-19) was having on their life
- Disabled people indicated more often than non-disabled people that coronavirus had affected their life in ways such as their health (35% for disabled people, compared with 12% for non-disabled people), access to healthcare for non-coronavirus related issues (40% compared with 19%), well-being (65% compared with 50%) and access to groceries, medication and essentials (27% compared with 12%).
- Feeling stressed or anxious, bored and worried about the future were the most frequently cited well-being concerns among both disabled (67%, 62% and 57% respectively) and non-disabled people (54%, 63% and 52% respectively) in February 2021. Feeling bored has been reported increasingly by both disabled (43% to 62%) and non-disabled (42% to 63%) people with well-being concerns since September 2020.
- Among people who indicated coronavirus affected their well-being, disabled people specified that the coronavirus was making their mental health worse more frequently than non-disabled people (46% for disabled people and 29% for non-disabled people), they are feeling like a burden on others (25% and 10%), they are feeling stressed and anxious (67% and 54%) or they are feeling lonely (49% and 37%).
- Disabled people had on average poorer well-being ratings than non-disabled people across all four well-being measures (life satisfaction, feeling that things done in life are worthwhile, happiness and anxiety).

- For both disabled and non-disabled people, life satisfaction and happiness ratings were poorer in February 2021 than in September 2020. All well-being ratings of disabled and non-disabled people remained poorer in February 2021 compared with a period prior to the coronavirus pandemic (the year ending June 2019).
- Disabled people tended to be less optimistic than non-disabled people about life returning to normal in the short term. Around a fifth (20%) of disabled people compared with over a quarter (27%) of non-disabled people thought that life will return to normal in less than six months.
- Positive sentiment towards the vaccine was high among both disabled and non-disabled people. At the time of publication, 94% of both disabled and non-disabled people reported they had now either received at least one dose of a coronavirus (COVID-19) vaccine, were awaiting one, or would be likely (very or fairly likely) to have a vaccine if offered

The lived experience of disabled people during the COVID-19 pandemic is a piece of government commissioned research with disabled people published in September 2021. This also highlighted disabling barriers emerging through the pandemic:

- during the pandemic, participants have felt increased levels of shame and guilt about their 'disabled' identities and the needs that accompany them
- participants' experiences and perceptions of being classified as 'vulnerable' during COVID-19 have differed markedly
- participants have felt particularly vulnerable when receiving social and healthcare services during the pandemic
- lockdown restrictions and other actions mandated by the government, aimed at stemming the spread of COVID-19, have given some participants the impression that their needs do not matter
- the pandemic has exposed and exacerbated the existing inequalities experienced by our disabled participants
- some participants felt that COVID-19 restrictions have conflicted with their disability access needs
- participants felt that people in wider society have often been able to 'cherry pick' the COVID-19 rules they are going to abide by, because they have more freedom to do so, whereas disabled people cannot, mainly due to new and existing social barriers
- COVID-19 has presented new challenges for some of our participants in terms of living independently, reducing their ability to choose suitable support options
- for some participants, independent living choices have been uninterrupted during the pandemic

Office for National Statistics (ONS) figures show disabled people have made up about three-fifths of COVID-related deaths in England and Wales. Updated estimates of coronavirus (COVID-19) related deaths by disability status showed that between 24 January and 20 November 2020, the risk of death involving the coronavirus (COVID-19) in England was 3.1 times greater for more-disabled men and 1.9 times greater for less-disabled men, compared with non-disabled men. Among women, the risk of death was 3.5 times greater for more-disabled women and 2.0 times greater for less-disabled women, compared with non-disabled women.

BBC research with 3,351 disabled people (Disabled people forgotten during COVID) also highlighted the impact of COVID:

- 2,604 said mental health had got worse

- 2,427 impairment had deteriorated
- 683 had seen all their appointments cancelled / unable to attend
- 241 had not left house at all

On broader themes, the government commissioned UK Disability Survey provided insights across a wide range of topics, including perceptions and discrimination, housing, employment, education, shopping, leisure, and public services. The survey identified that:

- Public perceptions of disabled people were a significant barrier to participation in areas, including employment and education. Most disabled people responding to the survey felt that public attitudes towards disabled people were unhelpful.
- Over half of disabled people reported worrying about being insulted or harassed in public places, and a similar proportion reported being mistreated because of their disability.
- Many disabled people and carers reported that they live in homes which do not meet their needs to live independently or to provide care, or that they have needed to make significant adjustments to their homes to meet accessibility requirements.
- Accessibility challenges extend beyond the home, to public buildings and spaces. Over a quarter of disabled people often had difficulty accessing public buildings, while 1 in 3 disabled respondents often had difficulty accessing public spaces. Accessibility barriers faced by disabled people ranged from a lack of disabled or changing places toilets to a lack of ramps. Shops, bars, restaurants, and cafes were venues where accessibility barriers were commonly encountered.
- Many disabled people and carers who had experienced difficulty accessing public buildings also reported difficulty accessing important public services.
- Only 1 in 10 disabled people agreed that disabled people are given the educational opportunities they need to thrive in society.
- Over half of disabled people in employment reported that they would like more help finding and keeping a job. Of those in employment, half of disabled respondents felt their employer was flexible and made sufficient reasonable adjustments, and half of carers felt their employer was supportive of their caring responsibilities. Only a quarter of disabled people and carers felt they had the same promotion opportunities as their colleagues.

Health promotion and prevention activities may miss opportunities to reach disabled people and don't put in specific targets to reach them. For example, disabled women receive less screening for breast and cervical cancer than non-disabled women. People with intellectual impairments and diabetes are less likely to have their weight checked. Young disabled people are more likely to be excluded from sex education programmes.

Social/physical isolation, loneliness, and a lack of integration into the community is also increasingly identified as a significant public health risk. It can affect anyone, but disabled people are at a higher risk due to a lack of accessible information, transport, and local activities. A report by the New Policy Institute on Disability and Poverty shows that disabled people have higher poverty rates than the rest of the population and that almost half of people in poverty in the UK are in a household with a disabled person or are disabled themselves. This means that disabled people often face many barriers to social participation and leisure opportunities. Feedback from local VCSE organisations suggests that many community activities in Manchester are not accessible to disabled people due to inadequate communication and support. In the Lived Experience section below, we

describe how these existing barriers have been amplified by COVID, with examples from Manchester based disabled people who are working with Breakthrough UK.

Poor health, immobility and living in a deprived area all add to isolation. The Marmot Review ('Fair Society, Healthy Lives') highlights that there is a strong link between social isolation, loneliness and poor physical and mental health. "Individuals who are socially isolated are between two to five times more likely than those who have strong social ties to die prematurely".

Many disabled people have been affected by cuts to government benefits and services in recent years. A UN Committee investigation found that welfare reform was limiting disabled people's ability to choose where they live, causing "reduction in their social interaction and increased isolation".

A study by the Independent Living Strategy Group (ILSG) found that 41% of disabled people responding to a survey had experienced a substantial increase in charges over the last couple of years and that nearly half (43%) had had to cut back on their spending on food to pay for care. Around two-fifths of respondents (40%) said they had had to cut back on heating costs to pay for care and support.

Health of people with learning difficulties

People with learning difficulties have poorer health than the general population. A lot of this is avoidable. Research and statistics published by Mencap shows that the life expectancy of people with learning difficulties is shorter than for the general population, by 18 years for women and 14 years for men in England and some studies indicate that the gap is much higher. The annual report of the Learning Disabilities Mortality Review (LeDeR) Programme highlights that men with learning difficulties live 23 years less than the general population and women with learning difficulties live up to 29 years less.

The 'Being Disabled in Britain 2016' report from the Equality and Human Rights Commission shows that people with learning difficulties are five times more likely to end up in hospital for preventable issues that can be treated by their GP. A survey by Dimensions involving people with learning difficulties, their support teams and GPs showed poor quality of primary health care due to a lack of GP training.

The final report of the Confidential Inquiry into premature deaths of people with Learning Disabilities (CIPOLD) found that 38% of people with learning difficulties died from an avoidable cause (amenable death), compared to 9% in a comparable group of people.

Government research on the deaths of people with learning difficulties from Covid, based on the deaths reported to LeDeR, showed the COVID-19 death rate for people with learning difficulties was 240 deaths per 100,000 adults with learning difficulties. This is 2.3 times the rate in the general population for the same period. However, after adjusting for under-reporting the estimated rate was 369 per 100,000 adults, which is 3.6 times the rate in the general population.

Disabled people and crime

Nationally, around 40% of disabled children and adults aged 16-34 have reported being a victim of crime, compared to 30% for non-disabled children and adults.

In 2020/21, there were 124,091 hate crime offences recorded by the police in England and Wales, of which 9,208(%) were disability hate crimes - a 9% increase compared with the previous year.

Greater Manchester Police (GMP) most recently available hate crime and hate incident data for the 6 month period to the end of June 2019 shows that there were 248 disability hate crimes and 309 disability hate crimes and incidents across all police subdivisions in Greater Manchester. This represents 5.5% of all hate crimes and 6.0% of all hate crimes and incidents. The number of disability hate crimes during the first 6 months of 2019 is 2% higher than the number seen over the same period in the previous year.

In Manchester, there were 30 hate crimes and 41 hate crimes and incidents reported over the same period, representing 2.1% of all hate crimes and 2.5% of all hate crimes and incidents in the city. The number of disability hate crimes during the first 6 months of 2019 is 7% lower than the number seen over the same period in the previous year.

The Manchester Picture

Disabled people in Manchester

- Only half of working-age disabled adults in Manchester are employed, which is lower than the national average.[2]
- In 2020, 37% of disabled people in Greater Manchester reported that their housing was not accessible or only partially accessible, with considerable implications for their ability to live independently.[3]
- In 2020, the Greater Manchester Big Mental Wellbeing Conversation (GMBMWC) was launched to understand the needs of people across the city-region and hear what they think is most important for their mental wellbeing. This showed that disabled people in Greater Manchester have worse outcomes regarding mental wellbeing. It also found that disabled people often prefer different kinds of support improve their mental wellbeing. Further research is being carried out to understand this better.
- Greater Manchester Disabled People's Panel (GMDPP's) 2020 GM Big Disability Survey involving over 900 disabled respondents found that inequalities in mental wellbeing between disabled and non-disabled residents have been exacerbated by the COVID-19 pandemic. Key findings were:

    - 90% of respondents said that the pandemic has had a negative impact on their mental health.
    - 80% of respondents were not included in the official shielded group, yet 57% of those had support needs. For example, many could not get online supermarket food delivery despite needing to shield.
    - 56% of respondents had experienced some difficulty sourcing Personal Protective Equipment (PPE).
    - 62% of respondents have experienced one or more health visit being stopped due to Covid-19.
    - Accessibility of the hubs was a problem, 46% found them inaccessible with deaf people being the worst excluded.
    - Disabled people are less satisfied with their care plans since the outbreak of Covid-19. Prior to the outbreak, 23% were dissatisfied, this dissatisfaction increased to 43% during the Pandemic.
    - 37% said that their housing was not accessible or only partially accessible.
    - 83% of disabled people were worried about how they would be treated in hospital because of attitudes to disability.
    - 47% found government advice unclear and many commented that the lack of a British Sign Language interpreter or conflicting language made official announcements inaccessible.
    - Digital exclusion was a problem, especially as a lot of the emergency response used digital platforms.
    - A third of disabled people believe that their local authority is not doing anything significant whilst 76% of disabled people are dissatisfied with the help provided by the government.

[2] Office for National Statistics, 2020. Annual Population Survey (data for the year to September 2020).
[3] Greater Manchester Disabled People's Panel, 2020. GM Big Disability Survey: Covid-19, p.23.

People with physical and learning impairments in Manchester

According to the latest data from the Health Survey for England 2019, published in December 2020, around 9% of the population aged 16-64 in Manchester was estimated to have a “moderate or serious” physical impairment (sic) compared with 11.2% for the North West and 11.1% for England. The 2020 Survey was suspended due to COVID.

Data from the Quality and Outcomes Framework (QOF) shows that, in 2020-21, there were 4,762 people recorded as a having a learning difficulty on GP patient registers in Manchester - an average of 56 people per practice. In the previous year (2019/20), there were 3,246 people record as having a learning difficulty on GP patient registers (an average of 38 people per practice). The big increase in the number of people recorded is likely to be due to improvements in data quality linked to COVID.

People with sensory impairments in Manchester

Prevention of sight loss will help people maintain independent lives as far as possible and reduce the need for social care support, which would be necessary if sight was lost permanently. Research by the Royal National Institute for Blind People (RNIB) suggests that 50% of cases of blindness and serious sight loss could be prevented if detected and treated in time. The risk of sight loss is heavily influenced by health inequalities, including ethnicity, deprivation and age. Sight loss can increase the risk of depression, falls and hip fractures, loss of independence and living in poverty.

The Law Commission report on Adult Social Care (May 2011) recommended that local authorities should maintain a register of blind and partially sighted people. Completion of a Certificate of Vision Impairment (CVI) by a consultant ophthalmologist, initiates the process of registration with a local authority and leads to access to services.

Please note that people who have a CVI from an ophthalmologist can choose whether to be included in their Local Authority's register of blind or partially sighted people. This means that registration is not automatic and not everybody that has been certified as having vision impairment is recorded on a Local Authority register.

Table 1: Number of blind/severely sight impaired persons and partially sight impaired persons on the register in Manchester by age group, 2019/20

Age group	Blind/severely sight impaired persons		Partially sight impaired persons	
	Number	Rate per 100,000	Number	Rate per 100,000
0-4	8	22.1	7	19.4
5-17	37	42.2	37	42.2
18-49	372	121.4	360	117.5
50-64	274	370.6	218	294.9
65-74	192	653.2	164	557.9
75 and over	512	2,310.3	545	2,459.2
Total	1,395	251.0	1,331	239.5

Source: Manchester City Council, 2021

In 2019/20, there were a total of 2,726 blind or partially sighted people registered with Manchester City Council - a rate of 490.5 per 100,000 population. In the same year, there were a total of 140 new blind or partially sighted people added to the register.

Just under half (46%) of blind or partially sighted people registered with Manchester City Council in 2019/20 were recorded as having an additional impairment. Around 28% of blind or partially sighted people also had a physical impairment and 12% were also hard of hearing.

Long-term health conditions and impairment (as defined by the 2011 Census)

According to the 2011 Census, around 89,360 Manchester residents reported that they had a long-term health problem or impairment (called ‘disability’ in the Census) which limited their daily activities either ‘a lot’ or ‘a little’. This equated to 17.8% of Manchester’s surveyed population, which was slightly higher than the 17.6% reported for England as a whole.

At 9.4%, Manchester has a higher proportion of residents whose daily activities are limited ‘a lot’ when compared to the national figure of 8.3%. However, at 8.3% the proportion of Manchester’s residents whose daily activities are limited ‘a little’ is lower than the national average of 9.3%. The fact that the proportion of Manchester residents who reported that their day-to-day activities that are limited ‘a lot’ is notably higher than the national average suggests that the proportion of people with significant support requirements is greater in the city than nationally.

While direct comparisons with 2001 are difficult due to a differing question style in the earlier census, Manchester and other large urban conurbations have shown a reduction in the proportion of disabled people and people with long term health conditions reporting that their daily activities were limited.

Table 2: Percentage of disabled people and people with long term health conditions whose daily activities are ‘limited a lot’, ‘limited a little’ or ‘not limited’.

Degree of limitation	Manchester	England
Day-to-day activities limited ‘at lot’	9.4%	8.3%
Day-to-day activities limited ‘at little’	8.3%	9.3%
Day-to-day activities not limited	82.2%	82.4%

Source: Census 2011, ONS, Crown Copyright

The proportion of Manchester residents who reported that they had a limiting long-term health condition or impairment between different black and minority ethnic (BAME) communities, and between faith groups.

Long-term health conditions in black and minority ethnic groups

The JSNA topic report on black and minority ethnic (BAME) communities shows that men from the White Gypsy or Irish Traveller, Mixed White-Black Caribbean, White Irish and Black Caribbean groups had higher rates of reported limiting long term illness than White British men. In contrast, Bangladeshi, Arab and Pakistani men reported lower rates of limiting long-term illness than White British men. White British women had similar rates of illness as White British men. White Gypsy or Irish Traveller women had the highest rates of limiting long term illness, almost twice that of White British women. Pakistani and Bangladeshi women also had worse health than the White British group. In contrast, Chinese, Other White and Black African women had lower rates of limiting long-term illness than White British women.

The JSNA topic report on Faith and Health shows that Manchester residents from one of the main religions covered in the census question (Christian, Buddhist, Hindu, Jewish, Muslim, Sikh and ‘Other’) were more likely to report that they had a long-term health problem or impairment that limited their day-to-day activities than those who stated that they had no religion (with the Hindu population being the main exception to this rule).

People from Christian and Jewish faiths were the most likely to report having a limiting long-term health problem or impairment. In both cases, age is likely to be the main explanatory factor. Levels of poor general health and limiting long-term health problems both increase with age and people identifying themselves as having a religion were, generally speaking, older than those who did not, with the Christian and Jewish faiths having the oldest population of all.

The poorer levels of reported long term health problems in people from certain faiths is reflected in the poorer health outcomes associated with Coronavirus (COVID-19). For example, data from ONS on deaths involving COVID-19 by religious group published in May 20201 indicates that, in England, people identifying as Muslim, Hindu, Sikh, or Jewish had higher age-standardised mortality rates (ASMRs) for deaths involving coronavirus (COVID-19) than those identifying as Christian in the period 24 January 2020 to 28 February 2021.

Lesbian, gay, bi-sexual, and transgender

National research carried out by the Social Care Institute for Excellence (SCIE) in partnership with Regard (a LGBTQI+ disabled people's organisation) based on a survey of more than 50 LGBTQI+ disabled people in England who control their own support packages, as well as 20 in-depth interviews, showed that more than a third of LGBTQI+ disabled people had experienced discrimination or received poor treatment from their personal assistants because of their sexual identity or gender identity. Researchers also found that many LGBTQI+ disabled people had not come out to their personal assistants because they feared discrimination. More than half said they never or only sometimes disclosed their sexual orientation or gender identity to their PAs.

Almost a third said they felt they had been discriminated against by their local authority on the grounds of their sexual orientation or gender identity and more than 90% said their needs as an LGBTQI+ disabled person were either not considered or were only given some consideration, when they were assessed or reviewed by their local authority.

Employment and skills

At the time of the 2011 Census, there were 19,415 economically active people in Manchester who identified themselves as disabled or who have a long-term health condition that limits their daily activities. This represents approximately 5% of the city's working age population. The proportion of economically inactive working-age Manchester residents who identify as long-term sick or disabled (6.6%) is higher than the national average of 4%.

Table 3: Percentage of economically inactive working-age residents (16-74 years) who are long-term sick or disabled

	Number of economically inactive residents	% economically inactive residents long-term sick or disabled
Manchester	382,932	6.6%
England	38,881,374	4%

Source: Census 2011, ONS, Crown Copyright

Although this is far from always the case, the statistics also show that disabled children and adults in Manchester are more likely to live in poverty, have fewer educational qualifications, be out of work, be a victim of crime, have difficulty accessing transport and buildings, and experience a poorer quality of life than their non-disabled peers.

Around half of disabled people aged 16 to 64 years (52.1%) in the UK were in employment compared with around 8 in 10 (81.3%) for non-disabled people (July to September 2020); disabled people with autism were among those disabled people with the lowest employment rate.[4]

[4] Outcomes for disabled people in the UK - Office for National Statistics (ons.gov.uk)

Data from the ONS Annual Population Survey (APS) also show that there is a gap in the employment rate between people aged 16-64 with a long-term health condition and the overall employment rate in this age group. In 2019/20, there was a 13.5 percentage point gap between the employment rate in people with a long-term health condition in Manchester and the overall employment rate in the city. This is higher than the gap found in England as a whole (10.6 percentage points). Although these figures are slightly different from those given in the previous paragraph, they show a similar picture of lower rates of employment in disabled people compared with non-disabled people,

The gap for people with learning difficulties is much higher. In 2019/20, there was a 65.3 percentage point gap between the employment rate in working age people with learning difficulties in Manchester and the overall employment rate in the city. However, this is lower than the gap found in England as a whole (70.6 percentage points).

Disability related benefit claimants

According to the Department of Work and Pensions, the total number of people in Manchester claiming Employment Support Allowance (ESA) as at February 2021 was 22,488. Just over 83% of that number (18,682) were in the ESA Support Group and have been assessed by the Department for Work and Pensions as not being fit to work: https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml

In the same period (February 2021), there were 13,060 people in Manchester receiving Disability Living Allowance (DLA). Just over 73% of these people had been receiving this benefit for 5 years or more (9,310). Around 38% of people claiming DLA were children under the age of 16, 20% were of working age (16-64 years) and 37% (4,769) were aged 65 and over.

Personal Independence Payments (PIP) provide financial support for people who have extra care or mobility needs (difficulty getting around) because of long-term disability or ill-health. PIP is replacing Disability Living Allowance (DLA) for eligible working age people aged 16 to 64. In July 2021, 29,925 people in Manchester were receiving PIP. This compares with 19,557 people in January 2018 and 23,060 in January 2019.

The Nomis website states, “Under Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.”

In September 2021, 7.5% of people aged 16 and over in Manchester (29,205 people in total) were claiming Universal Credit, compared with 5.6% of people in the North West and 5.0% in Great Britain.

Access to long term Adult Social Care services

Data collected by Manchester City Council as part of the Short and Long Term Service (SALT) report shows that there were 7,390 adults aged 18 and over receiving long term social care support between 1 April 2000 and 31 March 2001. The table below shows this data broken down by the primary support reason.

Table 4: Adults in receipt of long term social care support from Manchester City Council by age and primary support reason (1 April 2020 - 31 March 2021).

Primary support reason	18-64 years	65+ years	18+ years	% clients 18+
Physical Support	955	3,600	4,555	61.6%
Learning Disability Support	1,100	195	1,295	17.5%
Mental Health Support	765	350	1,115	15.1%
Support with Memory and Cognition	30	310	340	4.6%
Sensory Support	10	35	45	0.6%
Social Support	25	15	40	0.5%
Total	2,885	4,505	7,390	100.0%

Source: 2020/21 SALT (Short and Long Term Service) Statutory Return, Table LTS001B, All settings.

In summary, over this period, there were 1,295 people aged 18 years and over with learning difficulties recorded as a primary support reason (17.5% of all adult clients) and 4,555 (61.6% of all clients) with a physical impairment (physical support need).

For those in a community based setting, around 85% of adults aged 18-64 with a physical support requirement were receiving personal care support. For people aged 65 and over with a physical support requirement, just under 79% of adults were receiving personal care support. In both age groups, the remainder of people with a physical support requirement were receiving access and mobility support only.

At the end of 2020/21, just under 53% of adults aged 18 and over receiving long-term support in a community setting were doing so because they had a physical support requirement. Around 25%of adults in this age group receiving support in this setting had a learning difficulty. In both cases, the delivery mechanism for this support was predominantly through a council-managed personal budget.

Children and young people

Nationally, it is estimated that children and young people defined as having ‘Special Educational Needs’ (SEN) have higher rates of absence from school and exclusion from school. This is also the case in Manchester, where for example in 2017/18 Manchester pupils missed 4.7% of school sessions. For pupils with an Education, Health and Care Plan (EHCP) the absence rate was much higher (10.2%).

There has been an improvement in the percentage of pupils with an EHCP achieving at least a pass in English and Maths over the past three years. However, there is still a large gap between these pupils and those with no SEN. Around 53% of disabled children and adults and those with long-term conditions have either no qualifications or qualifications below GCSE grades A-C.

In July 2019, 10.8% of 16 to 18 year olds with SEN were not engaged in education, employment, or training, compared to 3.6% of all 16 to 18 year olds.

Statistics on schools, pupils and their characteristics published by the Department for Education shows that, as at January 2019, there were around 87,500 pupils being educated in Manchester schools, of whom 14,200 (16.2%) were SEN. This compares with 14.8% nationally. Half the school-age population with high levels of SEN reflected by an Education, Health and Care Plan attend a mainstream school and half attend a special school. These figures have not changed much over the last five years.

Most children and young people with SEN have Speech, Language and Communication Needs. 'Autistic Spectrum Disorder' is the most common impairment for children and young people with a Statement or EHC plan in Manchester (30%). This is slightly higher than the national figure of 29% (2019 School Census).

Please note that this relates to children and young people educated in Manchester schools, not all of whom are Manchester residents. Similarly, not all children and young people living in Manchester attend a school within the Manchester City Council area.

A JSNA Topic Report on disabled children and young people and children and young people with special educational needs (SEND) was published in September 2020. The report describes how Manchester's population is growing significantly and the number of children and young people with SEND is growing in line with the population increase. It also outlines the current offer in Manchester for children and young people with SEND and sets out the recommendations have been used to inform the Local Area SEND Action Plan.

Further statistics relating to disability in the city are available in the State of the City Communities of Interest Report 2016, an update to which will be prepared in 2022, following the publication of data from the 2021 Census.

Lived experience

Disabled people still face huge barriers and inequality in Manchester, and these have increased further during the pandemic. The onset of COVID-19 has clearly highlighted the inequalities already facing disabled people and has exacerbated how society is still unfair for many.

Disabled people in Manchester reported the following barriers to Breakthrough UK in the summer and autumn of 2021:

Digital barriers

- When organisations set up online services, there are barriers faced such as unknowledgeable staff, which can cause anxiety.
- Disabled people who have 'pay as you go' phones often do not have the funds to use the internet which includes use of video chats (skype/teams), WhatsApp, book activities online and apps.
- Disabled people report feeling very overwhelmed using apps as the digital industry is constantly changing interfaces and access.
- Digital access remains a barrier for many disabled people. This is for a variety of reasons, including digital poverty, inaccessible platforms, lack of control over equipment and lack of digital skills. Many Breakthrough UK clients only have access to

mobile phones instead of tablets/laptops/computers, which makes digital sessions more difficult.

Barriers to accessing healthcare

- Disabled people report that they don't feel confident (or were not aware of how) to book dental or doctor's appointments through an online booking system or over the phone. These routes are not accessible to everyone.
- Many Breakthrough UK clients don't have access to the internet and are struggling to get through to doctor's surgery over the phone. Communication is now limited as people cannot attend the practice without an appointment and many do not feel comfortable calling, or using the phone is not accessible. (Breakthrough UK's work with GP practices in Manchester in 2020 on the Accessible Information Standard showed that there was limited knowledge within some GP practices on how to make digital more accessible. The use of alternative methods of contact were also inconsistent, with some practices having multiple ways to get in touch but others only having one way (telephone usually). However, practices are very keen to change this and learn).
- GP practices often look unwelcoming. For example, a lot of them look like they are closed due to multiple signs put up covering windows.
- Minimal NHS services available – no space at doctors/dental surgeries for new patients.
- A particular issue with finding spaces at NHS dentists has emerged.
- Lists are full.
- Lack of mental health support services. Breakthrough UK's clients report being put on medication and then not offered any further support.

Information

- Mis-information and inaccessible information on Covid-19 vaccinations, boosters and rules.

Independent living and access to community life

- Many disabled people are not receiving in-home support, which means they are losing independence, choice, and control in their day-to-day life.
- Social housing / support staff are not facilitating the independence they potentially could, which means that some disabled people lack confidence attending meet up/activities.
- Lack of available accessible activities in the city.
- Activities (especially in Manchester City Centre) are hosted in the evening times after it has gone dark, which presents barriers to many disabled people because of personal assistance and transport arrangements.
- Infrastructure barriers. There is a higher turnover of social workers, lack of continuity of wider support and a lack of contact with them. This is indicative of pressures within wider workplaces. The impact on disabled people includes long waits for face-to-face services, lack of continuity and irregular correspondence.
- Loss of support. One individual said they are not able to access the support hours they need to live independently. This is causing anxiety, fear, and decreased confidence, as well as restricting their activities.

- General access to services is low due to COVID. Limbo period for everyone as services continually change and react. It is not obvious which services will re-open as providers do not react with a universal strategy or timeline. Access to relevant, nearby services becomes lower.
- Many disabled people working with Breakthrough UK report feeling socially isolated. It is hard for people to know what services and activities are currently open and, if they are open, they are on reduced/different hours so it's hard to keep track. Indoor group activities are particularly affected.
- There is anxiety over joining new organisations or getting more involved with current organisations.

Wellbeing

- Isolation and social distancing concerns. Some individuals have spent the last 18 months in their homes so lack confidence wanting to leave and join activities, as well as being worried for their health and safety with different COVID variants spreading quickly.
- Disabled people are also concerned about the implications of weakened immunity to other viruses after many months of shielding.
- Mental health support services are oversubscribed with long waiting lists and a lack of access to appropriate mental wellbeing support is resulting in people lacking confidence going outside, taking part in things and socialising.
- There has been an increase in the numbers of disabled people making crisis contact and reporting suicidal feelings.
- COVID restrictions are making people anxious. Disabled people are unsure if it is safe to go out now that restrictions are beginning to lift.
- Disabled people are concerned for their health if services go back to face to face

Transport

- Lack of confidence with traveling on public transport and changes in tram, train, and bus services across the city. Public transport is now becoming crowded, especially in the City Centre, and this is a big barrier to disabled people going out.
- Disabled people had expected going back to work with face coverings still being used on public transport, and with a lower number of people on that transport. This is not happening. Changes affect their confidence in going back to work.
- Safety is flagged as a key issue. Breakthrough UK's clients have repeatedly said that they face harassment on a regular basis from members of the public, especially on public transport.
- Many disabled people are being turned down for concessionary bus passes in the city, even when they were previously eligible.

Money

- Some disabled people are struggling with lack of support in relation to their household bills.
- Some disabled people report lack of access to their own money, with benefits being paid into relative's bank accounts.
- People require more support with benefits applications.

- More accessible financial advice services are needed.

Employment

- Disabled people accessing Breakthrough UK's employment service said that it's very difficult to get legal advice, especially in relation to the benefits system and how to find out about accessible advice services.
- Breakthrough UK's clients said that they are afraid to apply for jobs due to COVID-19 and they are not sure if the office environment is COVID safe or how staff members will behave.
- Concerns over digital tech when applying for jobs, for example, not having a full understanding of current computer software. This creates huge concern.
- Concern about benefits (ESA/PIP/UC) and how going back to work will affect this, especially if work is then affected by more COVID changes.
- All ESA clients have been concerned about the hours they are allowed to work as they are reliant on ESA and are scared to work more and lose that option. PIP makes this issue worse. Some are only seeking under 16 hours due to the impact of their impairment. Many feel they can only work a small number of hours, at least in the initial stages of moving back to work. Finding low hours work at present is difficult as many part time hours are 20+ as the employment market reacts to changes.

Solutions to barriers to disabled people, prevalent due to COVID-19

The information and recommendations below have been drawn together by disabled lived experience experts from panels and forums which are facilitated by Breakthrough UK. This panel is made up of Manchester based disabled people who provide guidance to system leaders in the city to remove disabling barriers, based on their own lived experience.

Information and advice around COVID-19

COVID-19 has created a lot of fear and anxiety for disabled people around the pandemic, but also significant areas around it, including vaccinations, testing, how to stay safe, receiving help and advice and support to isolate. Whilst it is acknowledged that improvements have been made in attempts to make information and advice more accessible through sounding boards and accessible messaging, lived experience experts feel much more can be done to make this information fully accessible and to reach out to more isolated members of the community who are disabled people to ensure they are receiving vital information and support surrounding COVID-19. This means further investment and resources being committed to the development of a wider range of information in a plethora of accessible formats - audio, braille, text services, British Sign Language, and easy read.

Panel members also recommend having more community outreach, in recognition that not everybody has access to smart devices, televisions, tabloids or feels digitally included or capable. Many disabled people have retreated from society and continued to electively shield, so we encourage commissioners to think about going the extra yard, finding a way to engage perhaps by simply knocking on the door and enhancing community collection

opportunities to re-engage people - especially around delivering key messages of support, information and advice.

There is a need to consider how support is delivered when delivering and receiving information for disabled people. Autistic people, people with mental health impairments and neuro diverse individuals need additional support to be considered and that support needs to be personalised to suit the individual, not the system. We feel this requires further training for frontline staff to understand the diverse needs of disabled people.

For example, GPs are a valued source of a lot of information, but if a disabled person is not fully supported accessing information that they are often effectively excluded and are not able to make the correct decisions, for example around vaccination uptake. Lived experience members also feel there needs to be greater training in the community and holistically with health professionals around engagement with disabled people, delivery of information and in terms of best interest decisions.

They advocate a community toolkit/resource pack to go alongside the one proposed for the health service. This toolkit should be fully accessible, widespread and delivered across all members of the community, including disabled people's organisations and developed in a number of accessible formats. Services which develop and promote information should be fully co-produced with disabled people and disabled people's organisations such as Breakthrough UK, GMCDP and the others mentioned below – and with stakeholders involved in the disabled persons COVID sounding board, amongst others. We should also look to consider good practice from all the regions in the UK and across the world. Try to learn from the experiences of others regarding disabled people and how to remove barriers.

Websites need to be considered in detail for accessibility, including screen readers. The NHS website is considered not to be fully accessible in many areas. Working directly with disabled people's organisations and individuals would provide a direct source of information to help remove those barriers.

Co-producing with disabled people and disabled people's organisations
Engagement with disabled people needs to be fully supported. Consider lead-times, funds and resources needed to get that support in place and to ensure discussions and meetings are conducted in the right environment. Our lived experience advisors need every attempt made to think about sensory requirements, accessible information, personal assistance support, British Sign Language interpreters/other forms of communication support, and to individualise that support to make sure you get the best out of that meeting and discussion. Commissioners and professionals in the process should engage directly with the disabled people they are consulting with, recognising that they are the experts in terms of their support they require. Renumeration should also be considered to value the disabled people involved in the process, their time and expertise.

Transportation and travel

There is a huge amount of anxiety and fear around engaging within social situations and in particularly accessing public transport. Our experts feel that the guidance is not clear and is not being followed by members of the public. This is creating a significant barrier to people accessing public transport and therefore the opportunities to engage with employment, education, and independent living.

Our lived experienced experts also feel that there is very little enforcement and marketing of the promotion of guidance and good practice in and around public transport in Greater Manchester. For example - on social distancing, wearing of masks, understanding exemptions, what the rules are on the trams and the buses, and promoting simple messages such as being kind. We feel much more can be done around positive delivery of these areas which will make disabled people feel safer and better understood. This good practice should be available in many formats and marketed across a widespread network of disabled people's and community organisations so that people throughout the entire community of Manchester can understand and benefit from it.

Many of our lived experience advisors experienced hate crimes in their initial attempts to access public transport. We also feel there should be better development of reporting of negative instances and encourage disabled people to provide feedback of the positive and negative transport experiences as a learning tool and a development opportunity during COVID-19. This would encourage more disabled people to engage with public transport.

Many concessionary passes have been refused to disabled people who have historically been considered eligible recently particularly around applications regarding autistic individuals. Disabled people's organisations are working with Transport for Greater Manchester on this to help to better understand the needs and eligibility of these individuals. We want to promote a more liberal and better considered acceptance policy for those applications going forward. We recognise that this process has already started.

Exemptions

Many disabled people have reported experiencing attitudinal barriers and hate crimes around exemptions - for instance not wearing a mask or making an informed decision around not having the vaccination. Our lived experience experts believe helping the public to understand exemptions better would help to prevent such negative attitudes and hate crimes. Social media campaigns, television campaigns amongst others would help to remove that stigma and help society as a whole gain a better understanding.

Support to isolate

It is felt the services offering support to isolate should be designed and considered specifically around the needs of disabled people when being delivered to disabled people. Many disabled people who have tested positive for COVID-19 are already on or below the poverty line, are experiencing great anxieties and mental wellbeing challenges due to the pandemic, have difficulty accessing and understanding what support is available; and need services and solutions which have been coproduced with disabled people they are designed for and intended to support. Our proposed solution would be to re-engage on this, connecting with more disabled people's organisations / sounding boards to help develop and tailor that service.

Digital inclusion

It is felt that the current programme in Manchester looking at the barriers of disabled people around digital inclusion is a fantastic project and needs to be fully resourced, funded and supported. It's very important that disabled people, and the people who

support disabled people, have training around technology which is up-to-date and compatible to their home environment. Disabled people must be fully supported during training, in every aspect. This includes the environment people are trained in, considering all access needs. We must inform people that the training is available in an accessible, easy to reach manner, ensure the right equipment is available, to ensure that the pace, materials, and delivery are fully accessible to the individual. In short, what are the individual needs of the person receiving the training? Ensure it is delivered on time.

Make sure that tech options are not the only options available to people to access health care and so on. Face to face and phone options are still much needed. Open back up drop-in centres etc

The hidden issues

Lived experience experts feel that the voices of disabled people are not being heard as well as they could. This is enhancing mental distress in the disabled people's community, fear, anxiety, and lack of understanding around COVID-19. We feel we can work with commissioners to break down these barriers by better community engagement, developing more peer support groups with a better understanding about how to reach disabled people. Working alongside disabled people's organisations to develop what exactly that should look like, providing advocacy to ensure that the voices, issues and removal of barriers are fully understood by all professionals and commissioners committed to the removal of such barriers.

Employment

We need to focus on the removal of barriers and encourage disabled people to seek employment opportunities which will work for them and their challenges during the pandemic. Develop a local toolkit for employers to understand good practice around employing disabled people. For example, flexible working, reasonable adjustments, trial periods, supporting homeworking, feeling safe travelling to work, flexibility and understanding diversity in recruitment processes and in workplace practices. One of our experts with lived experience engagement groups is in the process of working with the Good Employment Charter to develop such a toolkit. But this toolkit may not be accessible to everybody, so we encourage commissioners to consider investing in other opportunities to access and connect with disabled people and employers such as videos, social media, tabloid promotions to stimulate employment for disabled people in the market. Employers need to keep the flexible approach to working that many took up during Covid.

Education

It is felt education authorities, schools, universities and colleges should work more directly with their disabled students to understand and remove barriers to returning to classroom environment, travel, digital inclusion and to understand and develop generic support needed during and after the pandemic. These findings should be used as a shared learning opportunity for all communities.

After care services

Many disabled people do not have a firm understanding of Long Covid. It is felt that many services are not providing after-care for disabled people. We feel that mental health challenges are experienced after the initial phases of services. Therefore, consider aftercare services to 'check in' with disabled individuals. It is felt that this would prevent more long-term health problems associated with Covid alongside reducing significant mental distress issues occurring because of the holistic impacts of COVID-19. Digital inclusion is considered another area which would benefit from an after-care service. Checking in whether disabled people have understood and are benefitting from the investment made in training and equipment issued.

Date capture

Capturing of data can be made easier and more accessible for disabled people. Capturing information once and spreading it across services will have a long-term benefit to all stakeholders and individuals. Working alongside disabled people and disabled people's organisations will provide detailed information around the best way to achieve this. Renumeration should be considered to value the organisations and individuals involved in the process.

Shared learning and continuous development

As alluded to earlier, we feel it's very important that all aspects of the community share learning and experience of removing barriers. It's essential that we continuously develop strategies and understanding of how to promote solutions and remove barriers for disabled people - but also all members of the community throughout COVID-19. This learning should be a considered as a local, regional, national, and worldwide process.

Facts not myths

The uptake of the vaccination, good practice during COVID-19 and dispelling myths is an essential part of returning to a 'normal' society. We feel that commissioners and service providers should continuously focus on this area and spread and develop facts with the support of disabled people's organisations. There is a huge amount of vaccine resistance relative to the overall population in the disabled community which experience experts feel is largely due to poor and non-accessible delivery of facts and the myths and fears which are then being endorsed in disabled people's communities.

'Care' and support, the PA marketplace

There is national recognition of the difficulties in terms of recruitment of skilled support professionals and personal assistants. Brexit and the pandemic have heightened these difficulties. Lived experience experts advise that commissioners should consider the promotion of job opportunities in this area, the payment profiles of care and support workers and personal assistants to ensure they are competitive with other industries who are competing for the services of people in terms of employment. Suggest relaxations on the immigration laws following Brexit to support people from Europe and worldwide into positions of employment into the care and support industry.

In 2020, Breakthrough carried out a digital inclusion survey with disabled people they were working with. Whilst most Breakthrough clients have access to a phone (not all internet enabled though), fewer than half are able to access social media such as Facebook, Twitter from home, even if supported by another member of the household. A quarter said that they could access video applications like Skype or Zoom. Only 20% had access to a computer, laptop, or tablet. Access barriers include educational and literacy barriers, as well as access to the technology itself. Additionally, many clients of Breakthrough UK live in low income households and rely on library facilities if they need to use a computer for applications etc. This has far reaching implications for how information is relayed, the reliance on particular platforms and the ability of people to use internet-based processes to apply for essential items such as food and benefits.

Between 2009-11 and 2012-14, there was an overall increase across Britain in the percentage of disabled and non-disabled adults who reported having difficulty accessing services in the areas of health, benefits, tax, culture, sport, and leisure. In Manchester, most disabled people have excellent support from both health and social services, but this is not universally the case. Disabled people report that the loss and reduction of support services has had a significant impact on them over the last few years.

As part of the original work to develop the Our Manchester Disability Plan (OMDP), disabled people, carers, family members, professionals and representatives from voluntary and community sector groups and disabled people's organisations (DPOs) were asked to share their real life experiences of disability across a range of key themes:

1. Health and Wellbeing
2. Staying safe
3. Getting off to a good start
4. Choice and control
5. Independence in your home
6. Community opportunities
7. Involvement
8. Advocacy

The material in this section is a summary of the information gathered through several engagement workshops with more than 200 people that took place in two phases between April and September 2014. A further phase of work took place between January and March 2015.

A detailed summary of the issues raised by people involved in the engagement process is available as a supplementary report that should be read alongside this topic paper. The table below shows the top 10 issues highlighted by disabled people in respect of the things that they perceived to not be working and the things that were working well.

Rank	"What's Not Working?"	"What's Working Well?"
1	Inaccessible services e.g. leisure, public sector, and community due to design, knowledge, and attitudes	Accessible public and community transport e.g. stagecoach, travel passes

2	Inconsistent, inflexible, and inaccessible community and public transport provision	Knowledge and confidence to self-advocate with services
3	Lack of empathy, poor attitude, and knowledge of health care professionals for both disabled people and carers	Promoting services and signposting people via different methods e.g. multi-agency events, partnership boards, local 3rd sector providers, radio, family information service, shop mobility etc.
4	Poor perceptions on service quality i.e. access, time and capacity	Aids and assistance in my home and school
5	Assessments/reassessments not person centred, don't enable choice and not done in timely manner	Structured activity for disabled people e.g. computer classes
6	Not enough appropriate and accurate and user friendly promotion and signposting of services available to disabled people and carers in the community	Good provision of annual health checks (for LD people) and others with long term conditions
7	Barriers to getting and keeping a job due to employer attitudes, inflexibility and assumptions and benefits for both disabled people and carers	Leisure providers offering accessible and lower cost services for disabled people e.g. cinema, swimming,
8	Public sector cuts affecting provision particularly preventative services	Inclusion and personalisation within schools
9	Lack of suitable and accessible private and social housing for disabled people and allocation of suitable properties	Targeted services to support disabled people to get into employment/self-employment
10	Challenging and inconsistent transition process across all agencies from childhood to adulthood. Support post-18 is inadequate.	Good opportunities to volunteer which, in turn, improves health and wellbeing e.g. Imperial War Museum, Factory Youth Zone

Two issues, inaccessible public transport and inaccessible services were particularly prominent in terms of the things the people thought were not working. These issues cut across all impairment types and ranged from inaccessible or inflexible designs of buses and trams to poor attitudes such as lack of knowledge and training from bus drivers or members of the public. Problems with inflexibility of community buses were raised several times. Universal services, such as leisure centres, were cited as being inconsistent and inflexible e.g. guide dogs not allowed in leisure centre.

Issues in respect of community opportunities featured strongly in the top ten issues noted by disabled people as making a positive impact. Support from the voluntary and community sector, disabled people's organisations, and public sector services, is clearly working for some disabled people. Other positive aspects of community opportunities such as supported employment schemes, inclusion within mainstream education and regular health checks.

The ability to advocate either directly or with support is seen as very positive and given the range of barriers, systems and process that disabled people need to successfully navigate, this highlights the key role that advocacy brings to enable that. All these areas reinforce the relationship with independent living principles.

The accessibility of transport and leisure services were seen by people in both a positive and negative light. However, the numbers of disabled people reporting bad experiences with transport and leisure services were significantly higher than those reporting positive experiences. This suggests that there is some inconsistency in terms of the design and delivery of these services across the city and, although efforts to improve accessibility of transport and universal services are being felt, improvements are still required.

Disabled people have also raised the need for greater enforcement to underpin the intent to procure ethically and responsibly. The Social Model of Disability and accessible information standards should go into the definition of social value used by the council and others who procure public services.

The provision of reasonable adjustments to enable disabled people to take part in activities should not be based on perceptions of cost as many changes cost little or nothing to make. For example, the accessibility of buildings could be rated 1 to 5, like food hygiene, with 1 being not at all accessible and 5 being completely accessible

Employment

Disabled people report that having support from a peer who understands the barriers they face is extremely useful as many deaf and disabled people in the city believe that finding and keeping work is hard. They have low confidence about finding meaningful work and feel that employer attitudes can be discriminatory. Some local employers have adopted a more target driven approach in recent years, resulting in rigid employment practices and systemic disabling barriers.

Disabled people accessing employment support often know little or nothing of their employment rights at first, particularly of reasonable adjustments and the Access to Work scheme. Flexible working remains an important support for disabled people. Cuts have resulted in 'specialised' employment support being decommissioned and the abandonment

of the Right to Control initiative (a rights-based approach to support and services for disabled people that started in 2010). This means that disabled people have little control over how their employment support is directed.

Information and communication

People feel confident and empowered when they get communication support. It enables them to get the same information as everyone else and to make informed choices about their health. However, it's not all about provision of support. People said listening like an equal, with courtesy and respect, empathy, consideration, like the disabled person knows their own mind and has the ability to make their own decisions is the most important thing in being treated by health and social care professionals.

Much more needs to be done to ensure that deaf and disabled people are consistently asked about their information and communication requirements, that these are recorded and acted upon, and organisations know how to produce and promote accessible formats. There is an over reliance on online information, which excludes a high number (at least one in five) of disabled people who experience digital exclusion (Ofcom 2017).

Information aimed at the public is often inaccessible and full of jargon. People do not find it easy to find out about their rights and options or be able to easily speak to a person with the authority to act.

Lack of communication support (e.g. insufficient interpreters, too few key services using them, or interpreters not being booked due to budget constraints) is a key issue for local deaf people. 73% of deaf people surveyed felt excluded from wider community involvement because of communication barriers - leading to social isolation, low self-esteem, and a negative impact on people's wellbeing. More deaf awareness and British Sign Language (BSL) training is required in schools and services. Communication barriers, such as lack of accessible appointment systems at GPs, are also a big issue.

Other issues and themes

As well as the points above from disabled people and representatives of their organisations, members of the OMDP Health and Social Care Workstream also made the following points:

i) There needs to be more support for disabled people who are also carers.

ii) There is poor discharge planning for people with newly acquired impairments e.g. amputations.

iii) There needs to be more forward planning for young people with mental health issues to prepare for adulthood and help support them over their whole lives, not just at specific times which are convenient for the services that support them.

iv) The NHS Accessible Information Standard may improve things for disabled people but how will its effectiveness be monitored?

v) Citizens aren't 'hard to reach', its information about services citizens can't access.

vi) The MCC Website is very hard to access, navigate and search.

The 'Taking Charge Together' research with so called 'hard-to-reach' groups in Greater Manchester found environmental/social barriers (transport, housing, skills/education and social connections) directly affected people's health or their ability to adopt healthy behaviours. This is highly significant when a key vision of the Manchester Local Care Organisation is for people 'to live healthy, independent and fulfilling lives', with a core priority to ensure 'system resilience by keeping people well in the community'.

Manchester People First held a series of 6 health workshops. In these workshops, Learning Disabled people talked about the barriers they face going to and keeping medical appointments and also created a video.

Members gave the most common reasons why people with learning difficulties struggle to attend medical appointments:

- Support: travel and travel planning, letters, advocacy if need be, need for gender specific support.
- The professionals: No jargon. Explain medication. Speak to me, not support workers. Understand the effects of my impairment when I ring or call. Be more patient. Don't cancel at the last minute. Consider screening me for everything at my annual health check.
- What stops me attending: Give me information in a way I can understand. Appointments should be close to me. Travelling may be difficult or too expensive. Make sure I have the right equipment, such as a hoist or rise and fall bed. Useful meaningful pictures for signage e.g. skeleton for a fracture clinic.
- Knowing my body: This can help me to avoid getting very ill. Need to be confident about talking about my body without embarrassment – someone of the same sex would be good

Research carried out by Manchester Metropolitan University in collaboration with Breakthrough UK and Venture Arts research ('A Breakthrough Venture: (re) building value in the lives of disabled people') found that restrictions on funded support constrained the independence of disabled people. One participant found "his ability to access the community is severely restricted by the care package he receives".

In 2019, Breakthrough UK carried out an engagement project with local disabled people about their experiences of statutory NHS screening programmes. Key recommendations from this under the Pillars of Independent Living were:

Appropriate and accessible information

- Ensure that the infrastructure is in place to support the full implementation of the Accessible Information Standard (AIS) - and additionally the collection and transfer of access requirements from GP through to third party providers.
- Share information on people's requirements for language interpretation /
- other communication support.
- Share accessible information format requirements with screening providers and the administration staff who are scheduling appointments.
- Provide front line staff with Deaf Awareness Training and Disability Equality Training so that appropriate information is given, the right questions are asked,

support is offered appropriately and a culture of the person being the expert on their own requirements and being in control is respectfully maintained.
- Provide information in a range of formats and media about accessible ways to get screened. Don't rely solely on online information.
- Provide a range of staffed contact and communication options e.g. voice, text, email or letter – in the person's preferred format.
- Ensure that up to date Access Statements are available for each screening centre.
- Provide local dialect British Sign Language and community language information on each screening type and disseminate through community groups.
- Offer myth busting sessions and accessible information from partners
- such as Cancer Research, Macmillan, Jo's Trust, and culturally appropriate community organisations.
- Ensure guidance sent to people about to have screening is a) in the right format / language and b) written in easy to understand language.
- Ensure that home kits can have Braille labelling if required.
- Prenatal testing should be carried out in a sensitive manner, the parents should be given full information regarding risks and accuracy of testing and should not feel pressured into undergoing tests.
- Create a targeted accessible publicity campaign about the AAA test and what it is.

An adequate income

- Reimburse travel costs where this is a barrier to attendance.

Appropriate and accessible health and social care provisions

- Offer extra time at appointments where this is an access requirement.
- Go above the requirements of the AIS to ensure that known access, as well as information requirements, are passed on to screening providers in advance.
- Promote options for alternative screening methods where conventional tests are not accessible.
- Offer appointments at flexible times.
- Provide a smooth, clear system for the booking of interpreters and confirmation of appointments. Ensure providers are accountable for booking appropriately qualified interpreters accurately and in a timely way.
- Add information to community language posters on how to book a British Sign Language interpreter.
- Consider the viability of at-home screening.

A fully-accessible transport system

- Arrange appointments close to the person's address wherever possible.
- Provide accessible parking close to centres, with level access to the building.
- Make sure screening locations are close to accessible public transport stops.
- Appointments offered at times when people can use their concessionary travel passes.

Full access to the environment

- Have a rolling programme of access audits for screening centres.
- Provide directions in the right format and easy to follow, pictorial maps.
- Ensure that screening centres are within accessible reach from outside the building from transport and parking locations.

Adequate provision of technical aids and equipment

- Ensure screening centres with a range of access equipment, for example hoists, and rise and fall beds are widely promoted.
- Encourage people to contact screening centres beforehand to talk through their access and support requirements.
- Provide height adjustable chairs for mammograms.
- Offer eye tests in a range of positions.
- Have differently sized speculums available for cervical screening.
- Consider the implementation of a pilot for DIY home conducted smear tests.

Adequate provision of personal assistance

- Promote support options to disabled people who do not have anyone to
- assist them to do the kit.
- Commission support to assist people with completing screening if required, particularly for bowel screening.
- Welcome and provide space in screening centres for Personal Assistants.
- Make contracted PAs and support workers accountable for ensuring that people receive their invites and are supported to attend screening.
- Requirements to assist people with statutory screening programmes should be written into contract standards for support providers, including Shared Lives.

Availability of independent advocacy and self-advocacy

- Welcome advocates and provide space in screening centres for them.
- Check whether people require an advocate at the point of referral.
- Ensure providers know how to signpost people to advocacy options.
- Ensure self-advocacy organisations have full information on screening types in a range of formats, especially easy read.
- Provide information on options and venue accessibility in a range of formats so that people can self-advocate, including on risks of not having screening.
- Provide accessible information on self-checking in a range of formats (and physical models for groups, if available).
- Offer follow up assistance to disabled people who have never attended screening appointments.
- Involve disabled people in the design, development and evaluation of new screening services and centres.
- Respect people’s stated choices about screening participation.

Availability of peer counselling (peer support)

- Peer support groups should be available and should be informed by a social model of disability perspective.
- Provide easy read, jargon free information on screening to key community peer groups.

What would we like to achieve?

There are several pieces of legislation, standards and guidance which are consistent with the Social Model of Disability's approach to removing barriers that create obstacles to the positive development of an accessible, inclusive city for all citizens.

Equality Act 2010

Many aspects of the Equality Act 2010 cite the Social Model of Disability as a measure of discrimination and most disabled people's organisations in the UK use this as a fundamental approach in their campaigns and activities. The Equality Act requires service providers to make reasonable adjustments and to remove or modify barriers - and to anticipate the needs of disabled people to ensure that disabled people are not discriminated against in comparison with non-disabled people. The Equality Act also has specific elements relating to employment, education, transport, housing and other areas which might affect disabled people and there are also additional duties for local authorities and public bodies.

Medical model terminology is used in the Equality Act but much of the guidance uses a barrier removal approach. It is important to not rely on doing the minimum that you have to do under the legislation and follow guidance and best practice in order to create an inclusive and barrier free environment, in collaboration with disabled people and their organisations. The report of the House of Lords Select Committee on the Equality Act 2010 and Disability, first published in 2016, showed that enforcement of the Equality Act 2010 remains weak so best practice is essential. A follow up report to this, published in September 2021, reiterated many of its original conclusions and recommendations.

The Public Sector Equality Duty requires public bodies to eliminate unlawful discrimination, harassment, victimisation, and other conduct prohibited by the Equality Act. Under the Public Sector Equality Duty 2011, public bodies in Manchester are required to publish information annually to demonstrate that they are complying with the general equality duty in all areas of their work. Information must be included on how their policies and practices affect people who share a relevant protected characteristic.

United Nations Convention on the Rights of Disabled People (UNCRPD)

The Convention on the Rights of Persons with Disabilities is an international human rights treaty of the United Nations intended to protect the rights and dignity of disabled people. The UK is a signatory and its articles should underpin all our work. Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by disabled people and ensure that they enjoy full equality under the law. The Convention has served as the major catalyst in the global movement from viewing disabled people as objects of charity, medical treatment, and social protection, towards viewing them as full and equal members of society, with human rights. It is also the only UN human rights instrument with an explicit sustainable development dimension. The Convention was the first human rights treaty of the third millennium.

Article 25 of the UNCRPD reinforces the right of disabled people to attain the highest standard of health care, without discrimination.

The Right to Independent Living (Article 19 of the UNCRPD) is not yet enshrined in direct law in the UK. The Independent Living Strategy Group has issued a position statement calling for this to be changed so that all disabled people can live in the community with the same choices, control and freedom as any other citizen. The Equality and Human Rights Commission published draft proposals that would provide a new legal right to independent living for disabled people.

Design standards and regulations

Building work is guided by Part M of the Access to and Use of Building Regulations 2010. This includes Volume 1 ('Dwellings') and Volume 2 ('Building, other than dwellings'). These documents prescribe mandatory minimum levels of compliance for the use of and access to buildings. The document includes many useful diagrams on how to show compliance with the regulations.

British Standard (BS) BS 8300:2018 offers best-practice recommendations on how architectural design and the built environment can enable disabled people to make the most of their surroundings. Part 1 covers the external environment and Part 2 covers buildings, including such things as access routes to and around buildings, car parks and garaging, as well as setting-down points, entrances, ramps, corridors, lifts, and signage.

The Blue Badge parking scheme

The Blue Badge parking scheme provides a national system of parking concessions for people who face significant barriers to travel either as drivers or passengers. The scheme also applies to 'registered' blind people and disabled people who regularly drive a vehicle but cannot turn a steering wheel by hand.

Blue badges allow parking concessions on public roads but also in many other places such as hospitals and retail parks/shopping centres as well. Most places provide accessible parking bays; some are free whereas others still require a payment, but the space tends to be nearer the entrance. When a badge is issued, the citizen will receive a booklet with their badge which explains all the rules about where they can park and their responsibilities for use.

The eligibility criteria used by the Blue Badge scheme has recently been expanded to cover some people with hidden impairments. The new criteria came into force on 30 August 2019.

The Accessible Information Standard (AIS)

All organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support requirements of disabled people who are patients,

service users, ‘carers’ and/or parents. Local implementation of the standard is currently very patchy.

The Accessible Information Standard is made up of a Specification and Implementation Guidance. In August 2017, revised versions of the Specification and Implementation Guidance were issued, following a post-implementation review of the Standard.

Inclusive language and user involvement

Our language carries many messages. It categorises, labels, and reinforces stereotypes and can both disempower or enable us. It conveys how we feel about other people, allowing us to connect or to put up barriers, and can influence how we deal with situations. Words are important for both building relationships with other people and for how we think about ourselves. Under the Social Model of Disability, “disability” is a political term which describes disabled people’s exclusion and experience of barriers. The Greater Manchester Coalition of Disabled People (GMCDP) has published on the preferred terminology and language that should be used to describe disabled people.

Greater Manchester Equality Alliance is a coalition of organisations and individuals drawn from a wide range of communities of experience across Greater Manchester. In 2021 Greater Manchester Equality Alliance co-designed Inclusive Language Guidance, including language around disability

The ‘Beyond the Usual Suspects’ report draws on the findings of a three-year national research and development project supported by the Department of Health, which aimed to find out how inclusive user involvement could be achieved. This project was particularly interested in looking at why certain groups of ‘seldom-heard’ service users experience barriers to involvement and how these barriers can be overcome.

NHS Equality Delivery System 2 (EDS2)

The NHS Equality Delivery System (EDS2) supports local NHS organisations, in discussion with local populations, to review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty. Good practice case studies are also available.

The Care Act 2014

The Care Act 2014 made several significant changes to how local authorities assess, commission, and deliver a more holistic and personalised range of adult social care services. There is a much greater emphasis on wellbeing, and local authorities now have a duty to promote wellbeing in the specific areas below:

- Personal dignity, including treating people with respect
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect

- Control by the individual over day-to-day life, including choice and control over how their care and support is provided
- Participation in work, education, training, or recreation
- Social and economic wellbeing
- Domestic, family, and personal relationships
- Suitability of living accommodation
- The individual's contribution to society.

Manchester chose not to enforce the easements to the Care Act allowed under the Coronavirus Act 2020.

Developing and commissioning services

One of the aims in developing this topic report is to support commissioners across and beyond health and social care to understand disability better, and take action to remove, the barriers that disabled people in Manchester face when going about their daily lives. Disabled people face barriers all the time, so it is important that commissioners and planners are supported to understand these issues and are therefore better informed when planning and developing services.

One way of doing this is to support commissioners and planners to understand the Social Model of Disability and use it as a guiding principle throughout the commissioning process, as outlined below. In addition, there is no reason why wider partners outside of health and social care could not use this topic report in the same way.

What do we need to do to achieve this?

Independent living

The Greater Manchester Disabled People's Manifesto included several relevant recommendations in respect of independent living. This included ensuring that:

- Disabled people have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement.

- Disabled people have access to a range of in-home, residential, and other community support services, including personal assistance, necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.

- Community services and facilities for the general population are available to disabled people on an equal basis and are responsive to their needs (see Article 1.19 of the Care Act 2014 Statutory Guidance).

- All commissioned and contracted providers should fulfil the Equality Act duties and demonstrate a proven track record and a continuing commitment to providing accessible and inclusive services and to employing disabled people.

The Manifesto also calls on commissioners to engage directly with Manchester DPO's about the impact on disabled people's independent living in relation to the pooling of Social Care budgets and the merging of health and social care.

Accessibility standards

Design for Access 2 (DfA2) are Manchester standards for accessible buildings are supplementary to national planning and building regulations. DfA2 standards were developed in partnership with the city's disabled children and adults' organisations to ensure that we draw on the invaluable experience and expertise existing within Manchester.

The Manchester Disabled People's Access Group (MDPAG) produced a set of Guidelines for Accessible Meetings and Events which were initially published by the Community Network for Manchester (CN4M) and are now available from MDPAG. These guidelines are complementary to DfA2 and include a set of handy checklists alongside detailed advice and information about for what to consider and plan for before, during and after meetings and events, including checking people's access requirements, accessible child care, communication support, accessible information (incl. clear print guidelines) and organising rooms etc.

Health and social care integration

Specific recommendations from the local disabled people who were involved in Breakthrough UK engagement on the neighbourhood approach include:

- Information on key changes should be cascaded through disabled people's organisations, existing meetings, and local groups. A 'piggybacking' approach to engagement where information is shared with existing groups of disabled people works better than arranging stand-alone meetings

- Alternative formats need to be clearly available, with standard print Word versions also distributed electronically so that groups can create their own copies and formats as required.

- There needs to be a better system of communicating key information about local community resources, advice, and key rights around independent living to disabled people. This is especially important to people in the city who newly acquire an impairment. Historically, this work has been done by disabled people's organisations, but many are lacking capacity to do this at present.

- Disabled people gave lots of examples of communication breakdowns between teams involved in their support. Good communication between health and social care teams is already a core component of the approach in principle. Close monitoring is required to ensure this is happening in practice.

- Peer support is hugely important to disabled people's health and wellbeing. Disabled people's groups need to be supported and resourced, irrespective of whether they are hosted by disabled people's organisations, impairment specific groups or via patient experience models.

- Awareness raising on the nature of adjustments required by most disabled people and that they are rarely costly. The anticipatory duty of health and wellbeing related service providers to make reasonable adjustments under the Equality Act needs more robust enforcement. This is already a statutory duty for health and social care providers, alongside the Accessible Information Standard (AIS).

- EDS2 is one lever that can be used to increase compliance with the Equality Act, but this would not be applicable to all community wellbeing and leisure providers. The Accessible Information Standard must be implemented fully across all statutory provision. There needs to be a consistent approach to asking, recording, and acting upon people's access requirements for information, in line with the requirements of the AIS and to perform well under EDS2.

- The work of the Manchester Advocacy Hub needs stronger promotion. This statutory advocacy will not meet all needs however, and consideration should be given to commissioning and supporting work which enables disabled people to develop skills to self-advocate in health and social care provision.

- Manchester should consider the adoption of Inclusion London's three questions into the Single Trusted Assessment process ('How do you want to live?', 'What stops you living that life?' and 'What do you need to help you live that life?')

- The assessment should use a Social Model of Disability approach (i.e. focus on removing barriers that stop the person fully participating in society), be a 'real world test', be based on the presumption that the disabled person is the expert on their impairment and how it affects them, be co-designed with disabled people and incorporate training on the Social Model of Disability to assessors.

- Set up an accessible mechanism for disabled people to peer review health, social care and wellbeing related venues based on the AccessAble (formerly Disabled Go) model, but with offline options to input and retrieve information.

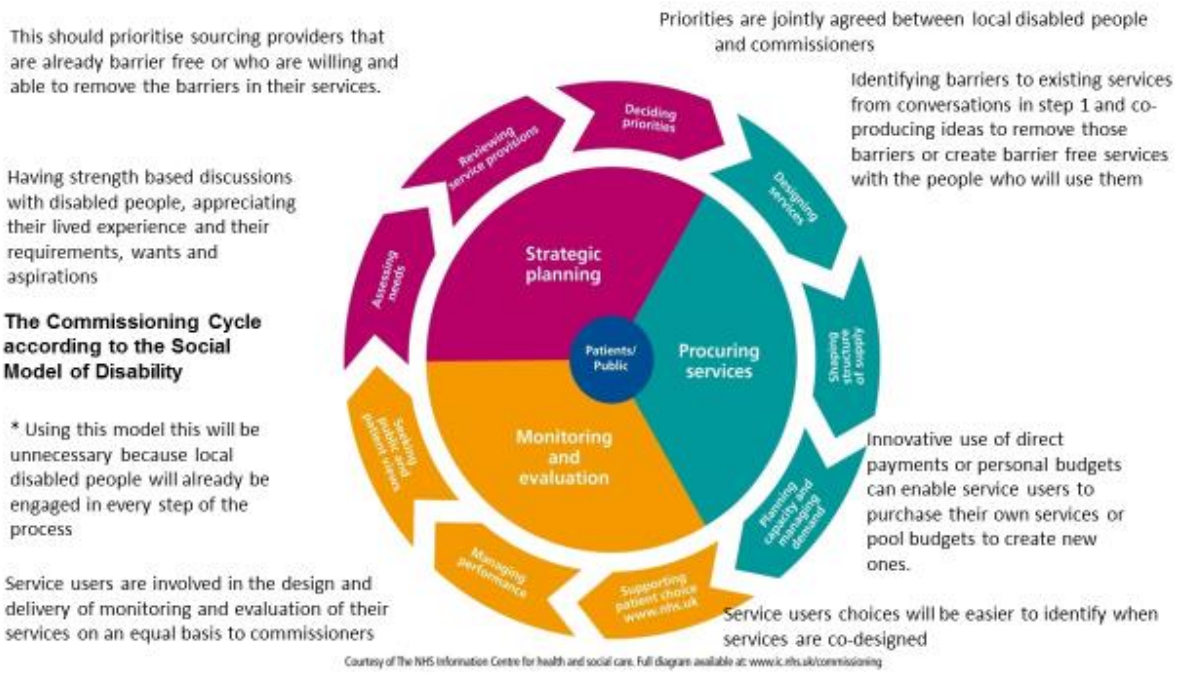
Commissioners need to ensure that all services are accessible and inclusive for all citizens, particularly in terms of the design and redesign of health and care services in Manchester. There are risks associated with not following the legal requirements of the Equality Act, including infringing disabled people's civil and human rights and legal challenges to service areas, and therefore demonstration of compliance with the Equality Act by providers before contracts are awarded is important.

Disabled people have expressed support for service models based on a local hub with various practitioners on the same site including doctors, dentists, and physiotherapists. This has been popular because it is more streamlined, quieter and less anxiety provoking to use than traditional services. One person said that the holistic approach of his community health provider made a huge difference when he came out of hospital.

Many disabled people are keen on the idea of having co-located neighbourhood teams and "seeing the same person every time", if getting there is accessible.

Commissioners and the commissioning cycle

There is strong case for using the Commissioning Cycle as a framework for considering how barriers that disabled people face can be overcome when planning and developing services. Below is an example of a barrier related Commissioning Cycle which could be used by commissioners and planners when developing services. This approach can be the basis of co-design/co-production with the aim that it is adopted by Manchester Health and Care Commissioning and the Manchester Local Care Organisation.



Whilst there are legal considerations to factor in as a commissioner, the user experience is central. For that reason, it is important to ensure that a co-production approach with disabled people is used right from the start of the commissioning process e.g. using the commissioning cycle of 'Analyse, Plan, Do and Review'. People with lived experience have a better understanding of what needs to be improved and how we can work together to achieve a sea change in behaviours and attitudes to disabled people.

Using this approach will help to ensure that all key risk factors are virtually eliminated. This must be resourced so that the process is accessible throughout, enabling full participation for everyone. This approach should be embedded in the daily activity of commissioners, through the actions outlined in Section 6 of this topic paper.

What are we currently doing?

Manchester City Council

Manchester City Council's broad Equality Objectives for 2020-2024 are:

- Objective 1 - Knowing Manchester Better
- Objective 2 - Improving Life Chances
- Objective 3 - Celebrating Our Diversity

In 2015, Manchester City Council achieved the 'Excellent' standard in the Equality Framework for Local Government (EFLG), a national equalities benchmarking tool run by the Local Government Association (LGA).

The Blue Badge parking scheme is designed to help disabled people park closer to their destination. Blue Badge 'standards' are set by the Department for Transport and govern who is and isn't eligible for a Blue Badge. There are two routes to obtaining a Blue Badge: a) those who are automatically eligible and b) those where a further 'assessment' needs to be carried out.

Locally, administration of the Blue Badge Service is carried out by Manchester City Council. Two teams are responsible for the processing of badges in Manchester. A team of business support staff, based at Harpurhey District Office, are the main administrators of the scheme and process all the automatic eligibility applications, send out the renewal reminder letters and deal with all queries and replace lost/stolen badges. Assessment staff within the Manchester Service for Independent Living (MSIL) team, based at Poland Street, deal with those applications that need further assessment.

Manchester currently has 16,438 badges on issue. Between 01 January and 30 June 2019, 3,206 Blue Badges were issued in Manchester. Around 38% of these badges (1,214) were issued to people with a walking disability or registered blind, of which 69% were new applications. A further 1,136 badges (36%) were issued to people receiving a Personal Independence Payment and 820 (26%) to people receiving Higher Rate Mobility Allowance.

Manchester Locality Plan

Manchester is embarking on a radical programme of work to change the lived experience for disabled Manchester citizens. The ambition is for Manchester to be a fully accessible city that puts disabled people at the front of change projects and creates an inclusive and co-productive approach as a default.

Work to improve the lives of disabled people is complementary to the work to improve the health and wellbeing of Manchester residents as set out in the Manchester Locality Plan. Disabled people who face a range of barriers cannot equally access appropriate and timely health and social care services and are therefore disadvantaged through no fault of their own. There are some good examples whereby GPs in primary care will ensure that a

translator / British Sign Language Signer is always available for deaf patients, but this is not always the case.

Our Manchester Strategy – Forward to 2025

In 2021 the Our Manchester Strategy underwent a reset at the halfway point of the strategy. For Manchester to achieve its vision, we will refocus our efforts on these priorities to 2025.

Through each priority below runs Manchester's commitment to build a more equal, inclusive and sustainable city for everyone who lives, works, volunteers, studies and plays here. Only by working together can we achieve our vision by making an impact on our priorities of making Manchester:

- A thriving and sustainable city
- A highly skilled city
- A progressive and equitable city
- A liveable and zero-carbon city
- A connected city

See details of Manchester's priorities.

Our Manchester Disability Plan

Manchester City Council's Our Manchester Plan focuses on helping people to make the changes in their lives that will see them become more independent. The approach doesn't begin by asking 'What's wrong?' Instead, it asks, 'What's right?' and 'What matters to you?' In this way, Our Manchester becomes:

- a way people can develop into happier, healthier, and wealthier people making a good life for themselves and their family.
- proactive, pre-emptive, and creative, focusing on a person's or community's strengths and opportunities.
- a partnership of local people and organisations developing new answers to how we can deliver public services.

Our Manchester is also pioneering Strengths Based Development Co-design work, including the development of a new Strengths Based workforce development programme, involving disabled people's organisations in its development.

The Our Manchester Disability Plan – now known as the Our Manchester Disability Equality and Inclusion Partnership (OMDEIP) - has been co-produced by local disabled people, disabled people's organisations, public sector organisations and other voluntary sector organisations and is written from the perspective of the Social Model of Disability. The Plan provides a shared vision on how services must be reshaped to ensure that no further barriers are created for disabled people and that accessibility for all, on whatever activity or topic, is central to our approach to planning and delivering services for disabled people. The main aim of the OMDEIP is to develop actions which will remove the barriers in society that stop disabled people from playing a full part in society.

The plan also relates to several basic rights that disabled people have identified, which if fully met would enable them to fully participate in society. These rights (also known as 'Pillars of Independent Living') are set out in the box below:

Pillars of independent living

1. Full access to our environment, transport system and accessible or adapted housing
2. Inclusive education and training and equal opportunities for employment
3. Appropriate and accessible health care provision, equipment and adaptations, and personal assistance
4. Information and money advice
5. Advocacy and peer counselling

These rights identify the foundations which disabled people need so they have the same opportunity to live an independent life and be as fully integrated in society as non-disabled people. Independence doesn't mean disabled people doing everything for themselves. It means having choice and control over how they live their lives, what support they receive, and if any, how that support is provided. It is striking how similar some of these rights are to the wider determinants of health.

Governance and delivery of the OMDEIP is overseen by a multi-agency Partnership Board. It also includes an Engagement Group which ensures local disabled people are at the heart of the co-productive development of the plan. Through the established governance structure, a series of workstreams have been established which are focused on delivering the objectives of the plan.

As a starting point, the broad objectives of the OMDEIP (grouped under the Pillars of Independent Living) are:

- Appropriate and accessible information: Information is made available to suit any disabled person's communication preferences e.g. easy to read, Braille, audio, email, large print.
- An adequate income: Timely provision to appropriate financial and welfare advice to maximise a person's income.
- Appropriate and accessible health and social care provision: Health and social care organisations and services to take a person-centred approach to meeting needs. Services need to be accessible to ensure that all communities can access timely health and care support.
- A fully accessible transport system: Manchester's transport system is fully accessible to disabled people, and regular feedback is received to rectify any accessibility issues.
- Full access to the built environment: Planners and developers need to comply with and actively contribute to the standards set in the Equality Act 2010. Disabled people want to access the same community and city facilities that everyone else can.
- Adequate provision of technical aids and equipment: Access to timely technical aids and equipment is available to disabled people of all ages as required. Services for children and young people are the same as those for adults where necessary.

- Availability of accessible and adapted housing: A range of suitable types of adapted accommodation is available that meets the needs of different disabled people and their families. Co-ordination and allocation of the city's social- rented adapted housing stock should be improved.
- Adequate provision of personal assistance: Disabled people who are entitled to a personal budget (social care) are actively supported to have a personal assistant who is appropriately trained to provide the right support.
- Equal opportunities for employment: The city's employers promote equality of opportunity so that disabled people can access work and they are actively supported through reasonable workplace adjustments.
- Availability of peer support: Where appropriate, organisations create opportunities for disabled people in similar circumstances to share experiences and receive mutual peer support.
- Availability of independent advocacy and self-advocacy: For disabled people to be able to self-advocate, they need to be supported with confidence-building skills and encouragement.

A second area of work for the OMDEIP will be to look at the standards set out in the draft Access All Areas standards, agreeing those that will be formally adopted across the city, and creating a reference library to support development of the plan. This will ensure that all future work and projects will adhere to these standards.

The Manchester City Council Local Delivery Pilot Steering Group has £1.5 million over 3 years to develop approaches across the system to reduce inactivity and tackle inequalities. Increased accessible activity for people with learning difficulties is a key focus of this pilot, including people in supported housing in the chosen places.

Disabled children and young people

Manchester's Children and Young People's Plan ('Our Manchester, Our Children') covers the period 2016 to 2025 and outlines how children and young people matter in Manchester. It places children at the heart of its vision for Manchester to be in the top-flight of world-class cities by 2025 and aims to open up new opportunities for children and young people in the fields of education, work, leisure and family life. It is also a partnership plan, jointly held by all the city's agencies and organisations that work with children and young people.

The Special Educational Needs and Disability (SEND) Board, chaired by the Director of Education, provides governance of SEND in Manchester and is also the children and young people's workstream of the OMDP Board. The SEND Board is responsible for evaluating progress in implementing the reforms and identifying key areas for development. The Board has agreed the following outcomes and oversees the work plan which partners are working together to deliver:

- Parents'/carers' and children's/young people's views impact on strategic decisions.
- Excellent local offer - understood and accessible to all leading to improved life outcomes.
- Young people with SEND have needs met through excellent education, health and care services, jointly commissioned where appropriate.
- Preparing for Adulthood (PfA) is embedded in Manchester from the earliest years.

- Highly effective education, health and care plans and reviews improve life outcomes for children and young people.
- Improved outcomes and standards across education and training.
- A highly skilled workforce across all stakeholders improves outcomes for children and young people.

Manchester Local Care Organisation (MLCO)

The Manchester Local Care Organisation (MLCO) has a key role in creating accessible local provision for disabled people and promoting holistic ways of working that address all of the pillars of independent living in disabled people's lives.

The MLCO focuses on four ways of working:

- Promoting healthy living - helping people to stay well through prevention, supporting them to lead healthier lives and tackling health issues before they escalate.
- Building on vibrant communities - using all the resources available in the wider communities that people live in and identify with in a true neighbourhood approach, improving population health and wellbeing.
- Keeping people well in the community - helping people who have existing health needs and complex health issues to stay as well as possible in their homes through 12 integrated neighbourhood based teams and citywide services.
- Supporting people in and out of hospital - ensuring community-based care helps people to avoid unnecessary hospital admissions; or to discharge them from hospital care, quickly and safely as soon as they are ready if they do need time in hospital.

The MLCO Neighbourhood Team Leads have a key role to play in bringing people together, to deliver services for disabled people in a new way, identifying and promoting the use of local assets and support neighbourhood teams to work with local community groups and residents to co-produce local neighbourhood action plans and projects.

The MLCO currently holds many contracts with VCSE organisations. This is a substantial resource with significant work going on with disabled people across the city.

Manchester University NHS Foundation Trust (MFT) Disabled People's User Forum

The purpose of the Disabled People's User Forum is to listen to the views and experiences of disabled people and enable them to influence decision making within Manchester University NHS Foundation Trust's (MFT) hospitals. This aims to improve the access to, experience of, and quality of health care for disabled people within MFT hospitals. The members of the forum are:

- A disabled person who has used MFT's services.
- A disabled person who is a member or governor at MFT.
- Someone who has experience of the barriers faced by disabled people when using MFT's healthcare services and has ideas for how these can be removed.
- People able to attend up to 4 meetings per year.

Carers and advocates are welcome at the Disabled People's User Forum. The meetings are chaired by a member of the Equality and Diversity Team and are also attended by other relevant MFT teams such as Estates and Facilities.

Voluntary, Community and Social Enterprise (VCSE) sector initiatives

In 2021, the Manchester State of the VCSE Sector report found that 47% of organisations were involved in community development work, including work with communities to tackle inequalities and disadvantage. The 2021 report had a particular focus on the impact of Covid, Black Lives Matter and Brexit on the sector.

There is a rich diversity of work involving disabled people across the VCSE sector in Manchester, particularly among disabled people's organisations. Some key examples are given below. For more examples, see the Manchester Community Central Directory.

Greater Manchester Coalition of Disabled People (GMCDP)

Greater Manchester Coalition of Disabled People (GMCDP) is a Disabled People's Organisation, which is controlled and run by disabled people only. All Executive Council members and staff positions are only available to disabled people. GMCDP aims to:

- campaign to promote the rights of disabled people and our inclusion in society,
- provide information of use and interest to disabled people,
- run events, members' meetings, and training courses,
- encourage and support the self-organisation of disabled people, and
- take part in consultations with voluntary and statutory organisations to ensure that equality and accessibility is embedded into the development of policies and services.

The GMCDP Advice and Advocacy project provides support for disabled people of any age living in Greater Manchester with a focus on obtaining Personal Independence Payment (PIP).

GMCDP have produced some helpful information for disabled people related to the current coronavirus (COVID-19) pandemic, including an emergency self-advocacy leaflet giving information about your rights to treatment (also available in easy read), an emergency hospital passport which can be printed and used if someone is admitted to hospital, and are running events via Zoom, which can be accessed through a computer, smartphone or landline phone.

GMCDP has founded the Disabled People's Archive which contains thousands of historical documents and photographs as well as video and audio tapes, banners, posters, placards, badges, t-shirts, reports, rare books, leaflets, and campaigning materials spanning many decades. It has all been donated to the archive by individuals and disabled people's organisations. The archive is in partnership with Archives+, stored at Manchester Central Library.

GMCDP convenes the Greater Manchester Disabled People's Panel. The Panel has launched their own website: GMDisabledPeoplesPanel.com

GMCDP has formed a Housing Working Group. This is a member-led group that proposes, plans and organises our campaigning strategy and work about housing issues. The group has responded to consultations around accessible housing, Personal Emergency Evacuation Plans and homelessness as well as making links with other organisations in Greater Manchester who are working in housing.

GMCDP runs a Young Creatives Programme which gives Manchester's young disabled people the opportunity to explore GMCDP's archives on the Disabled People's Movement, one of the largest in the UK, plus the young people involved developed their skills and knowledge in performance, writing, tech theatre and design. This project is in conjunction with the Contact Theatre and Archives+.

GMCDP is running a project called, Powerful Together! It is for disabled adults in Manchester (city). This project will provide people with a variety of peer-support spaces, workshops, and training sessions that aim to teach resistance and how to challenge disablist discrimination in all its forms, using fortnightly gatherings. The gatherings will be split into 3 sections: community and network building, expertise workshops, and advocacy training.

Manchester Disabled People's Access Group (MDPAG)

Manchester Disabled People's Access Group (MDPAG) is an organisation of disabled people who work with disabled people, businesses, architects and designers, the public sector, and the voluntary and community sector in Greater Manchester and elsewhere. They promote best practice in accessible and inclusive design and access standards through membership and project activities, through access consultancy, contributions to consultations, training for disabled people and for organisations, publications and campaigns.

The Access Consultancy provided by the Group has experienced access auditors who can provide:

- Access audits, surveys, appraisals
- Information and website audits
- Design and access statements
- Policy reviews
- Customised training and advice
- Consultation with disabled people

Venture Arts

Venture Arts is a progressive visual arts organisation based in Hulme that strives for learning disabled people to engage with and be recognised in art and culture. They work with learning disabled artists to create and show new visual artwork. They provide a social and stimulating environment for learning disabled people to develop their artistic talents using learner-led methods.

Manchester Deaf Centre

Manchester Deaf Centre seeks to maintain services that are demonstrably effective in making real change in the lives of deaf people. Where there are gaps in provision or innovative ways of doing more and doing it better; they devise projects that answer that need and respond to what they learn from working with, and as part of, the deaf community. To achieve its vision, the Manchester Deaf Centre run the following services:

- The Children and Young People Service works with children and young people up to 25 years (except for up to 30 years for those who need additional support), and welcome Deaf, Hard of hearing and Deafblind children and young people to join in our varied work.
- The Wellbeing, Advocacy, Information, Training, Employment and Enterprise (WAITE) service commenced in March 2020, in response to the unmet needs of the D/deaf communities for better health and well-being communications as a 'One Stop' service.
- British Sign Language – Manchester Deaf Centre delivers a range of educational courses in various settings, including accredited courses for Levels 1, 2 and 3 in British Sign Language.
- Deaf Awareness sessions including Workplace Training and Development.
- The service supports Deaf Awareness Week and share hints and tips regarding deaf awareness and how people can improve their knowledge.
- You can also book a British Sign Language Interpreter.

Manchester People First

Manchester People First is a self-advocacy group for people aged over 18 with learning difficulties who live in Manchester. They support people to speak up for themselves so they can have a bigger say in how their lives are lived by offering training to members and organisations who work with adults with a learning disability, as well as giving members somewhere of their own to meet their peers, learn and socialise. They give their members:

- Training
- A way of getting their voices heard by the big bosses of services
- A place to meet and make friends
- Information in a way they understand

And they do this by having:

- Workshops and training sessions
- Meetings and events
- Drop-ins and social events
- Making things accessible

They do this so people can make informed choices about their own life.

Manchester Hearing Voices Network

Manchester Hearing Voices Network is part of a wider network of Hearing Voices groups in Britain and internationally. The Manchester group has been meeting initially at the Harpurhey Neighbourhood Centre and Day Centre. The group is free to attend and open to anyone who hears voices, sees visions, or has other unusual sensory experiences. It's friendly and everyone who attends goes out of their way to help people feel at ease. The group welcomes people whether they have a diagnosis or not, and members may also have other issues that they are struggling with (including unusual beliefs, self-harm and bipolar). The group can offer one to one support before or after the meetings if members prefer, so they can feel more at ease when they choose to attend the group.

Breakthrough UK

Breakthrough UK is a Manchester based disabled people's organisation. We are led by disabled people and we support other disabled people to work and live independently.

We work to influence national and local public policy to bring about social change and removed discriminatory barriers to disabled people to ensure that they can play a full, active, and equal role as citizens in all aspects of society.

Breakthrough UK's vision is of a society upholding the rights, responsibilities, and respect of disabled people. In Manchester, Breakthrough's face-to-face projects include:

- Manchester Digital Employment Service
- Pathways to Independent Living, digital inclusion, and employment focused group courses
- Community Connecting which supports isolated disabled adults to 'have a good week'
- Health Connecting which supports disabled people in Manchester to reconnect with their communities and access health services in their local community following COVID-19
- Third-Party Hate Crime Reporting Centre
- Payroll and personal budget service
- Transport for Greater Manchester Disability Design Reference Group
- Manchester International Factory Disabled People's Engagement Group
- Manchester Disabled People's Engagement Panel
- Peer support groups
- Training and consultancy for organisations

Breakthrough UK were instrumental in ensuring Community Hub support for Greater Manchester residents was accessible, with our Greater Manchester Community Hub text service. The dedicated text service is operated by a Breakthrough member of staff and removes communication barriers for those people who find phone calls and online forms a barrier. The text service has been helping on average 70 enquiries a month.

Breakthrough's COVID recovery and equity work has included the setting up and facilitating of the Disabled People's Engagement and Sounding Boards in Manchester, one of several Sounding Boards bringing together marginalised groups to highlight inequalities around the pandemic. The Sounding Board, which held its first meeting in

December 2020, has eight member organisations and has covered topics ranging from shielding and social distancing to vaccinations and hospital visiting.

A key part of the Sounding Board project was the translating of the most important official Covid messages and announcements, into accessible communications. These were shared on our COVID Accessible Information Hub. Through this, Breakthrough UK and other Manchester disabled people's organisations have been supporting the work of COVID Health Equity Manchester (CHEM). Outcomes from this collaboration include:

- Access checklist for vaccine sites
- Deaf Vaccine Hour (event)
- Pop up vaccine centre – with Deaf Centre
- Shared longlist of community concerns
- Clear question and answer sheet for Neuro Diverse people
- Health / communication passports proposed to be re-launched
- MFT Exploring staff training and access journey
- Shielding survival guide

The Manchester Disabled People's Engagement Panel

The Manchester Disabled People's Engagement Panel consists of 14 Manchester-based disabled people who have lived experience of disability or long-term health conditions. We use those direct experiences to make the City of Manchester a more accessible place, as part of Breakthrough UK's work as one of the leading disabled people's organisations.

Convened by Breakthrough UK, the panel are presently halfway through a lottery funded, 'leaders of the future' project and have connected with a plethora of Manchester-based commissioners and organisations of influence to affect positive physical, attitudinal, and educational change for disabled people. We have worked with Manchester City Council in numerous areas including panel discussions around employment, housing, city strategies, parks, and leisure amongst others.

Our panel has also worked with the Greater Manchester's Combined Authority, via The Good Employment Charter and the Growth Company supported a recent employment webinar to provide support, help, tips and advice to employers Manchester-based employers are all successes and opportunities to remove barriers in employment of disabled people.

Disability Design Reference Group (DDRG)

Disability Design Reference Group (DDRG) is a disabled people's involvement group facilitated by Breakthrough UK on behalf of Transport for Greater Manchester (TfGM).

Many disabled people rely on public transport as their only means of travel for daily living, so it is important that it is as accessible and barrier free as possible. The DDRG is made up of disabled people from across Greater Manchester who have lived experience of a wide range of barriers that prevent disabled people from enjoying access to all aspects of society and public transport infrastructure and services.

The DDRG members provide input to TfGM and its partners on project design for public transport infrastructure and services across Greater Manchester based on their own individual and collective lived experiences. Their input assists TfGM to ensure that, as far as possible, an inclusive and barrier-free public transport environment is developed across Greater Manchester.

Since the DDRG was formed, it has proved itself to have an important role in helping to remove barriers to public transport and travel, ensuring as many people as possible are able to use public transport services. The DDRG has also received industry recognition for the effectiveness of its involvement of disabled people when it was awarded the 'Putting Passengers First' award in the 2015 National Rail Awards. Judges praised the group's attention to detail, good quality feedback and excellent design improvements.

Community Explorers

Community Explorers are people who work in VCSE organisations in Manchester and have given their time and expertise to work in partnership with Manchester Health and Care Commissioning. By using their knowledge, skills, networks and connections with assets in the community they are able to raise awareness of the on-going experiences and issues that affect local people and allow them to take ownership of their health in a way that meets their needs, and maximises their aspirations, skills and abilities using a strength-based approach. It is also an opportunity to develop collaboration between VCSE and public sector organisations.

In return, Manchester Health and Care Commissioning works with Community Explorers to actively involve VCSE services in the development and co-production of services in Manchester by providing information, data and opportunities for joint funding to build capacity of the VCSE structure to develop and support these local assets. Community Explorers meet monthly and move around each of the localities in Manchester.

Greater Manchester and other partnership activities

External partners (e.g. Greater Manchester Combined Authority, Public Health England, NHS England etc.) can provide support for this important work. Disabled people living in Manchester do not confine their lives to the Manchester area but move fluidly across geographical borders to visit family, friends and pursue personal activities. It is therefore necessary to work across Greater Manchester and beyond to address the challenge of becoming a truly accessible city. If all partners embraced this work, the results would be significant and make a real difference.

The Greater Manchester Disabled People’s Panel (GMDPP)

The Greater Manchester Disabled People’s Panel (GMDPP) was created as an initiative between Disabled People’s Organisations and the Greater Manchester Mayor Andy Burnham. It aims to ensure that disabled people’s involvement in all aspects of running and planning for the future of the city region is better represented.

Its member organisations are majority led and staffed by disabled people from across Greater Manchester’s 10 boroughs, committed to the Social Model of Disability, with strong engagement with their local community, and successful representation of diverse

groups, including LGBT+ and communities facing racial inequality. Those taking part receive an involvement fee from the mayor's office.

Manchester is the first city region in the UK to introduce a disabled people's panel that is involved in such a senior level of strategic policy-making.

The Greater Manchester Health and Social Care Partnership set a learning disability employment target that has an ambition of 7% of people with learning difficulties in employment across all of the Greater Manchester boroughs by 2020. The target is included in the Greater Manchester Learning Disability Strategy and was highlighted in a letter to the Chief Executives of all local authorities in the city region.

The strategy was signed off by the GM Health and Social Care Board in August 2018 and contains 10 key priority areas which are:

- Working with people with Learning Difficulties and their families to shape the strategy and plans
- Supporting people to speak up for themselves and their peers ensuring they get the care and support they need
- Creating services that give people with complex needs greater choice and control
- Improving health outcomes for people with Learning Difficulties
- Creating a sense of belonging not isolation
- Improving housing options so that people with Learning Difficulties can live as independently as possible
- Supporting people with Learning Difficulties into work
- Developing health and care staff across Greater Manchester so they are skilled to meet the needs of people with Learning Difficulties
- Helping children and young people with Learning Difficulties and their families
- Supporting victims of crime with Learning Difficulties and helping offenders with Learning Difficulties make different choices

To progress implementation of the key commitments within the GM Learning Disability Strategy, all localities within GM were asked to work with their local Learning Disability Partnerships Boards to ensure actions were underway in local areas to deliver the new strategy. In addition, a collective 100-day Challenge programme took place between September and December 2018 in order to accelerate implementation of the strategy and look at where positive changes aligned to the priorities could be made, particularly around the area of employment.

The Greater Manchester Health and Social Care Partnership developed a Greater Manchester Autism Strategy ('Making Greater Manchester Autism Friendly 2019-2022'). The vision of the strategy is to make Greater Manchester a place where autistic people and their families can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services, organisations and employers that make reasonable adjustments when required, where people can feel safe, have aspirations and fulfil their potential, and become a full member of the local community.

Opportunities for action

Actions for commissioners and strategic bodies

Implementation of the JSNA

- Develop a Governance Framework with strong leverage to take this JSNA into account in business planning as well as commissioning.

- Set up a working group, including local disabled people, to set appropriate outcome measures and monitor the implementation and use of this JSNA across all relevant sectors.

Barrier-free procurement

- A timetable should be developed in collaboration with disabled people to enable a transition to a barrier removal approach to commissioning. It is suggested that procurement with the VCSE in 2020 is used as a test bed for this approach.

- Resource co-production into the procurement process to enable disabled people to fully participate in the planning of new projects and services, and beyond this through service delivery and evaluation. This includes allowing sufficient time for involvement before major scoping decisions are made, resource to ensure that the design process is fully accessible to all and that all partners are rewarded for their expertise. Where procurement involves the VCSE, allocate up front money to allow successful bidders to do their own coproduction work and avoid call-off contracts.

- Ensure that sufficient time is built into the procurement process in order to conduct meaningful Equality Impact Assessments and co-production as new work is planned and adjust project specifications accordingly.

- Ensure that procurement criteria fully embed the Wellbeing Principle under the Care Act - a holistic perspective.

Social value

- Incorporate the Social Model of Disability and Accessible Information Standards into the definition of social value used by the council and others who procure public services.

- Only offer tenders to contractors who can evidence a track record of removing disabling barriers. Include this requirement within Social Value criteria in the procurement process to ensure barrier free environments are the norm.

Monitoring and evaluation

- Provide a range of accessible and anonymous opportunities, including offline, for disabled people to rate health and social care providers without affecting any support offered.

Training

- The Our Manchester Disability Plan (OMDP) Health and Care Workstream should support Manchester Health and Care Commissioning and the Manchester Local Care Organisation (MLCO) to develop a programme of mandatory training for all staff groups on the Social Model of Disability, delivered by disabled people's organisations.

Collaborative working with Our Manchester Disability Plan workstreams

- Use evidence generated by OMDP workstreams to develop partnership working with commissioners. Align this to the workstream's current action plan.

Compliance

- Create a local framework to ensure the Equality Act and Accessible Information Standard are properly enforced, particularly the anticipatory duty to make reasonable adjustments. Coproduce this framework with local disabled people and adopt a champion's approach.

Increasing employment and skills

- Build on the ground-breaking work locally by Working Well to focus a commissioning priority on projects that further disabled people's careers and promote sustainable employment.

- Contracts for small-scale employment support projects for disabled people should only be awarded to bidders where at least 50% of disabled staff are employed across all levels of the organisation.

- Support the growth and development of peer led models of employment support for disabled people as part of the service 'offer' from commissioners.

Data

- Require funded providers to provide data about disabled people's active participation in their communities.

- Strengthen the measurement of social impact. There is a lack of evidence of the benefit of public sector procurement in the city through the work of their supply chains. Increase the accountability of subcontracted employers and businesses by requiring them to make annual data available about their social impact.

- Seek annual guidance from VCSE organisations via a survey about numbers of disabled people they are working with who are not eligible for statutory support, including details of barriers they face to community participation and impact of austerity measures.

Strategic priorities

- Ensure that strategic policy issues raised by the Greater Manchester Disabled People's Mayoral Panel are considered in strategic planning.

- Set combatting loneliness and isolation of disabled people as a key strategic priority for commissioners in the city.

- Support the development of self-directed Care Co-operatives by 2021, building on the work of the current test bed in Manchester.

- Adopt the 12 Pillars of Independent Living as one of the guiding principles underpinning current and future iterations of MHCC's Operational Plan and other related plans and strategies in order to ensure that the needs of disabled people living, working or visiting Manchester are properly and comprehensively considered.

Information

- Promote appropriate terminology guidelines for use by services, where relevant, to promote the respect of and independence of disabled people.

- Ensure that commissioning organisations and departments will include the provision of accessible information and communication in their brief and in relation to other aspects of their services.

- Promote accessible appropriate signage and wayfinding services through planning provision, within health and social care provision and in all other services working in Manchester.

Actions for providers

- Demonstrate compliance with the Accessible Information Standard and anticipatory duty to make reasonable adjustments.

- Gather annual data on social impact of contracted work, including evidence of removal of disabling barriers and examples of how they have worked with disabled people to ensure people are more involved in their communities.

- Improve processes to ensure that health and social care professionals know when they are visiting a deaf person and can pre-arrange appropriate communication provision without delaying appointments.

- Ensure that an effective system is place so that British Sign Language interpretation is available whenever required at meetings, services and work related appointments. Ensure contact lists of organisations who provide communication support such as sign language interpretation, lip speaking, and palantypists are checked at least bi-annually.

- Work with local deaf people to investigate and adopt accessible forms of technology, such as Skype, WhatsApp, text messages and videos with sign

language interpretation. Use these to communicate key information, community resources, and information on rights.

- Provide a forum on and offline which allows people to rate the accessibility of buildings and programmes involved in providing support to disabled people. These should be rated 1 to 5, with 1 being not at all accessible and 5 being completely accessible

Training

- Provide deaf awareness training and basic sign language training for frontline staff to help them communicate effectively.

- Provide training to ensure that all front line staff understand how to take action to remove disabling barriers. As part of this work, we hope to develop a training offer for partners, but this would include the provision of appropriate funding.

Assessment and information sharing

- Ensure information about people's access and support requirements is shared appropriately between different agencies involved in providing aspects of care and support for a disabled person

- Ensure that the single assessment process comes from a Social Model of Disability perspective, i.e. the focus should be on removing barriers that stop the person fully participating in society, and be based on the presumption that the disabled person is the expert on their impairment and how it affects them.

- Ensure that disabled people have the tools to make a genuine choice about their healthcare and the lifestyle they want. Make information on choices and rights available in a range of formats, including offline and in easy read.

Actions for VSCE organisations

- Demonstrate compliance with the anticipatory duty to make reasonable adjustments.

- Gather annual data on social impact of contracted work, including evidence of removal of disabling barriers and examples of how they have worked with disabled people to ensure people are more involved in their communities.

- Provide data to commissioners about numbers of disabled people they are working with who are not eligible for statutory support, including details of barriers they face to community participation and impact of austerity measures.

- Constructively highlight disabling barriers and potential solutions to organisations and hold organisations to account when they do take action to remove barriers.

- Share information and advice on options and support disabled people to advocate for their rights.

Actions for disabled people and allies

- Find out about the Social Model of Disability and how to advocate for barrier removal.
- Play an active role in the development of projects and programmes by getting involved in design forums or co-production projects.
- Get actively involved with the Our Manchester Disability Plan and/or with a disabled people's organisation
- Constructively highlight disabling barriers and potential solutions to organisations and hold organisations to account when they do take action to remove barriers.
- Share information and advice on options and support disabled people to advocate for their rights.

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Other related JSNA topics

- Black and minority ethnic (BAME) communities
- Faith and Health

Original report completed by Jon Burke, Zoe Robertson and Mike Petrou (Directorate for Children and Families, Manchester City Council) and Elaine Astley (Policy and Research Officer, Breakthrough UK)

Date: October 2019.

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Date: November-December 2021

It is hoped that you have found this topic paper useful. If you have any comments, suggestions or have found the contents particularly helpful in your work, it would be great to hear from you.

Responses can be sent to jsna@manchester.gov.uk

Joint Strategic Needs Assessment Children and Young People

Theme - Key Groups

Topic - Mental Health and Emotional Health and Wellbeing

Date - January 2022

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Why is this important?

Mental Health affects all aspects of a child's development including their cognitive abilities, their social skills as well their emotional wellbeing. With good mental health, children and young people do better in every way. They enjoy their childhoods, can deal with stress and difficult times, are able to learn better, do better at school and enjoy friendships and new experiences.

Childhood and teenage years are when mental health is developed, and patterns are set for the future. So, a child with good mental health is much more likely to have good mental health as an adult, and to be able to take on adult responsibilities and fulfil their potential.[1]

It is well established that over half of all mental health problems manifest before the age of 14 years and 75% have developed before the age of 18 years.[2]

Mental ill health affects all aspects of a child's development. Thus, a delay in treating or untreated mental health problems in children and young people may have a long lasting and far reaching impact.

According to the Office for National Statistics (ONS), the population of children and young people aged 0 to16 years living in Manchester has increased from 103,050 in mid-2011 to 118,100 in mid-2020 – an increase of just over 15,000 children and young people or 14.6%. The latest set of subnational population projections from ONS suggest that the estimated number of child and young people aged 0-16 years living in the city will increase to around 119,300 in mid-2023, before falling slightly to around 117,100 in mid-2028 - a fall of 1.1% compared with mid-2020.[3]

However, Manchester City Council's own population forecasting model, which uses a different methodology and set of data than that used by ONS, indicates that the population of children and young people aged 0-16 years living in Manchester will increase to nearly 130,200 by mid-2028 - an increase of over 5,500 children (or 4.4%) compared with the forecast for 2021.

Data from the Indices of Deprivation 2019 show that Manchester ranks 6 out of 317 local authorities in terms of overall deprivation, with over two-fifths (43%) of small areas (LSOAs) in the city ranking in the most deprived 10% of LSOAs in England. The city fares slightly worse in terms of health deprivation, for which Manchester is the fifth most deprived area in England, with 52.1% of LSOAs in most deprived 10%. Just under 40% of LSOAs in the city are in the 10% most income deprived areas in England and 29.7% of children in Manchester are living in income-deprived families.

Living with the day to day stresses of poverty, especially in early childhood, can have damaging consequences for long term health and life chances. The life chances of those individuals are significantly reduced in terms of their physical health, their

[1] www.youngminds.org.uk (accessed 10th September 2021)
[2] Murphy, M and Fonagy P (2012). Mental health problems in children and young people. In: Annual Report of the Chief Medical Officer 2012. London: Department of Health. (In Future in Mind report)
[3] www.ons.gov.uk (accessed 27th September 2021)

educational and work prospects, their chances of committing a crime and even the length of their life. As well as the personal cost to each and every individual affected, their families and carers this results in a very high cost to the economy.[4]

The lifetime cost of a one-year cohort of children with conduct disorder is estimated to be £5.2 billion.[5]

Trauma-exposed young people have also been shown to be twice as likely as non-traumatised participants to develop a wide range of mental health conditions.[6]

Therefore, not investing properly in prevention and early intervention is a false economy. Overall, the mental health and wellbeing of children and young people in Manchester is worse than England. In 2019/20, there were 460 child inpatient admissions for mental health conditions – a crude rate of 130.2 per 100,000 population compared with the England average rate of 89.5 per 100,000 population. In 2018/19, 8,530 children and young people aged under 18 were referred to secondary mental services – a rate of 7,411 per 100,000 population. This compares with an England value of 5,994 per 100,000 population. Note: one person can be referred multiple times in each financial year and all their referrals are included in this indicator, meaning that this is a measure of activity, not the patients in receipt of that activity.

The national Mental Health and Young People Survey (MHCYP) 2017 found that one in eight (12.8%) 5 to 19 year olds had at least one mental disorder.

Common Mental Health Issues Affecting Children and Young People

Conduct disorders

These are the most common reason children are referred to mental health services. It is characterised by repeated and persistent misbehaviour that is far worse than would be expected of a child of that age. Behaviour may include stealing, fighting, vandalism and harming people or animals. Around 5.8% of children are thought to have a conduct disorder

Anxiety

Anxiety affects around 3.3% of children of children have an anxiety disorder.

Depression

Approximately 0.9% of children are seriously depressed.

Hyperkinetic disorder (severe ADHD)

1.5% of children and young people have severe ADHD

[4] Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing (NHS England and Department of Health)
[5] Young Minds Strategic Plan 2012–15 Executive Summary
[6] The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales. The Lancet Psychiatry (Lewis et al 2019)

Eating disorder

See JSNA section about Eating Disorders

Parental Mental Ill Health

Pregnancy and childbirth are major life events and can impact on maternal mental wellbeing. Maternal mental ill health can affect the woman, her baby and the rest of the family. Women are at risk of developing mental illness during pregnancy or in the post-natal period and are also at risk of existing mental illness worsening or having a relapse of any pre-existing mental illness. For more information on maternal mental health see JSNA section on Maternal Mental Health.

Parental mental illness is associated with increased rates of mental health problems in children and young people, with an estimated one-third to two-thirds of children and young people whose parents have a mental health problem experiencing difficulties themselves.[7]

Approximately 30% of adults with mental ill health have dependent children and 25% of children subject to child protection conferences have a parent with mental ill health.[8]

Manchester has higher rates of mental ill health than national averages – it is estimated that between one in eight and one in ten Manchester adults are prescribed antidepressant medication.

Poor mental health can impair parenting through anxiety, reduced confidence, motivation, self-esteem and low energy. Stigma and discrimination can also discourage parents from seeking help when they need it. It is also vital to recognise that many people with mental health problems cope well and flourish as parents and it is crucial to promote and support this.

Transition

All children and young people need preparation for adult life, but for some the challenge can be greater. Issues related to the transfer from children and young peoples to adult mental health services are longstanding. The current system is age-based – ordinarily happening at 18 – rather than developmental – at an appropriate time for the young person. Alongside this many young people will be concurrently facing other transitions and stresses such as housing and welfare benefits.

Risk Factors

[7] Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays
[8] MSCB Policy 2011

There are several risk factors that make mental health conditions more likely in children and young people. These include:

- Having a long-term physical illness
- Having a parent with mental health problems
- Experiencing the death of someone close
- Separation or divorce of parents
- Neglect
- Severe bullying, physical or sexual abuse
- Living in poverty or being homeless
- Experiencing discrimination
- Acting as a carer
- Having long standing educational difficulties

National estimates also show that mental health disorders are comparatively:

- Higher in the Lesbian, Gay, Bisexual and Transgender communities
- Higher in white British ethic groups
- Higher in lower income households (four times more likely that children from higher-income families)
- Higher in children and young people who have had adverse childhood experiences or lived in households where there is family dysfunction.

Looked After Children have often been exposed to a multitude of complex mental health risk factors prior to entering care, making them some of the most vulnerable young people.

Having one or more of these risk factors does not make a mental health problem inevitable or even probable. Emerging evidence on resilience theory highlights the importance of focussing on children and young people's strengths and building resilience rather than just focusing on reducing risk factors.

Things that can help children and young people stay mentally well include:

- Being in good physical health, eating well and being physically active
- Having freedom and time to play
- Being part of a family that gets on most of the time
- Attending a school that looks after the wellbeing of its pupils
- Taking part in local activities for young people
- Feeling loved, valued, and safe
- Being supported to learn and succeed
- Having a sense of belonging
- Having some control over their lives
- Having the resilience to cope when things go wrong and being able to solve problems.

There is strong evidence that building resilience is an effective approach in supporting mental wellbeing, helping children and young people manage symptoms and preventing mental health problems occurring in the first place.

Suicide and Self-Harm

In the UK suicide is the biggest killer of young people (both males and females) aged under 35. In 2020, 1,317 young people aged under 35 in England took their own lives. Of these 161, were aged under 20. This equates to just under four per day. According to Papyrus UK over 200 school children are lost to suicide in the UK each year. Every year many thousands more attempt or contemplate suicide, harm themselves or suffer alone, afraid to speak openly about how they are feeling.[9]

Research indicates that:

- Three times as many young men as young women aged between 15 and 24 died by suicide
- Only 14% of young people who died by suicide were in contact with mental health services in the year prior to their death, compared with 26% in adults.
- Looking at the difference between sexes, 20% of young women were in contact with mental health services compared to only 12% of young men.

In England, a quarter of 11 to16-year olds, and nearly half of 17 to 19 year olds (46.8%), with a mental disorder reported that they have self-harmed or attempted suicide at some point in their lives. For 11 to 16 year olds, this represents a greater than eightfold risk compared to those without a mental health problem (25.5% compared to 3.0).[10]

The latest data from ONS on registered deaths in England and Wales from suicide in 2020, published in September 2021, shows that suicide rates for all age groups in England as a whole were lower in 2020 than 2019. This decrease is likely to be due to a combination of a decrease in male suicides at the start of the coronavirus (COVID-19) pandemic and delays in death registrations because of the pandemic. Looking at trends over time in broad age groups, males aged 10 to 24 years have always had the lowest suicide rates. In 2020, the rate in this group was 7.0 deaths per 100,000 population. The age-specific suicide rate among females aged 10 to 24 saw an increasing trend since 2013, peaking at 3.1 deaths per 100,000 population in 2019, but fell back to 2.5 deaths per 100,000 population in 2020.

Data collected by Manchester Safeguarding Children Board (MSCB) Child Death Overview Panel shows that the number of deaths by suicide in children and young people in Manchester between 2008 and June 2015 was low.

Self-harm is a related issue as it increases the likelihood that the person will eventually die by suicide by between 50 and 100-fold above that for the rest of the population.

'Self-harm' is defined as 'intentional self-injury or self-poisoning, irrespective of motivation or degree of suicidal intent' and encompasses both suicide attempts and acts with other motives or intentions.

[9] www.papyrus-uk.org (accessed 10th September 2021)
[10] NHS Digital (2018) Mental Health of Children and Young People in England 2017

Levels of self-harm are higher among young women than young men. The rates of self-harm in young women averaged 302 per 100,000 in 10 to 14-year olds and 1,423 per 100,000 in 15 to 18 year olds. Whereas for young men the rates of self-harm averaged 67 per 100,000 in 10 to 14 year olds and 466 per 100,000 in 15 to 18 year olds. Common characteristics of adolescents who self-harm is similar to the characteristics of those who commit suicide. Young South Asian women in the United Kingdom seem to have a raised risk of self-harm. Intercultural stresses and consequent family conflicts may be relevant factors.[11]

As many as 30% of adolescents who self-harm report previous episodes, many of which have not come to medical attention. At least 10% repeat self-harm during the following year, with repeats being especially likely in the first two or three months. [11]

Impact of Coronavirus (COVID-19) on the Mental Health and Emotional Health and Wellbeing of Children and Young People

The COVID-19 Pandemic has had a profound effect on children and young people across the country and the world. Many young children have found it hard to cope with isolation, loss of routine, disruption to their education and anxiety about the future. Both statutory and voluntary sector services have seen a rise in referral rates possibly due to either a rise in mental health needs in children and young people or potentially a shift in the public with regard to accessing services, either way the demand for already stretched mental health services is continuing to rise.

The Office of Health Improvement and Disparities (OHID) has published a COVID-19 mental health and wellbeing surveillance report. Chapter 4 of this report presents a high-level summary of the best, recent, evidence available about the experience of children and young people of the pandemic as relevant to understanding their mental health and wellbeing.

Evidence from UK studies of the mental health and wellbeing of children and young people in relation to the COVID-19 pandemic suggests that the mental health and wellbeing of some children and young people has been substantially impacted due to, and during, the pandemic. Between March and September 2020, some children and young people coped well as life satisfaction only slightly reduced and happiness was relatively stable. It was females and those with pre-existing mental health issues who experienced more negative impacts, compared to pre-pandemic data. Between September 2020 and January 2021, there was a decline in wellbeing and increased anxiety was a key impact.

Although the volume of published new intelligence covering January to June 2021 has reduced, the evidence there is shows an increase in behavioural, emotional and restless/attentional difficulties in January, that had subsequently decreased by March 2021. Children also appeared to have experienced a reduction in mental health symptoms as restrictions eased in March 2021, as seen in both parents/carers reporting and child self-reporting data.

[11] Hawton K et al (2012a) Self-harm and suicide in adolescents. Lancet, 379: 2373-2382

The Department for Education (DfE) commissioned the COVID-19 Parent and Pupil Panel (PPP) to collect robust and quick turnaround research in response to the COVID-19 pandemic. The most recent results from secondary pupils suggest that wellbeing scores for happiness, life satisfaction, worthwhileness have remained relatively stable between March and July 2021. While there was some evidence of a dip in these measures between December 2020 and February 2021 when schools were closed to most pupils, reported wellbeing had recovered to levels seen before the most recent school closures by March 2021. Nonetheless, average scores for all measures remain lower than in summer 2020 (when the first panel was conducted).

Parent responses about their children's wellbeing are generally consistent with pupils' self-reporting.

NHS Digital's second follow up study to their 2017 Mental Health and Young People Survey (MHCYP) explored the mental health of children and young people in February to March 2021, during the Coronavirus (COVID-19) pandemic. It also reported on changes since 2017 and, where possible, compares this to the first follow-up wave findings from 2020 (Fieldwork July to August 2020).

Overall, the results reinforce the significant increases in probable mental disorders in children and young people that were reported in the first follow up report. The rate of probable mental disorders in children aged 5 to 16 years increased from one in nine (10.8%) in 2017 to one in six (16.0%) in 2020. However, there appears to be substantial variation in symptoms across individuals over time. For example, although just under two-fifths (39.2%) of those aged 6 to 16 years and over half (52.5%) of 17 to 23 year olds had experienced deterioration in mental health since 2017, 21.8% of 6 to 16 year olds and 15.2% of 17 to 23 year olds had experienced improvement.

Across the North West, the mental health of young people worsened between 2017 and July 2020, with the percentage of 5 to 10-year olds with a probable mental health disorder doubling from 8% to 16%. A similar pattern was evident in 11to 16-year olds.

Mental health problems appear to be higher for some children and young people than others. Symptoms of probable mental disorder among children and young people aged between 6 and 23 years old were more likely to be reported in White British and the mixed or other groups, than in the Asian/Asian British and Black/Black British groups in 2021 (although sample sizes are small so need to be treated with caution). Further, symptoms of mental disorder were higher in children aged between 6 and 16 years old with special educational needs, compared to those without. Symptoms of probable mental health disorder were also higher in boys aged 6 to 10 years than girls. However, in 17 to 23 year olds, this pattern was reversed, with rates higher in young women than young men.

The MHCYP Survey 2020 also showed that children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).

In a study conducted between December 2020 and January 2021, a greater proportion of Lesbian, Gay, Bi-sexual, and Transgender (LGBTQI+) respondents aged 11 to 18 years reported that their mental health had worsened since the start of the pandemic, compared to non LGBTQI+ respondents. LGBTQI+ respondents were also more likely to report mental health challenges such as anxiety disorder, depression and panic attacks, and suicidal thoughts and feelings. Without a pre-pandemic baseline for comparison it is not possible to know if the greater reporting of mental health challenges by LGBTQI+ respondents is an indication of specific pandemic impacts, or a continuation of pre-pandemic patterns. LGBTQI+ respondents have also experienced feeling lonely/separated from people and experienced tension in the place they live more than non-LGBTQI+ respondents during the lockdown restrictions

The Manchester Picture

Manchester Prevalence

Pre-school children

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. A literature review of four studies looking at 1,021 children aged 2 to 5 years old found that the average prevalence for any disorder was 19.6%.[12]

Applying this rate to the Manchester population for mid-2020, gives a figure of approximately 5,800 children aged 2 to 5 years inclusive living in Manchester with a mental health disorder.

School age (5 to 16) children and young people

The following prevalence estimates are based on estimates from Green et al 2004 applied to mid-2020 population estimates.[13]

Prevalence rates are based on ICD-10 classification of mental and behavioural disorders with strict impairment criteria, a disorder causing distress to the child or having a considerable impact on the child's day to day life.

Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10-year olds (7.7%) to experience mental health problems.

The table below contains the estimated number of children with mental health disorders in each locality (equivalent to the former North, Central and South Manchester CCG boundaries) calculated by applying the estimated prevalence rate to the ONS mid-2020 population estimates for wards in Manchester.

[12] Egger, H.L. and Angold, A, (2006) Common emotional and behavioural disorders in preschool children: presentation, nosology, and epidemiology. Journal of Child Pscyhology and Psychiatry, 47 (3-4), 313-37

[13] Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005) Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive

Estimated number of children with mental health disorders by age and sex

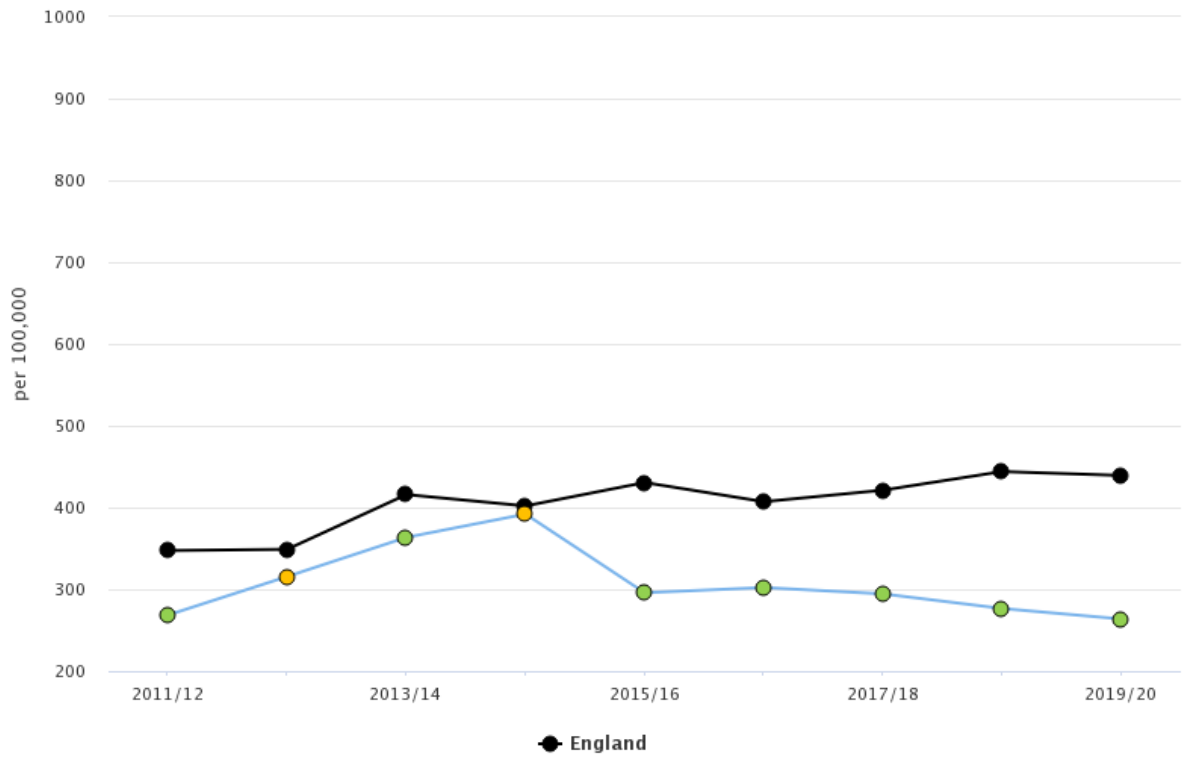
	5-10 years			11-16 years			Total 5-16 years		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Estimated Prevalence	10.2%	5.1%	7.7%	12.6%	10.3%	11.5%	11.4%	7.8%	9.6%
North	819	394	1,212	94	75	170	1,000	659	1,654
Central	779	375	1,154	72	50	122	936	612	1,541
South	693	331	1,023	51	41	92	820	537	1,352
Manchester	2,291	1,100	3,390	216	167	384	2,756	1,809	4,547

Source: ONS Mid-2020 Population Estimates; (Green et al 2004)

The table shows that North Manchester is estimated to have the highest number of young people with mental health disorders across all age groups and sex with Central Manchester having slightly less and South having the lowest numbers across age groups and sex. This largely reflects the distribution of children aged 5-16 years in different parts of the city.

Self-harm

Nationally, the rate of young people aged 10 to 24 years admitted to hospital because of self-harm is increasing. This is not the case in Manchester, where there is no significant upward trend (see chart below).



The hospital admission rate for self-harm in 2019/20 is 263.7 per 100,000, which is better than the England average (439.2 per 100.000). The figures in the table below shows that admission rates for self-harm among children and young people in Manchester are lower (i.e. better) than both the Greater Manchester and England values across all age bands.

Hospital admissions as a result of self-harm by age band (2019/20)[14]

Age group	Manchester		Greater Manchester	England
	Number of admissions	Rate per 100,000		
10-14 years	45	138.8	213.6	219.8
15-19 years	165	475.7	629.3	664.7
20-24 years	130	191.9	398.5	433.7
10-24 years	**335**	**263.7**	**412.8**	**439.2**

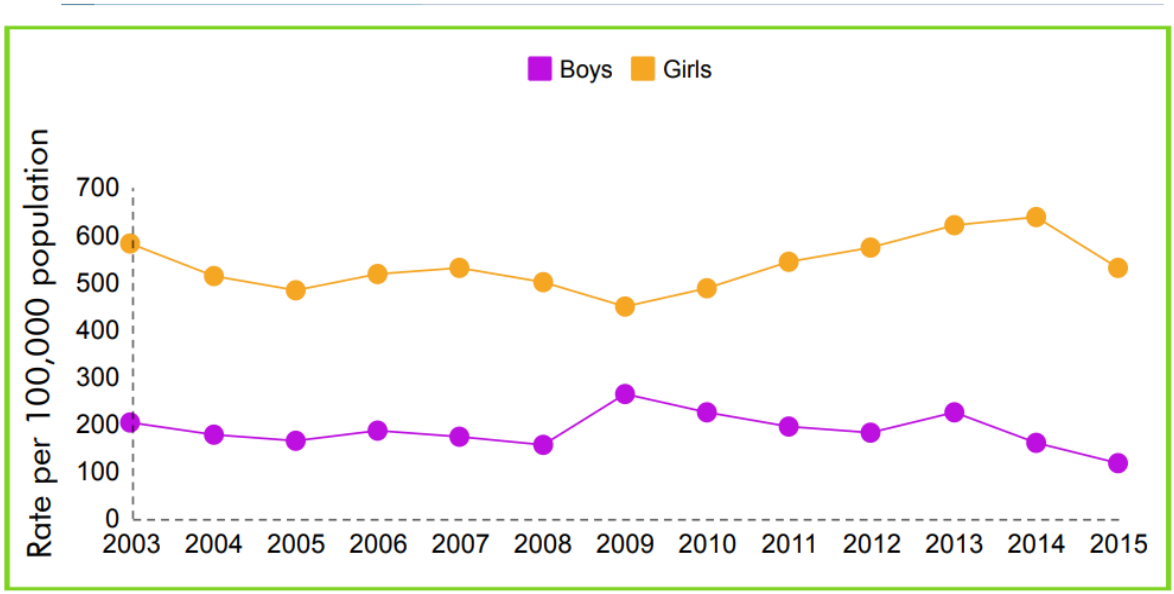
Nationally, levels of self-harm are higher among young women than young men.

[14] Self-Harm in Children and Adolescents: Key Figures from Manchester 2003-2015 (accessed September 2021)

The Manchester Self-Harm (MaSH) Project collects data on emergency department presentations for self-harm made to three local general hospitals in the city. Studies by MaSH Project in 2016 highlight that individuals aged 16 to 19 have the highest rate of self-harm (642 per 100,000) than other adult age groups. In females aged 16 to 19 rates were higher than in males (75% vs 25%). The main method of self-harm was overdose by drugs (69%).[16]

The charts below (provided directly by the MaSH Project) highlight the trends in self harm across age groups and gender.

Hospital presentations for self-harm, by sex, aged 6 to 18 years, 2003 – 2015. (Data source Manchester Self Harm Project, 2016).[15]



Children and adolescents who self-harm have a considerable risk of future suicide, especially males, older adolescents, and those who repeated self-harm. A recent study of mortality in children and adolescents following presentation to hospital after non-fatal self-harm found that the 12-month incidence of suicide in individuals aged 10–18 years who presented to the hospitals that were part of the study was more than 30 times higher than the expected rate in the general population of individuals in this age group in England.[16]

[15] The Manchester Self Harm Project (accessed September 2021)
[16] Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing (NHS England and Department of Health)

Pupils with Special Educational Needs (SEND)

There are approximately 130,427 young people aged 18 and under living in Manchester. There are 186 schools in the city, including 60 academies, 15 free schools and 14 special schools. There is a rich diversity across these schools, with 153 languages spoken. Around 42.3% of school pupils have English as an additional language and 39.2% are eligible for free school meals - an 8% increase during the Coronavirus (COVID-19) pandemic.

Manchester's population is growing significantly and the number of children and young people with a Special Educational Need (SEND) is growing in line with the population increase. In addition, earlier identification of children's needs, combined with parents' greater readiness to ask for support for their children and staff becoming more skilled in identifying needs, are contributing to a rise in numbers of children at both SEN Support and Education, Health and Care Plan (EHCP) level.

Recent figures indicate that 13.4% of pupils in Manchester schools receive SEN support and 4.3% have an Education and Health Care Plan (EHCP). Around a third (33%) are female and two thirds (67%) are male. Almost half (49%) are eligible for free school meals and 34% have English as an additional language.

The types of primary need that are most common in Manchester are speech, language and communication needs (SLCN) 21.2%, moderate learning difficulties (MLD) 21.1%, social, emotional and mental health needs (SEMH) 20.8% and autism (ASD) 8.6%.

Absence rates for children with SEND are greater than the rest of the school-age population and the inequality is somewhat pronounced in GM.

Pupils with SEND are more likely to have both authorised and unauthorised absences from school than pupils with no SEND.

What would we like to achieve?

Future in Mind, 'Improving mental health services for young people', 2015 included clear commitments for the period 2015-2020 and led to the creation of the 'Five Year Forward View' on mental health, which included a commitment to treat an additional 70,000 children a year.[17]

'Transforming children and young people's mental health provision: A Green Paper', 2017, included further commitments on expanding NHS funded mental health services for children, introduced new 'Mental Health Support Teams' to work with schools to provide treatment and introduced pilots for 4-week waiting times.[18]

Alongside this, there was funding for schools to improve teacher training and the introduction of a designated mental health lead in every school.

The NHS Long Term Plan published in December 2018 outlines that NHSE have an ongoing commitment to invest in Children's and Young People's Mental Health through a focus on expanding access to meet the needs of more children, eating disorders, the development of Mental Health support embedded in schools, improving Health and wellbeing for people with Learning Difficulties and Autism and support for intensive, crisis and forensic community support. This plan includes new commitments to continue the expansion of NHS services for children, with specific targets up to 2023, and a broader ambition to meet the needs of all children who require NHS support by 2028.

The NHS Long Term Plan strategic commitments by NHS England provide the basis and confidence for Manchester Health and Care Commissioning to develop and sustain the new model of delivery 'm-thrive' for Manchester Children and Young People.

In Manchester we continue to provide provision to enable all children and young people and their families who experience Mental Health problems or who may be vulnerable and at greater risk of developing Mental Health problems through a range of community CAMHS services and VCSE sector organisations.

- No Wrong Door – Alonzi House Hub Mental Health Support
- CAMHS LAC
- CAMHS LD - Consultation and Therapeutic Service for Looked After Children
- Virtual LD team with support to those LAC placed out of the city to try and maintain them in residential placements
- Manchester Adoption Psychology Service
- Children with Disabilities team
- Specialist care – ADHD (increased investment requested in business case to enhance workforce in Manchester)
- Specialist Care – Autism (Pilot in south has reduced wait times from 12 months to 5 months –now being rolled out citywide)

[17] Young Minds Strategic Plan 2012-2015 Executive Summary
[18] Transforming children and young people's mental health provision: a green paper, 2017

- Children's and Parents Service (CAPS)
- 16-17 CAMHS Emerge
- Integrated Community Response Service
- CAMHS Youth Justice Service – Manchester

Manchester's Local Transformation Plan 2020/21 ambition works on a macro and micro level. Macro in that we are working with system partners to coproduce and implement a new delivery model of placed based care 'M-thrive'. Micro in that we are testing new types of service models within this model for specific groups of Children and Young People with complex and additional needs, Children and Young People with Autism and Learning Difficulties, Eating Disorders, Adverse Child Experiences, Edge of Care and who display oversexualised behaviour.

To ensure the successful delivery of our Children and Young People's Mental Health and Wellbeing Redesign Programme we have engaged with and captured the voices of our children, young people, their families and all other stakeholders.

The implementation of thrive hubs will look to enable improved access, including sustainable reductions in waiting times whilst improvements in productivity and efficiency. The Manchester Thrive Hub will consist of a multi-agency team based in three locality hubs across the city and will:

- Enable earlier identification of need
- Identify appropriate support and signposting to encourage self-care, community-based prevention and interventions
- Scope out options for developing community-based group interventions

Some of the key outcomes will include:

- Reduction in wait times
- Reduction of inappropriate referrals to CAMHS
- Reduced demand on specialist CAMHS

What do we need to do to achieve this?

Delivering the Ambition - Strategic Context

The Greater Manchester Mental Health Strategy is at the heart of the Greater Manchester Health and Social Care Partnership (GMHSCP). GMHSCP is derived from the ten Greater Manchester Clinical Commissioning Groups and Councils and is strengthened further by representatives from NHS England Specialised Commissioning and Population Health.

They key areas of focus of this strategy are:

Prevention

With an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.

Access

Improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.

Integration

Many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.

Sustainability

To effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health

Following the issue of the Future in Mind Review and the Five Year forward View, the Greater Manchester Health and Social Care Partnership established it was clear that a considerable amount of Future in Mind transformation planning and commissioning was best done to scale across the Greater Manchester footprint rather only at a single LA/CCG footprint.

Greater Manchester, in line with devolution and related devolved powers, made a clear commitment to develop the current provision of mental health services, working towards parity of esteem. This included taking collaborative action in making full use of the targeted Children and Young People's mental health investment in localities, clusters and across Greater Manchester; supporting activity linked to refreshed Local Transformation Plans (Long Term Plans) devised to deliver the ambition set out in

Future in Mind (FIM). This guidance emphasised the need for joined-up commissioning and provision.

A key change in strategy and future delivery is the formation of a Greater Manchester Integrated Care System (ICS). This is due to come into being in April 2022. Whilst the operating model is still under review the principles are clear. The ICS will seek to align organisations to achieve the neighbourhood, locality and GM priorities with a strong emphasis at each level on reducing health inequalities. Priorities will be set that balances national and GM, and GM and locality priorities. There will be a focus on shared planning between neighbourhood, locality and GM levels, sharing of resources and shared accountability for delivering the key standards and priorities.

The ICS aims to implement new forms of accountability to end the purchaser provider split and that will see care providers becoming an integral part of shared leadership arrangements at all levels.

The Our Manchester strategy recognises the value of children and young people in the city and places children at the heart of its vision for Manchester to be in the top-flight of world class cities by 2025. There are four key outcomes for all children to be:

- Safe: All children and young people feel safe, their welfare promoted and safeguarded from harm within their homes, schools, and communities
- Happy: All children and young people grow up happy – having fun, having opportunities to take part in leisure and culture activities, and having good social, emotional, and mental wellbeing. It also means all children and young people feeling that they have a voice and influence as active Manchester citizens.
- Healthy: The physical and mental health of all children and young people is maximised, enabling them to lead healthy, active lives, and to have the resilience to overcome emotional and behavioural challenges.
- Successful: All children and young people have the opportunity to thrive and achieve individual success in a way that is meaningful to them. This may be in their education, or in their emotional or personal lives.

As well as focusing on four outcomes, there are four pressing priorities which are described in the plan as being particularly pertinent to Manchester and will lead to wide-scale improvements for children and young people across the city. These are:

- Children and young people living in stable, safe and loving homes.
- Safely reducing the number of children and young people who are in care.
- Children and young people having the best start in the first years of life, improving their readiness for school.
- Children and young people fulfilling their potential, attending a good school, and taking advantage of the opportunities in the city.

What are we currently doing?

A review of Child and Adolescent Mental Health Services (CAMHS) was undertaken in September 2016. The review articulated a complex reality in Manchester signified by fragmented commissioning and multiple interfaces and relationships across services. It found a systematic lack of understanding of the CAMHS offer reflected in the quality and appropriateness of referrals, conversion rates. The engagement of schools voiced dissatisfaction in their ability to access CAMHS via existing school nurse provision and difficulties responding to increases in the prevalence and complexity of emotional wellbeing and mental health presentations, in particular ASD, and self-harm and suicide.

The CAMHS review outlined several thematic gaps across the city in relation to -

- prevention, early identification, provision to children and young people with added vulnerabilities their parents and carers,
- the need for a more robust and better co-ordinated universal mental wellbeing and mental health offer in the school arena, a need to stabilise, assure and improve the emotional health and wellbeing offer within school nursing,
- the need to improve the profile of the CAMHS service and deliver an assertive response to young people who are difficult to engage, the need for system integration across health and social care and to enhance skills and capability across the universal children's workforce,
- the need for enhanced crisis provision and a robust transition offer.

Further detail can be found in the Manchester Local Transformation Plan 2015-2020.[19]

Following the review, the CAMHS service have commenced a programme of transformation to meet the identified gaps / issues.

Achievements Following the Review

In response to the findings of the review in new model of care has been adopted and is being rolled out across the whole children's system to improve services and address the gaps identified.

M-Thrive in Education: Manchester's local offer of wellbeing and mental health support

In March 2020 MHCC was successful in receiving a funding award from NHS England to establish a Mental Health Support Team (MHST) for the education settings in Manchester. This was launched in schools in September 2020.

[19] Manchester Local Transformation Plan, Children and Young People's mental health and Wellbeing 2015 -2020

‘M-Thrive in Education’ is the umbrella term for Manchester’s local offer of wellbeing and mental health support for children and young people in Manchester. M-Thrive is a multi-agency offer from a range of NHS and charitable organisations (CAMHS, 42nd Street, Manchester MIND, Place2Be), as well as educational psychologists, Manchester City Council Education department, The School Health Service (School Nurse Service and Manchester Healthy Schools), the MLCO, MHCC, MFT and the M-Thrive Hubs work together to form this offer. It allows schools and colleges to find local services and resources more easily and promotes a holistic and collaborative approach. Training for all schools and colleges to access has been delivered through the 'Wellbeing for Education Return/Recovery' (WER) Programme and we have introduced mental health practitioners into schools via Mental Health Support Teams.

As part of the universal offer from M-Thrive in Education, schools and colleges were given a Directory of Resources which is now available via the Manchester Healthy Schools website. Furthermore, the Anxiety Based School Avoidance (ASBA) Pathway was also launched with schools. This pathway is the result of a collaboration between Manchester Local Authority, the One Education Educational Psychology Service, Parents and Health organisations, as well as schools, colleges and provisions across Manchester.

Manchester Healthy Schools has delivered training and support across the education settings in Manchester throughout 2020-21 and this has continued in the 2021-22 academic year. This includes the introduction of a senior mental health lead support network which has over 130 mental health leads already from across settings. These colleagues have accessed further training to support their whole-school approach to wellbeing and mental health support for CYP.

In the first year MHSTs were expected to work with 25% of the children and young people in their area. The M-Thrive organisational group mapped and planned how to support priority schools. The schools were selected following extensive discussions between partner agencies involved in schools currently. Data was collated about a school’s readiness to work on the whole school approach to mental health alongside priorities and needs for schools in the coming year. Consideration was also given to a school’s previous involvement in the Greater Manchester Mentally Healthy Schools project and NHS Healthy Schools Project. Priority was given to reaching schools in each locality and across primary, secondary, colleges so that learning and feedback could obtained as more settings are added over the coming years. Most high schools now have practitioners from the M-Thrive in Education MHST.

There are a range of practitioners working with schools at the targeted level of the offer of support. These include CAMHS practitioners who are Education Mental Health Practitioners (EMHPs) offering 6-8 sessions of low intensity CBT informed interventions to support anxiety, low mood, specific phobias, exam stress and include parent/carers assessment and involvement in therapy. The CAMHS practitioners who make up the team are from a range of backgrounds, nursing, social work, CBT therapist and they also provide consultation to schools, supervision, training and support to the whole school approach.

M-Thrive also has Mental Health Practitioners (MHPs) from voluntary sector partners Manchester Mind, 42nd street and Place2Be. The MHPs offer psycho-social support

and counselling interventions which include practitioners with backgrounds in social work or counselling who offer 8-12 sessions and include bereavement. There is also an Education Psychology offer from One Education who are currently working with 6 secondary schools using the Sandwell Wellbeing Charter Mark.

The service is operational across approximately 47 schools or colleges in Manchester and will continue to grow. Feedback from service users has been positive and the service offer is progressing well despite challenges due to the COVID 19 Pandemic. Partners moved to a remote support offer, where necessary, for education staff, CYP, parents/carers during school closure and self-isolation periods. CAMHS remained open and offered face to face appointments. Schools have engaged well, and sessions are well attended.

There are 8 Mental Health Practitioner's (MHPs) in post across Manchester. The MHP's offer both one to one and group-based sessions with a variety of interventions including creative work, solution focussed, counselling and psychosocial interventions. Where MHST's have encountered resistance within schools they have been able to work jointly with the Healthy Schools Team and MCC and together they have found that supporting schools to establish a whole school approach has paved the way for the MHST's to embed their service effectively.

At the bespoke level of support, schools or colleges are supported with critical incident support as well as the team around the school. Critical incident Support is provided by One Education Educational Psychology critical incidence response team who are commissioned by MCC to respond to Critical Incidents. Advice, guidance and support can then be arranged ensuring engagement with the appropriate agencies and providers. Team Around School or College is a multi-agency support team established by the local authority following a specific event or themes that may present as complex challenges for a setting.

Additional investment approved by MHCC led to the implementation of the M-Thrive hubs which started in April 2021 with the north locality hub pilot. This hub is now operational and Central and South hubs will be operational from January 2022 along with a website for the 'Digital Front Door' which will allow children and young people to access the service and book an appointment online. digital 'front door' into services. The M-Thrive model emphasises the value of building on individual and community strengths, and places children, young people, and families as equal partners in the delivery of support, help and care. Children young people and their families are supported to be active decision makers in the process of choosing the right approach for them and their families.

Trauma and Adversity has also become a Greater Manchester programme of work and is in its early stages. The Greater Manchester i-THRIVE team has been instrumental in bring a whole system approach to trauma and adversity to the Greater Manchester Reform Board. This work links with the supervision/consultation module for THRIVE, the resilience hub work and the whole THRIVE framework. The GM Trauma Responsive Steering Group is rolling out a workforce development programme

A 12-month place-based pilot for Adverse Childhood Experiences (ACEs) and Trauma Informed Approaches was delivered in Harpurhey, North Manchester to test whether development of an ACE-aware, trauma-informed workforce allows for engagement with service users/people with lived ACEs on a deeper level. This led to more effective interventions and better outcomes for the individual, family and community and as a result of the project being received positively and starting to evidence impact, this approach and way of working is being extended to other areas of the city. This includes the development of trauma responsive hubs in Blackley, Cheetham and Wythenshawe that are supporting communities to connect socially and participate in positive activities.

The three Early Help Hubs continue to provide a coordinated response to a targeted need for early help, wrapping services around a family.

Many of the families the service works with have experienced ACEs and have poor mental wellbeing. Early Help and CAMHS managers also attend the weekly 'Edge of Care Panel' and seek to work together to identify holistic interventions for young people and improve joint working practices.

Work has begun on developing a Participation programme by Young Manchester, this will aim to identify any gaps in the model regarding the 'young person's voice' and address these by holding locality-based workshops as mechanisms for engagement.

Trauma informed schools

The Adverse Childhood Experiences (ACEs) and Trauma Team from Population Health deliver regular training through the Healthy Schools Behind the Behaviour programme and are working with over 20 schools to support them in becoming trauma informed. Seven teachers are completing a national Mental Health and Trauma Diploma and will act as champions across the City. The team have also developed the Art of Resilience project with Manchester Art Gallery, where Key Stage 2 pupils explore how to build their own resilience through art.

Child and Adolescent Mental Health Service (CAMHS)

The Child and Adolescent Mental Health Service (CAMHS) in Manchester has been rated as outstanding by the CQC. Despite the challenges of the COVID-19 pandemic, the CAMHS service has continued to provide an outstanding service and has maintained its target timescales for assessing all new referrals to the service despite experiencing a surge in demand. The service has utilised a range of digital products to counter service disruptions and provide assessments and ongoing treatment throughout the period where children and young people were unable to attend in person and is now attempting to revert to face-to-face appointments where feasible.

When the national lockdown was implemented in March 2020, CAMHS initially reported a slight decrease in referrals. This has since reversed, with a surge in referrals across the service. In addition to a reported increase of up to 70% in the

number of referrals, there has been an increase in acuity, with urgent referrals being up by around 40%. CAMHS report an increase in complex cases and self-harm presentations

The CAMHS service has extended their clinical day to incorporate early evenings to increase access and see more harder to reach CYP. They have increased their staffing levels and have been able to achieve reduced waiting times. The service has also re-structured their service delivery offer to accommodate a SPOA (single point of access) for referrals to the service duty response and the initial appointments, this has been facilitated with staff discussions re-design and recruitment amendments from core posts. This new design has been co-designed with service users and feedback from CHI to ensure they are achieving the optimum patient experience and building a robust CAMHS that is compliant with national and local waiting and treatment time objectives.

CAMHS services are performing well against the access targets set out in the NHS Five Year Forward View. At least 35% of children and young people with a diagnosable mental health condition in Manchester receive treatment from an NHS-funded community mental health service. Greater Manchester has achieved an access rate of 47.1% for the two months up to the end of May 2021. In comparison, access rates in Manchester are at 57.4% for 2 contacts and 79.9% for one contact, with a recorded 12,364 children and young people with a diagnosable mental health condition.

As part of their transformation journey, CAMHS are implementing an electronic patient record. They are due to go live in early 2022, with all services up and running by the end of April 2022. This will improve safety and service delivery for children and young people across the city.

Children with Special Educational Needs (SEND)

The SEND Transformation work continues to grow at pace with additional MHCC investment commissioned to the MLCO (c£350k). Part of the multi-agency developments with SEND includes implementation in Manchester of the SEND Health Hub established in May 2020 as a community health response to the pandemic. The Hub comprises occupational therapy, speech and language therapy, physiotherapy, special needs school nursing, CAMHS CSCD. Referrals received from special schools are reviewed weekly with timely short-term advice and support provided as needed.

Work was completed in partnership with Manchester Parent Carers Forum for the ‘All About Me’ Project following feedback from parents and carers of their frustrations in having to share their story in each new setting. There is a clear wish to 'tell their story once’. Manchester About Me (AM) and More About Me (MAM) Care Profiles Standards are being developed as part of the SEND Transformation work.

Manchester Hospital School provide education services to pupils who cannot attend their usual school because of their physical and mental health needs, including those who are in patients. The Hospital School operates across a number of sites, teaching

children of all ages and abilities. They also work with schools across Manchester and beyond, offering advice and practical assistance on how they can best support any of their students who can no longer attend school for health reasons.

The Endeavour Federation is Manchester's school for pupils who require specialist education to meet their social, emotional, and mental health needs (SEMH).

Anxiety Based School Avoidance is a broad umbrella term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school. The Anxiety Based School Avoidance toolkit is the result of a co-production between Manchester Local Authority, One Education Educational Psychology Service, parents, and health services, as well as schools, colleges and provisions across Manchester. The toolkit is a guidance document for mainstream schools and settings for children and young people who struggle who come to school due to anxiety and SEMH difficulties and is part of the SEN support resources. It is a tool for parents/carers and schools to talk to children and young people regarding their anxieties and to provide strategies to encourage school attendance.

Children with Complex Needs and Packages of Care

In 2020/2021, Manchester Health and Care Commissioning (MHCC), in collaboration with Manchester City Council (MCC), has invested in a project to improve short term respite care for children and young people and families with Autism Spectrum Disorders / learning disability needs. A small yet significant number of children and young people in Manchester have high volume, complex needs and packages of care that are jointly funded by health, social care and education. The Manchester Parent Carers Forum has been integral to this work.

Lyndene has been reconfigured from a 'mainstream' children's home to accommodate children and young people with a learning disability and / or autism. The service will provide intensive therapy and support to children and young people with a learning disability and/or autism and their families/carers who require more intensive support to manage a crisis or escalation in needs.

The service will support a person-centered, holistic model with an integrated 'virtual team' providing support and services across all relevant local services and domains, both for children and their families. The outreach team will operate 7 days per week on an extended hour's basis. Key workers will provide outreach support for approximately 80 families.

Implementation of the 'Ealing Model' for Manchester

The "Ealing Model" referred to in the NHS Long Term Plan is a short to medium term short breaks package with intensive support to prevent family placement breakdown leading to residential care. The packages are tailor-made for individuals. The service combines health and local authority staff and resources to form the package of support.

The service is highly targeted. Involving young people and their family / carers and school as partners is crucial. The service will offer a psychology-led Positive Behaviour Support (PBS) approach as part of the wider initiative to roll this out across the city.

The service aims to:

- Reduce the number of young people going into long term residential care
- Reduce family / carer home breakdowns
- Increase reported family / carer ability to cope
- Reduce the incidence of challenging behaviours

It will be open to young people aged between 10-18 years with a diagnosis of moderate / severe intellectual disabilities and challenging behaviours. It is intended to support children and young people and their families/ carers during periods of challenging behaviours where families / carers are struggling to cope and there are high levels of distress along with a potential for their home situation to breakdown.

The service will offer short breaks package for young people as well as short term intensive psychological interventions to support coping for families/ carers. The service will also seek to provide a comprehensive assessment and formulation to identify behaviours and triggers and young person, family / carer and school responses and find new ways of supporting the young person.

Training will be offered for family, carers and schools to improve understanding of the young person and their behaviours and increase motivation to work with the young person using a Positive Behaviour Support (PBS) approach.

Specialty Training

Funding has been agreed for three day Positive Behaviour Support (PBS) training course for 20 delegates across health, social care, and education. The training has been on hold due to COVID-19. However, plans are underway to host the training in spring 2022. The training will be delivered across all spheres to ensure a more robust approach and implementation of PBS plans and philosophy.

There are also plans to develop a Manchester PBS hub to aid further development and collaboration and to support staff across all agencies with implementing the model and creating a change in culture.

Early Help

The three Early Help Hubs continue to provide a coordinated response to a targeted need for early help, wrapping services around a family.

Many of the families the service works with have had adverse childhood experiences (ACEs) and have poor mental wellbeing. The Early Help Hubs actively engage in

work to support, promote and improve the mental wellbeing of the children and young people through the Children and Young People's Transformation Plan. Following a successful pilot in 2019, the Hubs now have an Integrated Community Response Service (ICRS) based with them which continues to be a valuable resource with practitioners frequently drawing on their expertise and engaging them in direct work with young people. CAMHS deliver a weekly clinic in the North Manchester Early Help Hub where practitioners seek advice and support on navigating systems and ensuring the right interventions are in place in a timely way. Early Help staff work in collaboration with the Thrive Hub's for a joined up approach.

The i-Thrive model has been incorporated into the re-design of Early Help/Early Years pathways in order to embed an understanding of support based on a more dynamic approach to assessment than one based on 'levels of need' and criteria for services alone.

Early Help and CAMHS managers also attend the weekly 'Edge of Care Panel' and seek to work together to identify holistic interventions for young people and improve joint working practices. A small team of Early Help Practitioners (EHPs) continue to be attached to the primary and secondary Pupil Referral Units to support children and young people whose behaviour has resulted in problems in mainstream school. These behaviours are often a physical manifestation of emotional and social difficulties and impact on the mental well-being of the young person and their families, especially siblings. The team work closely to understand the impact of ACEs on these children and work across systems to identify the right support. The Hubs are also working with the Complex Safeguarding Hub where a small team of EHPs are co-located. Work has begun to understand the impact of criminal exploitation and child sexual exploitation on young people and to identify appropriate therapeutic services to protect them from abuse and help them recover.

Community Eating Disorder Services

Eating Disorders (EDs) are a range of complex conditions which typically present in mid-teens and have adverse effects physically, psychologically, and socially on a young person. EDs have the highest mortality rate of all psychiatric conditions.

The proportion of children and young people with possible eating problems has increased since 2017, from 6.7% to 13.0% in 11 to 16-year old children and from 44.6% to 58.2% in 17 to 19-year old children.[20]

Greater Manchester is committed to the NHS Long Term plan commitment to achieve and maintain the national Eating Disorder Standard for children and young people. The standard is for 95% of treatment to be received within a maximum of four weeks from first contact, with a designated healthcare professional for routine cases and within one week for urgent cases. In cases of emergency, the Eating Disorder Service should be contacted to provide support within 24 hours.

The Manchester Foundation Trust (MFT) Community Eating Disorders Service (CEDS) saw an increased demand during COVID-19 as well as worrying higher acuity presentation. MHCC approved additional funding in December 2020 to expand

[20] NHS Digital Mental Health of Children and Young People in England 2021

the service provision and workforce moving forward. The Manchester and Salford CEDS continues to perform at very high standards and has consistently performed at 100% compliance with the National Access and Waiting Time Standards for routine and urgent referrals/cases.

Community Eating Disorder Service response to COVID-19

In line with other mental health services, Community Eating Disorder Service teams have continued to deliver appointments and support either online or in person for those who are not inpatients. Further to this the service has developed a winter mobilisation plan organised around three priority themes:

- Community Resilience – through the purchase of equipment to enable more timely support and treatment; increase in staff capacity; working in partnership with Voluntary and Community Sector partners to support service users and their families.
- Core Child and Adolescent Mental Health Services support – through additional staff capacity to deliver more intensive Dietetic input to the most complex high-risk cases and an increase in physical health monitoring
- Inpatient Support – through additional staff capacity to deliver in-reach into paediatric wards where young people are admitted, working under the direction of a Community Eating Disorder Service practitioner; paediatric support and liaison between the ward and Community Eating Disorder Service and reintegration home aligned with the intensive home meal support; these practitioners will support paediatric wards and work in partnership facilitating discharge, provide meal support for struggling Children and Young People, support refeeding programmes.

Enhanced Crisis Care

Work has been carried out to build a Greater Manchester-wide, whole system crisis care pathway that provides a high quality and timely response to young people in crisis and their families seven days a week. The pathway aims to be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

- Four Rapid Response Teams have been implemented providing a consistent crisis response 8am-10pm seven days a week across the whole of Greater Manchester
- An all age mental health liaison service was launched across eight Greater Manchester Accident and Emergency (A&E) sites providing 24/7 mental health assessment within one hour of presenting to A&E. A clear referral route from Mental Health to Rapid Response Teams aims to facilitate quicker discharge from A&E, reduce paediatric admissions and reduce demand on duty Child and Adolescent Mental Health Services.

- The Safe Zone Service launched by The Children's Society with three other VCSE partners offers a step-down model from Rapid Response Teams as well as a first line response to Child and Adolescent Mental Health Services for young people experiencing lower level crisis. There are four safe zone sites available across Greater Manchester and young people are supported for an average of seven weeks post initial crisis. A telephone and online offer were also rolled out during COVID-19.

- As part of the i-Thrive model, the ICRS service also offer support to CYP in a crisis (up to 10pm) with a view to supporting CYP in their own homes and preventing presentation at A&E. The ICRS service is a multi-partner collaboration which supports CYP during periods of mental distress. The service aims to be easily accessible and seeks to break down the barriers and stigma of accessing support and to provide timely and time limited input in order to prevent crisis escalating and to reduce the burden on CAMHS. There is a range of services available including signposting to local services, family support, debt management, supported self-help and rapid access to CAMHS where indicated. The services are located in Early Help Hubs and PRU's as these are based in local, accessible geographical locations and organisations where families are already engaged.

Digital Provision

Digital innovation was a key part of provider service provision at the start of Covid. CAMHS adapted their delivery through a blend of telephone, remote video sessions and face to face appointments as clinically indicated. 42nd Street mobilised and expanded at pace their online service offer and Kooth continued to see a high demand for the online service.

Kooth

Kooth is also commissioned by MHCC and has been available in Manchester for several years now. There has been higher demand since the Covid emergency. It offers free online counselling and emotional well-being support for children and young people from 11 to 18 years. There is a live chat function with qualified counsellors, chat forums ('discussion boards') with other young people, crisis information and self-help resources. Sessions are available daily and include slots at evenings and weekends.

Chat Health (TEXT 07507 330205)

Chat Health is commissioned by MHCC. It is provided by Manchester School Health (MLCO). It is a secure and confidential approved text messaging service, enabling children and young people aged 11 to 16 years to get advice and support on health-related issues directly from a team of trained school nurses. They can advise on sexual health, emotional health and well-being, bullying, healthy eating and any general health concerns. Since the pandemic, the volume of text messages from

Manchester school children has risen from several hundred per month to over 2,000 per month. The services operate Monday to Friday from 9.00am to 4.00pm.

Perinatal and Parent/ Infant Mental Health

Delivery of the Long-Term Plan - Maternal Mental Health Service Pilot

The Long-Term Plan calls on Maternal Mental Health Services to integrate maternity, reproductive health and psychological therapy for women experiencing moderate or severe mental health difficulties directly arising from, or related to, the maternity experience. They are expected to be in place nationally from 2023/24, building on pilots from 2020/21.

The GM bid to become a Pilot site was successful and mobilisation commenced in April 2021. From this the needs will be ascertained and support the required roll out across GM from April 2021.

The three-site pilot will:

- Establish fully integrated pathways of care for women experiencing moderate to severe mental health needs.
- Link into the integrated pathway of care with specialist community PMH teams, maternity and neonatal services, bereavement care, GPs, IAPT, reproductive and sexual health services, Children's Social Care and Early Help Services, safeguarding teams, and other critical partners, for example third sector or mental health services (CYP and adult), health visiting, other acute services, etc.
- Value the multi-disciplinary approach to care and treatment.
- Acknowledge the important role of peer support in recovery for women and their partners.
- Provide assessment of biopsychosocial needs, consultation, advice, direct delivery of evidence based psychological therapies or robust redirection/signposting to other services, and training for staff in the wider pathway.
- Provide psychologically and trauma informed inclusive and accessible service to all individuals who may benefit from it.

In addition, in recognition of increased demand due to Covid-19 there is additional support for parents of children under the age of two years. Direct referrals from a health professional such as GP or Health Visitor, or patient self-referrals to Self Help services will trigger assessment within six weeks. Criteria are pregnancy or having a child under the age of two years. Low intensity CBT or high intensity therapy is available, if appropriate.

Manchester Suicide Prevention Partnership

The Manchester Suicide Prevention Partnership continues to be chaired by the Executive Member for Health and Care. The partnership steering group has continued to meet remotely during lockdown to share experiences and concerns and oversee the operational delivery of the Manchester Suicide Prevention Plan. The Plan has been developed in collaboration with our city's voluntary, statutory, and independent sectors working collaboratively with companies.

Considering the recognised physical, psychological, and economic impacts of the pandemic, the Manchester Suicide Prevention Partnership reviewed the priorities of the plan in August 2020 after the first wave. The Partnership agreed to maintain the original priority areas (children and young people, middle aged men, and the LGBTQI+ community) whilst continuing to review national and local information as it emerges.

Achievements

- The Virtual Mental Health Team for Our Children with Disabilities is a newly commissioned service within the CAMHS Looked After Children (LAC) Team who are piloting the provision of a service for children and young people up to the age of 18 years who have severe learning disabilities and/or autism and who are placed outside of Manchester in foster care or residential homes. This is an exciting development that brings together a range of professionals to support this vulnerable population.

- Through the use of 'About Me' profiles in community health settings and shared case histories, families need tell their story only once. The 'About Me' profile was developed in response to feedback from children and young people, their families, and carers, which identified that retelling their story over and over again was a continual source of frustration and distress.

- Manchester now has over 135 parent champions and over 500 parent champion Facebook users

- As of July 2021, Manchester Local Authority holds 5,434 Education and Health Care Plan (EHCP) plans. Following a restructure and review of the EHCP Team, the compliance rate stands at 71%.

- Parents report favourably on experience of the summer and winter offers 2020-21 and partners and parents positive about changes to EHCP process

- Youth Ambassadors ("the Changemakers") ensure voice of children and young people is included in service design and delivery.

- Supported Internships is a success for Manchester, with 70 or more places each year and over 85% in employment.

- Embedded Local Offer Drop in Sessions (virtual since March 2020) - 100% would recommend to other parents; 98% got the information they needed

- Expansion of special school places, including opening a new primary special school in 2020

- A SEND Health Hub was established in May 2020 as a community health response to the pandemic. The Hub comprises occupational therapy, speech and language therapy, physiotherapy, special needs school nursing, CAMHS CSCD. Referrals received from special schools and reviewed weekly with timely short-term advice and support provided as needed. Self-referrals can also be made directly by families.

- A key learning from COVID pandemic has been that virtual strategic meetings have enabled more parents to engage and participate ensuring a more representative voice; the learning from this period will inform future work with parents and carers.

Community and Stakeholder Views

UK Youth Council has recently chosen mental health as one of five priority issues to campaign on in the year ahead based on a vote of young people across the country.[1] The Manchester Youth Council is taking this forward.

As part of its Mental Health Campaign, the Youth Council in Manchester has conducted a series of consultations and workshops with other young people and mental health professionals to identify key issues for young people across Manchester in relation to mental health. Consultation was qualitative and aimed to work with small numbers of young people on a on an in-depth basis. It also enabled young people and mental health experts to discuss potential policy solutions on a collaborative basis.

- Over sixty young people took part from
    - The Youth Council
    - Voicebox
    - Lady Barn Centre
    - Pure Innovations

- Input was also taken from adults from
    - 42nd Street
    - Manchester Healthy Schools
    - CAMHS Commissioners
    - CAMHS
    - Emotional Health in Schools Service

The key issue identified through this consultation was that young people were not aware of how to access tier 1 support for mental health and wellbeing issues. Child and adolescent mental health services at tier 1 are provided by practitioners working in universal services who are not mental health specialists. This includes:

- GPs
- Health visitors
- School nurses
- Teachers
- Youth workers
- Social workers, and
- Youth justice workers and voluntary agencies.

Young people spoken to were not aware of how to access support around mental health and emotional wellbeing through these early support services, particularly within school settings. Early support practitioners offer general advice and treatment for less severe problems; they contribute towards mental health promotion, identify problems early in the child or young person's development and provide referral mechanism to more specialist services. Whilst early support services are not the only

part of a mental health support system, they are a key element in providing preventative support, and entry routes to specialist support at higher tiers. An early support service will often provide the point of access for any young person who seeking support around mental health and emotional wellbeing.

A recent consultation by young people's mental health and wellbeing charity 42nd Street also highlighted similar issues. After conducting a survey with 107 young people, 42nd Street recommended that Manchester: -

- Increase investment into early support and signposting to prevent escalation
- Invest in school based whole class education around mental health including peer support,
- Invest in more counselling services in schools and promote and scale the school nursing team

The report highlighted the important role that school based early support and signposting around mental health and wellbeing plays for young people. But importantly, also recognised services in schools were part a wider package of services including those provided by GP's or the voluntary sector in dedicated non stigmatised venues, this was particularly important to enable access to higher tiers of support, ideally at evenings and weekends.

Other JSNA Topics that this links to

Maternity including pregnancy, antenatal care and postnatal care

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