



Health Scrutiny Committee

Date: Wednesday, 20 July 2022

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 2:30 pm on Monday 18 July 2022 via MS Teams. A separate invite will be sent to Committee Members.

Access to the Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension.

There is no public access from any other entrance.

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Membership of the Health Scrutiny Committee

Councillors - Nasrin Ali, Appleby, Curley, Green (Chair), Johnson, Karney, McHale, Newman, Reeves, Riasat, Richards, Russell and Wheeler

Agenda

1. Urgent Business

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

2. Appeals

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

3. Interests

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

4. [10.00-10.05] Minutes

To approve as a correct record the minutes of the meeting held on 22 June 2022.

Pages
5 - 12

5. [10.05-10.30] Manchester University NHS Foundation Trust Service Change Proposals

Report of the Director of Strategy (Manchester), NHS Greater Manchester Integrated Care and Director of Strategy, Manchester University NHS Foundation Trust

Pages
13 - 32

The purpose of this report is the present service change proposals for Clinical Haematology and Fetal Medicine that form part of the agreed plans to disaggregate services for the legacy Pennine Acute Hospital Trust (PAHT) and integrate North Manchester General Hospital (NMGH) services into Manchester University NHS Foundation Trust.

The report provides an overview of the strategic context for change and the approach to developing and assuring service change proposals. It also sets out an overview of the service change proposals, along with further insight into key areas of focus highlighted during the engagement process.

6. [10.30-11.00] Climate Change - Food and Health

Report of the Director of Public Health

Pages
33 - 42

This report presents the strategy and actions of the Manchester

Food Board to achieve a positive alteration in the food system within the city and, at the same time, address climate change, alongside an update of recent actions and priorities for 2022.

7. **[11.00-11.30] Adult Weight Management Services** Pages
43 - 62
Report of the Director of Public Health

This report provides an update on the delivery of weight management services in the city and introduces the *Food Active!* Healthy Weight Declaration. It provides evidence of the work delivered by commissioned weight management service providers and wider system partners such as physical activity providers.

8. **[11.30-11.55] Integrated Care Systems** Pages
63 - 70
Report of the Executive Member for Healthy Manchester and Adult Social Care

The purpose of this report is to update Health Scrutiny Committee on the UK Government's reforms to health and social care to establish Integrated Care Systems, including at the level of Greater Manchester.

The report also sets out the arrangements as they relate to the City of Manchester.

9. **[11.55-12.05] Overview Report** Pages
71 - 88
Report of the Governance and Scrutiny Support Unit

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

Information about the Committee

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

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

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

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Joanne Roney OBE
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Further Information

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

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This agenda was issued on **Tuesday, 12 July 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension, Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 22 June 2022

Present:

Councillor Green – in the Chair
Councillors N. Ali, Appleby, Curley, Johnson and Riasat

Apologies: Councillors Karney, McHale, Newman, Reeves, Richards and Russell

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Councillor Collins, Deputy Executive Member for Healthy Manchester and Adult Social Care
Kathryn Murphy, Director of Nursing and Midwifery, Saint Mary's Hospital
Jen Sager, Quality and Safety, Saint Mary's Hospital
Mr Martin Toal, Extra Care resident
Mr Vic Nuttall, Extra Care resident

HSC/22/21 Minutes

Decision

To approve the minutes of the meeting held on 25 May 2022 as a correct record.

HSC/22/22 Covid-19, Health Protection and Vaccination Programme Update

The Committee considered the report and presentation of the Assistant Director of Public Health that provided that latest COVID-19 data and vaccination updates. In addition, the Health Protection slides provided the latest information on the national, regional and local response to the monkeypox situation. The presentation had been circulated to all Members in advance of the meeting.

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

- Noting the recent press reports that described an increase in the cases of COVID-19; and
- The Council should lobby the government for the reintroduction of free testing.

The Strategic Lead Population Health Programmes acknowledged the comments regarding the increase in COVID-19 cases and stated that residents who had not had their spring booster jab should come forward to receive these at the earliest opportunity, especially those vulnerable and older residents. She further commented that key messaging and levers are being used to encourage both older and younger people to take up the offer of the vaccination.

The Assistant Director of Public Health reassured the Committee that work continued across a range of settings to ensure that any future outbreak was managed appropriately. She further reiterated the key public health message that COVID-19

was still in circulation and anyone experiencing symptoms should refrain from entering the work place and work from home where possible.

The Executive Member for Healthy Manchester and Adult Social Care advised the Committee that it had always been and remained the position of the Council that free COVID testing should be made available to all Manchester residents.

The Chair thanked the officers for the update and stated that the Committee retained their confidence in all of the teams who had responded to the pandemic. She further commented that from July this regular update would be provided via the monthly Overview Report as an item for information, adding that Members would still have the opportunity to ask questions on the information provided.

The Chair further commented that she welcomed the recent announcement that the World Health Organization was seeking to change the name of monkeypox virus, noting that the Committee had called for this at their previous meeting.

Decision

To note the report.

HSC/22/23 The Ockenden Report - Manchester Foundation Trust's Response

The Committee considered the report and accompanying presentation submitted by St Mary's Hospital, Manchester University NHS Foundation Trust that described that Dame Donna Ockenden was appointed to conduct an independent review of maternity services at Shrewsbury and Telford NHS Trust. A report highlighting the initial findings was published in December 2020. Manchester Foundation Trust produced and completed an action plan in relation to its recommendations.

The second and final report into Dame Donna Ockenden's review of maternity services at Shrewsbury and Telford NHS Trust was published on 30 March 2022. It described 15 Immediate and Essential Actions, which must be taken forward by all local maternity service providers. The report described Manchester Foundation Trust's response to the final Ockenden Report.

Key points and themes in the report and presentation included:

- Providing an introduction and context to the report;
- Manchester Foundation Trust response to emerging findings from the first Ockenden report; and
- Manchester Foundation Trust response to emerging findings from the final Ockenden report.

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

- What was being done to support pregnant female prisoners;
- What was being done to support pregnant learning disabled citizens;
- What was being done to support pregnant homeless citizens; and
- What was being done to train, recruit and retain midwifery nurses.

The Director of Nursing and Midwifery, Saint Mary's Hospital stated that a dedicated midwife post had been established to specifically support HMP Styal. She described this post had been established in late 2021 and was beginning to be embedded, noting that this was recognised nationally as an example of good practice.

The Director of Nursing and Midwifery, Saint Mary's Hospital further commented that the Ockenden Report discussed the need to consider vulnerability in the wider context, improve access to services and remove barriers to service. She described that there was a specific Learning-Disabled Safeguarding Group that worked closely with the Manchester Local Care Organisation to address wider care needs of patients.

The Director of Nursing and Midwifery, Saint Mary's Hospital commented that Manchester was in a strong position in relation to nurse training and retention. She stated that they had established strong relationships with local education providers and had managed to establish a strong pathway to recruit student nurses from these providers, commenting that in addition to this Manchester benefited from being a vibrant city that attracted nursing graduates. In response to a specific question relating to the diversity of the work force she commented that this data was available and would be provided following the meeting, adding that Saint Mary's had a programme to promote and support BAME staff and there was a mechanism to ensure that the voice and views of BAME staff was heard at all levels of the organisation.

The Chair stated that she welcomed the report and would welcome a future update report at an appropriate time that described progress against the agreed actions. She further requested that this update report include comparative data and how Manchester compared to the Shrewsbury and Telford Hospital NHS Trust. She further requested that the report include an update on advocacy and the voice of the women and families.

Decision

To note the report and request that an update report is provided for consideration at an appropriate time.

HSC/22/24 Extra Care Growth and Developments in Manchester

The Committee considered the report and presentation of the Executive Director of Adult Social Services that described the developments across Extra Care Housing during the past 7 years, culminating in significant growth in provision by working in partnership with Manchester Housing Providers.

Extra Care is purpose-built accommodation with care for people over 55 years of age and is a key enabler for adult social care in increasing suitable housing options for older people to remain in their chosen community, which, through this provision, avoids the need for people with care and support needs to rely on institutionalised care settings such as residential and nursing care.

The Committee then welcomed Mr Martin Toal and Mr Vic Nuttall, Manchester citizens. They both spoke of the circumstance that had resulted in them moving into their respective homes and of the positive experience of living in Extra Care accommodation.

To accompany this item the Committee also viewed a short video tour of Dahlia Gardens Extra Care scheme, courtesy of Southway Housing.

Key points and themes in the report included:

- Providing a background to the report, noting that The Housing for an Age-Friendly Manchester Strategy 2014-2020 set out the vision to increase extra care housing by trebling provision; and
- Describing the benefits and outcomes of Extra Care Housing, including key facts and figures.

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

- Thanking both Mr Toal and Mr Nuttall for attending the meeting and sharing their experience with the Committee;
- Recognising the positive impact this model of accommodation had on both residents and their families;
- Was there enough of this type of accommodation to meet demand in the city;
- Could private owner occupiers access Extra Care accommodation, and if so communication in relation to this needed to be improved;
- Future schemes needed to be codesigned with residents with experience of living in Extra Care accommodation;
- An update was requested in relation to the LGBT Extra Care scheme that was planned for Whalley Range; and
- More needed to be done to promote Extra Care as a viable option for BAME residents.

The Head of Commissioning (Older People) responded to Members' questions and comments by advising that the delivery of the schemes over the previous seven years had been achieved by working with Strategic Housing and housing providers in the city. She described that the accommodation delivered was of high quality and supported people to rightsize. She described that since 2014 the number of units in the city had trebled and there was a pipeline of schemes to grow this provision. She described that the maps describing proposed schemes had been developed using data to map where the older populations currently lived, adding that it was important to acknowledge that the schemes were for the city as a whole.

The Head of Commissioning (Older People) stated that the benefits realised by people living in Extra Care accommodation included decreased levels of depression; loneliness; falls; increased feeling of safety and increased activities. She also advised that this reduced the demand on hospital services. She informed Members that Extra Care was a home for life and they worked with a range of NHS partners to support people to remain living safely in their homes, including Macmillan Cancer Support. She further stated that a further, specific Dementia Extra Care home would

be developed in Manchester to provide specific, appropriate support for people so as to avoid them having to move into residential care.

The Head of Commissioning (Older People) informed Members that owner occupiers were eligible and could apply for Extra Care accommodation and acknowledged that there was a need to consider key messaging on this issue to include owner occupiers and members of the BAME community. She advised that there were good examples of where BAME residents had been engaged on this subject as a viable housing option; however, she acknowledged there was an existing perception amongst some residents regarding this model of accommodation, adding that this was a national issue. The Chair commented that existing Sounding Boards could be used to support this activity and promote Extra Care more widely.

The Head of Commissioning (Older People) acknowledged the suggestion regarding the codesign of future schemes to include residents with lived experience. She advised that Occupational Therapists did work with architects during the design stage and stated that the learning from previous schemes would be built upon to inform future schemes.

The Interim Director of Housing & Residential Growth reiterated the previous comments that commended the joint strategic approach in Manchester to deliver the Extra Care schemes and he further paid tribute to all officers involved with this work for their commitment. He described that this work and approach complimented the Manchester Housing Strategy (2022-2032) that would be considered at the July meeting of Executive. He further provided an update on the LGBT Russell Road scheme and stated that the Committee would be kept informed as this scheme developed.

The Executive Member for Healthy Manchester and Adult Social Care stated that the report described a success story for the city and needed to be celebrated. He particularly welcomed the lived experience articulated by the invited residents that had meaningfully contributed to the Committee's deliberations.

Decision

To note the report.

HSC/22/25 Manchester Equipment & Adaptations Partnership

The Committee considered the report and presentation of the Executive Director of Adult Social Services that described that the Manchester Equipment & Adaptation Partnership is a citywide service within Adult Social Care in the Manchester Local Care Organisation.

Key points and themes in the report included:

- Providing a service overview; and
- Discussing the current opportunities, challenges and activity.

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

- Noting the significant positive impact this service had on supporting people and their families;
- How confident were we that the work to reduce the waiting lists and for the waiting time to see an Assessment Officer to be under 4 weeks would be completed by the end of September 2022;
- Communications relating to the service needed to be appropriate, include information in relation to expected timescales and information on how to appeal decisions;
- What was the rate of recovery of minor adaptations when they were no longer required; and
- Noting that a review of the delivery model of both minor and major adaptations would be undertaken, the Committee requested an update report following completion of the review.

The Assistant Director, Targeted Interventions noted the comments from the Members and responded by advising that the team were well established and committed to delivering the best outcomes for Manchester residents. She described that the work of the service was aligned to the Better Outcomes Better Lives work that was regularly reported to this Committee and staff worked closely with the Community Health Teams based in the Manchester Local Care Organisation. She added that she remained confident that the September target to reduce the waiting lists and for the waiting time to see an Assessment Officer would be achieved.

The Assistant Director, Targeted Interventions advised that the review of the delivery model of both minor and major adaptations would inform the future delivery model of this service and an update report describing the findings and recommendations of the review would be submitted to the Committee for consideration at an appropriate time.

The Assistant Director, Targeted Interventions said that all communications relating to the service did comply with all current accessibility guidance, however if there were cases that Members wished to raise with her following the meeting she would look into these further. She said that all applications for the service were appropriately assessed, and timescales communicated to residents. She stated that if a decision was to refuse an application, information relating to the appeals process was provided, adding that officers did work to explain panel decisions to residents. She added that residents could reapply if their circumstance changed.

The Assistant Director, Targeted Interventions stated that Manchester had a very high rate of recycling and reusing equipment when they were no longer required.

Decision

To recommend that an update report describing the findings and recommendations of the delivery model of both minor and major adaptations be included on the Committee's work programme for consideration at an appropriate time.

HSC/22/26 Overview Report

The report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

The Chair requested that a response to the outstanding previous recommendations, described at section 1 of the report be provided for the next update.

In response to the Chair's comments regarding the Care Quality Commission (CQC) rating of Inadequate of a service, the Deputy Director of Adult Social Services advised that discussions were underway with the CQC to determine how best to relay information to the Elected Members for those services that were not Adult Social Care.

Decision

The Committee notes the report and agrees the work programme, noting the requests for update reports arising from consideration of the previous agenda items.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 20 July 2022

Subject: Manchester University NHS Foundation Trust Service Change Proposals

Report of: Director of Strategy (Manchester), NHS Greater Manchester Integrated Care and Director of Strategy, Manchester University NHS Foundation Trust (MFT)

Summary

The purpose of this paper is the present service change proposals for Clinical Haematology and Fetal Medicine that form part of the agreed plans to disaggregate services for the legacy Pennine Acute Hospital Trust (PAHT) and integrate North Manchester General Hospital (NMGH) services into Manchester University NHS Foundation Trust.

The paper provides an overview of the strategic context for change and the approach to developing and assuring service change proposals. It also sets out an overview of the service change proposals, along with further insight into key areas of focus highlighted during the engagement process.

Recommendations

The Committee is recommended to consider, question and comment upon the information in this report.

Wards Affected: Higher Blackley, Charlestown, Moston, Crumpsall, Harpurhey, Miles Platting & Newton Heath, Cheetham, Clayton & Openshaw, Ancoats and Beswick, Piccadilly and Deansgate.

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

None

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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An Equality Impact Assessment has been completed for both service change proposals through a partnership approach between MFT and NHS Greater Manchester Integrated Care (Manchester).
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	N/A
A highly skilled city: world class and home grown talent sustaining the city's economic success	N/A
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	N/A
A liveable and low carbon city: a destination of choice to live, visit, work	N/A
A connected city: world class infrastructure and connectivity to drive growth	N/A

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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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.

1. Service Change Proposals for Clinical Haematology and Fetal Medicine (July 2022)

1.0 Introduction

- 1.1 This report presents service change proposals for Clinical Haematology and Fetal Medicine in the context of previously agreed decisions taken in Greater Manchester to disaggregate services from the legacy Pennine Acute Hospital Trust (PAHT) and integrate North Manchester General Hospital (NMGH) into Manchester University NHS Foundation Trust (MFT) and the remainder of the PAHT sites into the Northern Care Alliance (NCA).
- 1.2 It provides an overview of the strategic context for change and the approach to developing and assuring service change proposals, as well as a description of the changes with key areas of focus highlighted during the engagement process.

2.0 Background

- 2.1 In January 2016, healthcare partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services. This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital Trust for Manchester.
- 2.2 Following a CQC inspection in August 2016, the NHS Improvement regional team undertook an option appraisal in respect of the long-term future of PAHT. It concluded that the preferred option was for North Manchester General Hospital (NMGH) to be acquired by MFT, and for the other PAHT sites to be acquired by Salford Royal Foundation Trust (SRFT).
- 2.3 MFT formally acquired the NMGH site and services through a commercial transaction on 1 April 2021, and SRFT acquired the remaining elements of PAHT through a statutory transaction on 1 October 2021 and became the Northern Care Alliance (NCA).
- 2.4 MFT and the NCA have strong post-transaction joint working arrangements and are continuing the process of disaggregation to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively. This includes investment in critical infrastructure including the new electronic patient record (EPR) system across MFT (including NMGH) in September 2022.
- 2.5 Without the implementation of integrated information systems within the new organisations it will not be possible to operate single services effectively, and the benefits of organisational integration will not be optimised. The time available prior to the new EPR implementation is limited, so MFT and NCA have agreed to focus on delivering the priority service changes where there are good reasons to deliver disaggregation prior to EPR implementation.
- 2.6 This report focuses on service change proposals for Clinical Haematology and Fetal Medicine. A similar proposal for Sleep services has been prepared. The

latter change affects Oldham residents only therefore Sleep service changes are being discussed with Oldham Health Scrutiny Committee.

3.0 A Framework for Developing and Assuring Service Change Proposals

3.1 Through the process of reviewing PAHT complex services for disaggregation, a framework for developing and assuring service change proposals has been developed (figure 1) through a collaborative process. It included input from MFT, NCA, specialist commissioning and senior leaders from NHS Greater Manchester Integrated Care¹

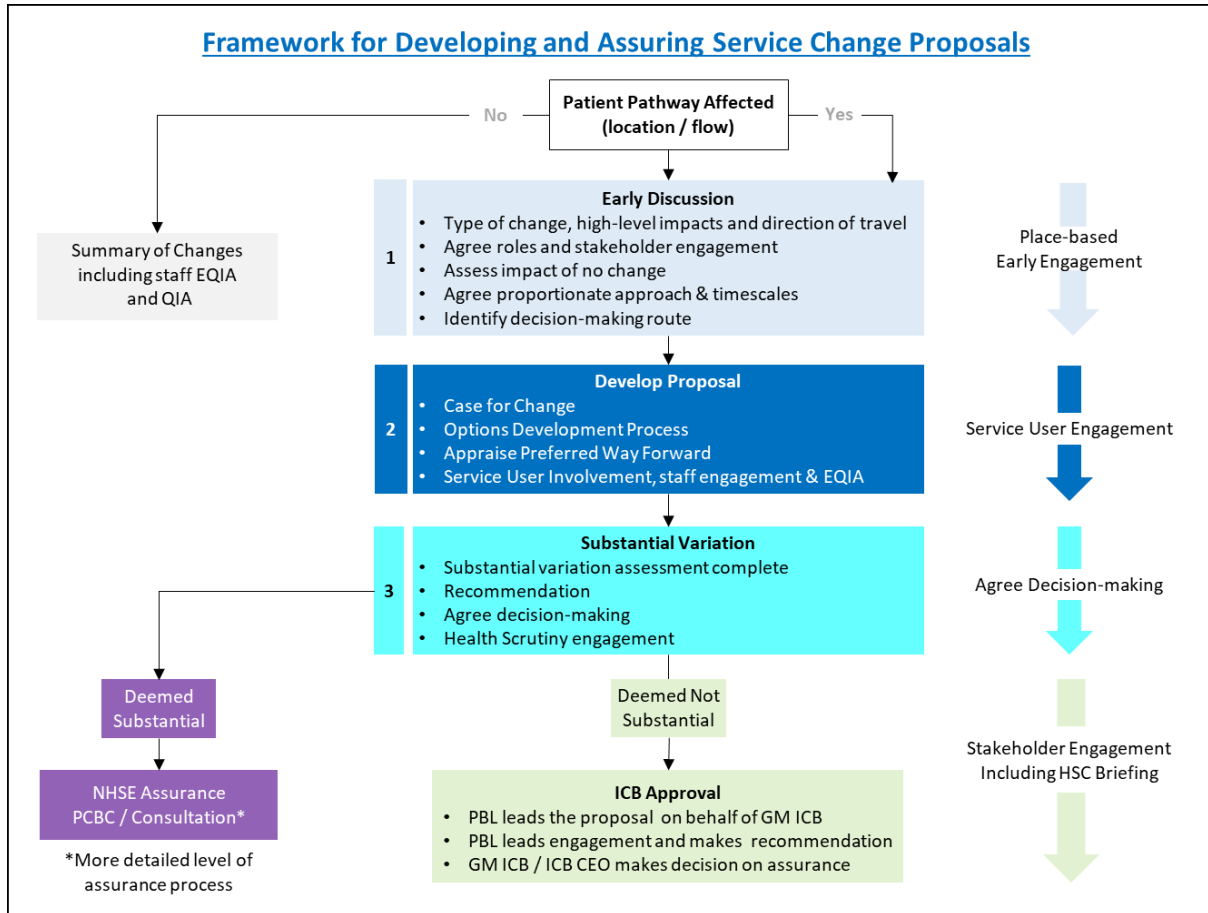


Figure 1

3.2 The framework draws on national guidance to provide a structured process to developing service change proposals where there is a change to a patient pathway (location or flow). It builds on key aspects of early discussions with key stakeholders to develop proposals that include service user engagement that are then assessed to determine whether the change constitutes substantial variation or not.

¹ Includes representation from Manchester, Trafford, Bury, Heywood, Middleton and Rochdale, Oldham and Salford.

- 3.3 There is no legal definition of ‘substantial variation’ therefore a process for local determination has been developed using the following five domains (with some relevant examples given):
1. **Patient population affected** e.g. number of patients affected.
 2. **Access** e.g. travel impacts.
 3. **Type / rationale for proposed service change** e.g. wholesale loss of service or partial change to existing service provision with local access retained.
 4. **Wider community and other services** e.g. impact on co-dependent services.
 5. **NHSE four tests and stakeholder views** e.g. strong public engagement.
- 3.4 The framework has been used to develop the service change proposals for Clinical Haematology and Fetal Medicine. Any key learning will then be incorporated into the approach to support future service change proposals.
- 3.5 As Greater Manchester transitions to new ICB arrangements from July 2022 the agreed process for decision-making for the service changes as outlined in this report is for a nominated Place Based Lead to lead the work on behalf of the GM ICB with a recommendation to be made to GM ICB / ICB Chief Executive for final decision to approve and assure changes.

4.0 Service Change Proposals

- 4.1 The service change proposals for Clinical Haematology and Fetal Medicine are summarised in appendix 1.
- 4.2 The proposal for Clinical Haematology services at NMGH is to discontinue the current provision on an outreach basis from the hub at Royal Oldham Hospital and replace this with an equivalent service outreaching from Manchester Royal Infirmary for North Manchester residents, as part of the MFT suite of clinical services. This affects approximately 300 patient per year, noting that some of these patients will have repeat/multiple visits for the day case element of their care.
- 4.3 The proposal for Fetal Medicine is that for approximately 300 pregnant women per year from the North Manchester catchment who require more specialist investigation and care that they will be referred to attend the Fetal Medicine service at the Saint Mary’s Oxford Road site, rather than to the service at the Royal Oldham hospital site. Approximately one third of these patients typically require an onward referral to Saint Mary’s in any case, so the new proposal will remove a step in the pathway for approximately 100 women.
- 4.4 Following a decision-making process through NHS Greater Manchester Integrated Care, it is intended that both changes will take place by September 2022.
- 4.5 Continuous engagement forms a critical part of the proposals. This includes engagement through North Manchester Maternity Voices Partnership and

Manchester's Patient and Public Advisory Committee, interviews with service users in outpatients at NMGH, development of an Equality Impact Assessment (EQIA) through a partnership approach, and planned support from Healthwatch. Based on feedback the following areas form key aspects of our continued focus to support our residents with any service changes.

5.0 Travel

- 5.1 The initial travel analysis provides objective information in terms of the potential benefits/impacts of both service change proposals. The process of gathering feedback from service users and key stakeholders has provided rich information that has provided insights on other areas of focus to assess for impact. Important matters for our population include car parking (both cost and accessibility), and information on public transport routes and travel options that includes understanding any impacts in terms of the number of buses and walking distance required.
- 5.2 As part of the service change proposals we will continue to ascertain further detailed insights on a continuous basis to ensure we are able to communicate effectively and support all patients. This will also inform our approach to any potential future services changes.

6.0 Digital Inclusion

- 6.1 Feedback through the engagement process has also emphasised the importance of digital inclusion. MFT is actively working towards digital inclusion so that existing inequalities are not further exacerbated, and the Trust is committed to delivering its part in tackling digital poverty and inclusion alongside our partner initiatives.
- 6.2 The NMGH digital strategy includes digital inclusion as a core part of the foundational enablers, seeking to co-design solutions with user groups to capture a diverse range of needs. This includes language, platform accessibility, network connectivity and to work with local and community partners to define collaborative initiatives that pool insight and resources.
- 6.3 For the specific service changes, we recognise the need for continuous focus on fostering digital inclusion. The new electronic patient record at MFT includes the myMFT app. This will offer a much more user-friendly interface, so for patients who do have access to a mobile phone / smart device, access to information will be much improved.
- 6.4 For those without digital access a full range of options will be in place including hard copy appointment letters and numbers to contact a responsive booking/scheduling team etc. As part of the wider disaggregation process NMGH is establishing a local booking and scheduling function which will be better informed and more focussed on local services than previous arrangements.

7.0 Engagement and Support for Service Users

- 7.1 The service change proposals include plans to ensure highly effective communication with our residents and support to guide people through the process as required. This includes plans to include hard copy public transport information within the appointment letter and for communications to support patient choice, we will ensure that the language is clear and simple, doesn't create any unnecessary barriers, and that there are multiple options for responding.

8.0 Recommendations

- 8.1 The Committee is recommended to consider, question and comment upon the information in this report.

Service Change Proposals for Clinical Haematology and Fetal Medicine

Manchester City Council
Health Scrutiny Committee
20 July 2022

Introduction

Purpose

- Provide an overview of the strategic change in the North East sector
- Overview of the process for “PAHT complex services”
- Summary of the Clinical Haematology change proposal
- Summary of the Fetal Medicine change proposals

Strategic Context:

In January 2016, healthcare partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services.

This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital Trust for Manchester. **The findings of the report were endorsed by all of the participating organisations.**

At the same time, the Pennine Acute Hospital Trust (PAHT) was facing significant challenges. Following many years of financial difficulties, a CQC inspection identified material problems with standards of care, and in August 2016 the Trust was rated as Inadequate. The NHS Improvement regional team undertook an option appraisal in respect of the long-term future of PAHT, and this concluded that the **preferred option was for North Manchester General Hospital (NMGH) to be acquired by MFT, and for the other PAHT sites to be acquired by SRFT.** MFT formally acquired the NMGH site and services through a commercial transaction on 1 April 2021, and SRFT acquired the remaining elements of PAHT through a statutory transaction on 1 October 2021 and became the Northern Care Alliance (NCA).

MFT and the NCA developed business cases to support the acquisitions, and these recognised the **potential to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively.** However, both business cases also identified the significant legacy challenges in the former-PAHT services, particularly in relation to financial sustainability and the need to invest in infrastructure (including Estate and Digital).

In its 15 years of independent operation there was some significant integration of services across the PAHT sites. This included Clinical Haematology, Pathology and Fetal Medicine, which were centralised at Royal Oldham Hospital (ROH).

MFT and the NCA have strong post-transaction joint working arrangements and are continuing to work through these structures to agree the most appropriate timing for disaggregation of the more complex services.

NCA and MFT are progressing their plans for investment in the former-PAHT sites and services, including new and improved buildings, equipment and information systems. On digital investment, MFT is on schedule to roll out its new electronic patient record (EPR) across the Trust (including NMGH) by September 2022. Similarly, the NCA has a programme to implement its SPR patient record system across all sites by the middle of 2023.

Without the implementation of integrated information systems within the new organisations it will not be possible to operate single services effectively, and the benefits of organisational integration will not be optimised.

Overview of Complex Services

Priority Services and New IT Investment

IT investments are critical but have implications for disaggregation of the complex services. In particular, the timescale for the new electronic patient record (EPR) system at NMGH has required decisions to be made about which services should be disaggregated prior to EPR implementation, and which should be disaggregated afterwards.

It is important to note that whilst NMGH is owned and operated by MFT, it currently runs entirely on old PAHT information systems (supported by the NCA Digital Team), and this has facilitated the continued operation of some of the legacy service structures under current service level agreement (SLA) arrangements. For example, NMGH currently gets all of its Pathology services from an integrated Laboratory service with a hub at ROH and a spoke lab at NMGH. The existing information systems allow ordering of tests and reporting of results to and from NMGH, but this will no longer be possible when the new EPR system has been implemented at NMGH.

The time available prior to the new EPR implementation is limited, so MFT and NCA have agreed to focus on delivering the priority service changes. Changes are being implemented to clinical support services such as Pathology, Pharmacy and Theatres/Pre-op, and these will generally be invisible to patients. However, there are a number of “front-line” clinical specialties where there are good reasons to deliver disaggregation prior to EPR implementation.

Disaggregation of complex services

The processes of disaggregating services from the legacy PAHT footprint has benefitted from excellent working relationships between MFT and NCA. Whilst good progress has been made, there is a residual set of services that present the most complex challenges in respect of service disaggregation.

These are services that will potentially require a change in location or change in patient flows. As such, there has been strong engagement and early discussions with all relevant commissioners / localities to ensure a unified approach to developing service change proposals.

A structured approach has been agreed to develop service change proposals with agreement to focus on priority services in the first phase linked to the planned changes to the EPR system from September 2022. These include:

- Clinical Haematology
- Fetal Medicine

The integration of these services in to MFT and NCA single services respectively, maximises the opportunity to realise the benefits originally envisaged in the organisational restructuring as determined by NHS Improvement.

Clinical Haematology

Service Model

Many communities in the North East of GM suffer high levels of deprivation, and have higher than usual levels of health care need: this effect applies to Haematological illnesses as much as any other. There are also challenges with accessibility, with car-ownership being low and public transport not always being a viable alternative. Any unnecessary barriers to accessing services are likely to result in delays in people presenting for care and treatment.

The Clinical Haematology service on the former-PAHT footprint operates with a hub function at ROH (providing specialist inpatient and day case care), and outreaches to provide outpatient clinics and a limited day case service at NMGH and other sites.

This model of service has been successful in achieving a balance between maintaining local accessibility and developing centralised specialist services. However, it does still require patients to travel from North Manchester to access some clinical haematology services at ROH, and this can also have implications for visiting family and friends.

A comparable model of care currently exists within MFT and works well, with the specialist hub at MRI outreaching to provide Haematological services to the spoke function at Trafford General Hospital.

Key Drivers for Change

The proposed change is strongly driven by the following:

- It was determined some time ago that the best long-term solution for NMGH was for it to operate as part of MFT, and this has now been implemented.
- MFT needs to invest in an improved electronic patient record, both for NMGH and across the Trust as a whole.
- Putting NMGH on a different EPR from the rest of the former-PAHT sites requires the disaggregation of some essential clinical support functions, notably Pathology.
- Clinical Haematology is very closely associated with Laboratory Haematology, and it would not be safe or practicable to run a clinical service that was operating on a different patient record from the laboratory service.
- The MFT service portfolio includes a specialist Haematology function at MRI which can serve the same role as the hub at ROH does at present.
- Clinical Haematology is predominantly an Outpatient based service, and this makes reprovision of capacity easier to manage than for a specialty with a big inpatient service.

Clinical Haematology

Options

A range of options generated through discussion with clinical teams and other key stakeholders were considered and appraised against the following criteria:

Criteria 1	Quality (including clinical effectiveness and patient safety)
Criteria 2	Health inequalities
Criteria 3	Patient experience
Criteria 4	Efficiency (including recovery, finance)
Criteria 5	Deliverability (including workforce)
Criteria 6	Strategic fit

The process included review of a long list of options, and appraisal of shortlisted options, with clinical consensus on the preferred way forward.

Key Planning Assumption

Clinical Haematology patient pathways run between primary and secondary care and are often initiated through GP generated blood tests which are picked up by the hospital service. From September 2022, the GP generated Pathology work for North Manchester will be delivered through MFT laboratories on the new EPR system.

Based on this, the agreed planning assumption is that the NMGH service should provide care for patients from the northern part of Manchester only (i.e. patients registered with GPs in the Manchester CCG patch).

Preferred Way Forward

The preferred way forward for the provision of Clinical Haematology services at NMGH is to discontinue the current provision on an outreach basis from the hub at Royal Oldham Hospital, and replace this with an equivalent service outreaching from Manchester Royal Infirmary for North Manchester residents, as part of the MFT suite of clinical services.

Clinical Haematology is largely outpatient based, and the outpatient offer would be completely unaffected by these changes (remain local at NMGH). However, inpatient and day case care that North Manchester residents currently access at ROH would be re-provided at MRI.

There would be no change to the range of service available on the ROH site, with daycase and inpatient Clinical Haematology care still being offered. Similarly, the service offer at other NCA sites would be unaffected.

Estimated Impact:

It is estimated that c. <300 patients per year could potentially be affected by the proposal. These are North Manchester residents who typically have their outpatient care at NMGH and day case/inpatient care at ROH, who in the future will be offered their day case and inpatient care at MRI.

It is important to note that some of these patients will have repeat/multiple visits for their day case care.

Clinical Haematology

Engagement

- The proposals were presented to the Patient and Public Advisory Committee (PPAC) of Manchester Health and Care Commissioning on 21 June 2022. In a wide-ranging discussion, the group did not raise any specific concerns about the proposal itself. General issues regarding travel costs, transport access and car parking at Hospital sites were considered.
- Direct discussion with service users in the outpatient setting including structured questionnaire has been undertaken with 67 responses.
- Patient choice is a key component of any change proposal process. The clinical working group is currently reviewing proposals to offer patient choice to existing patients. This will mean patients that currently access the service at ROH will have the choice of opting to continuing their care at the ROH site under their current consultant, or have their day case and inpatient needs cared for at the MRI

Further plans for engagement includes:

- Public survey by Healthwatch Manchester
- Online SurveyMonkey
- NMGH VCSE Assurance Group presentation and discussion
- Letter to patients to communicate any changes and offer choice
- Continued development of an EQIA
- Analysis of demographics by MHCC to support developing insights in terms of service users to ensure plans/mitigations in place

Travel Analysis

Initial travel analysis (based on 21/22 activity) has been undertaken to provide objective information about the travel effects of the proposed changes. The analysis showed a reduced travel time (to MRI instead of ROH) for c. 92% of patients using public transport and c. 56% by car for service users potentially affected.

Following feedback, an initial assessment of the number of buses required for North Manchester residents was undertaken. The results show Moston and Miles Platting residents may require two buses (instead of one at present) but Harurhey, Cheetham and Deansgate residents may require one bus (instead of two at present). Other wards remain the same number of buses in both scenarios.

Supplementary analysis undertaken by MHCC showed that c. 64% of patients are closer in terms of geographic proximity to MRI than ROH. The sample also showed that c. 88% of ethnic minority groups and c. 58% of people aged 65+ are closer to MRI.

Patient engagement through a structured survey in the outpatient department at NMGH showed 56.7% travelled by car, 13.4% by public transport and other patients via a variety of modes including taxi, ambulance, walking and cycling.

Respondents were asked about their perceptions about travelling to MRI and ROH. 52.2% said they thought it would be easy or very easy for them to travel to ROH, whereas 37.3% thought it would be easy or very easy to travel to MRI.

Engagement has highlighted the importance of car parking (cost and access). Whilst ROH is currently marginally less expensive than MRI, in general the costs are comparable and both sites offer discounted arrangements for frequent attenders. The health care travel costs scheme is available to reimburse travel expenses for specific groups.

There will be continued focus on travel impacts and high quality communication with patients to ensure support is put in place.

Clinical Haematology

Substantial Variation Assessment

The service change proposal has been reviewed using the substantial variation assessment tool.

The tool assesses across five domains to help determine whether the change constitutes substantial variation or not.

The five domains for review are:

1. **Patient population affected** e.g. number of patients affected
2. **Access** e.g. travel impacts
3. **Type / rationale for proposed service change** e.g. wholesale loss of service or partial change to existing service provision with local access retained
4. **Wider community and other services** e.g. impact on co-dependent services
5. **NHSE four tests and stakeholder views** e.g. strong public and patient engagement

Substantial Variation Recommendation for Discussion

It is recommended that the service change proposals for Clinical Haematology does not constitute substantial variation and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.
- The scale of change is relatively small and only a partial change in service provision with existing access and service arrangements still in place at the Royal Oldham
- Patient choice is a key feature of the proposal with communications planned to patients to provide them with the offer of opting to remain with their current consultant at the Royal Oldham
- The change proposal has followed a structured approach with full support from commissioners/localities and a process of service user involvement that will continue up to, and beyond implementation of changes.
- Initial travel analysis shows that there is a benefit in terms of public transport for patients accessing the MRI instead of the Royal Oldham, and a marginally positive impact for service users accessing via car.
- Consideration has been given to the NHSE four tests of service reconfiguration throughout the process.

Fetal Medicine

Service Model

Fetal Medicine (FM) services diagnose and provide care to those with complex pregnancies or whose fetus (or fetuses) has a confirmed or suspected disorder. Specifically, the service is for the following circumstances:

- Fetal abnormality suspected / detected during ultrasound screening.
- Pregnancy complicated by a genetic abnormality (suspected recurrence).
- Pregnancy complicated by possible fetal infection.
- Severe fetal growth restriction.
- Twin pregnancy with complications
- Triplet and higher order multiple pregnancy

Approximately 300 residents a year from North Manchester require access to an FM service.

Currently pregnant women accessing the North Manchester Maternity Service who need fetal medicine assessment are referred to the FM service at the Royal Oldham Hospital (ROH).

The ROH offers a secondary care FM service. Approximately 30% who access it require onward referral to a tertiary FM service that can manage the most complex pregnancies. Such a service is offered locally at Saint Mary's Hospital.

Case for Change

Since the acquisition of NMGH by MFT the intention has always been to integrate its clinical services and pathways into those already operated by MFT to ensure equity and standardisation of high-quality care across the MFT footprint.

Pathways that minimise provider to provider handovers have less safety risks given they do not require any complete and accurate transfer of a patient care records between providers. Equally patient experience is higher due to the avoidance of repetition of information gathering when a patient is seen by a new provider.

As such, switching the NMGH maternity service to be clinically integrated with and supported by other MFT based service will improve patient safety, experience, and pathway continuity by eliminating the provider-to-provider patient care handovers in the current pathway.

Since MFT's acquisition of NMGH the links between the maternity clinical teams across the MFT sites have been strengthening to develop a single vision, approach, and standard for the delivery of safe maternity care.

Given the changes to the EPR there is now an opportunity to provide NMGH residents with a fully integrated Fetal Medicine pathway including access to tertiary care required to manage the most complex pathways within MFT.

Fetal Medicine

Options

A range of options generated through discussion with clinical teams and other key stakeholders were considered and appraised against the following criteria:

Criteria 1	Quality (including clinical effectiveness and patient safety)
Criteria 2	Health inequalities
Criteria 3	Patient experience
Criteria 4	Efficiency (including recovery, finance)
Criteria 5	Deliverability (including workforce)
Criteria 6	Strategic fit

The process included review of a long list of options, and appraisal of shortlisted options, with clinical consensus on the preferred way forward.

In identifying the options, the underlying principle was to maintain or simplify the existing pathway and not to introduce any additional providers. The imperative not to create a more complex pathway therefore presented only three realistic options for consideration.

The options developed were also reviewed and endorsed by the Saint Mary's North Manchester Integration Group to ensure they met the brief of pathway simplification and that no other potential options had been missed.

Preferred Way Forward

The options appraisal concluded the preferred way forward is to provide NMGH Fetal Medicine service at St Mary's on the Oxford Road campus.

If the change is implemented, 300 pregnant women from the North Manchester catchment who require investigation at an FM service will be referred to attend the FM service at the Saint Mary's Oxford Road site rather than to the service at the ROH site. This change would take place at the end of August 2022 to coincide with the implementation of the new EPR across MFT.

Benefits:

- Improve continuity of care for all NMGH patients as they will be able to access all levels of FM service provision without having to transfer to another provider.
- It will strengthen service links between the NMGH and Oxford Road based maternity services, in keeping with the strategic vision of full clinical integration of NMGH services into MFT and ensure NMGH population with complex FM needs have direct access to a tertiary care service.
- The change removes a step in the pathway for approximately one third of the patients (100 women a year) who access the FM service at ROH and then require a referral onto the tertiary FM service provided by MFT at the Oxford Road campus.
- The pathway has already been tested when NMGH patients were referred to St Mary's Hospital as part of the mutual aid that was put in place to support ROH during the Major Incident response to recent IT issues on the site.

Fetal Medicine

Engagement

The North Manchester Maternity Voices Partnership was provided with an overview of the change proposal on 27th May 2022. The benefits of the pathway change were recognised and no objections were raised during the session.

The proposals were presented to the Patient and Public Advisory Committee (PPAC) of Manchester Health and Care Commissioning on 21 June 2022. The group recognised the benefits of the proposal itself. General issues regarding travel costs, transport access and car parking at Hospital sites were considered.

Further engagement opportunities are also being reviewed including:

- Public survey by Healthwatch Manchester
- NMGH VCSE Assurance Group presentation and discussion
- Continued development of an EQIA
- Further analysis of demographics to ensure the views from minority groups and protected characteristics are sought with any potential impacts mitigated.

Travel Analysis

Travel analysis was conducted using an agreed approach with partners to provide initial insights. It reviewed and comparing travel times between St Mary's and ROH for patients that were referred to NMGH for their maternity care in 2021/22. This sample has been used to provide an overview of travel impacts for any of the NMGH patients that may require Fetal Medicine as part of their care.

Travel Analysis Continued...

The analysis showed that 70% of service users accessing public transport as a means to attend St Mary's instead of the ROH would benefit from a reduced journey time, 20% would experience a longer travel time and 10% with a neutral impact.

In terms of time taken to travel by car, the analysis showed that 38.5% of patients would experience a reduced travel time by car attending St Mary's instead of Royal Oldham with 60.5% experiencing an increase in travel time.

Overall, there is potentially a small impact for those patients travelling by car to St Mary's (instead of Royal Oldham) but a greater benefit for those accessing the MRI via public transport. If 25% of patients (or more) travelled by public transport, there would be a net reduction in travel times for the group as a whole.

The sample was based on NMGH referrals to maternity services (c. 3864) as a representative sample of patients who may access Fetal Medicine services at Saint Mary's. In practice, only 300 of this total sample would in reality be affected by the proposed change to the service and 1/3 of the 300 are known to require onward referral from ROH to the tertiary FM service provided by Saint Mary's at the Oxford Road campus. The sample includes patients from the wider NMGH catchment which includes some residents from Bury and Heywood, Middleton and Rochdale as well as North Manchester residents.

Based on feedback through the engagement process the importance of travel impacts and access to hospital sites are extremely important to our service users. As such we will continue to deliver more detailed travel impact analysis to ensure strong mitigations to any negative impacts / unintended consequences and continuous, high-quality communication with patients throughout the change process.

Fetal Medicine

Substantial Variation Assessment

The service change proposal has been reviewed using the substantial variation assessment tool.

The tool assess across five domains to help determine whether the change constitutes substantial variation or not.

The five domains for review are:

1. **Patient population affected** e.g. number of patients affected
2. **Access** e.g. travel impacts
3. **Type / rationale for proposed service change** e.g. wholesale loss of service or partial change to existing service provision with local access retained
4. **Wider community and other services** e.g. impact on co-dependent services
5. **NHSE four tests and stakeholder views** e.g. strong public and patient engagement

Substantial Variation Recommendation for Discussion

It is recommended that the service change proposals for Fetal Medicine does not constitute substantial variation and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.
- The scale of change is relatively small and only a partial change in service provision with existing access and service arrangements still in place at the Royal Oldham
- The change will maintain current levels of choice that service users have regarding their maternity care.
- The change proposal has followed a structured approach with full support from commissioners/localities and clear evidence of service user involvement that will continue through to and beyond implementation of changes.
- Initial travel analysis shows that there is a benefit in terms of public transport for patients accessing the Saint Mary's instead of the Royal Oldham although it does identify slightly longer travel times by car for c. 60% of people.
- Consideration has been given to the NHSE four tests of service reconfiguration throughout the process.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 20 July 2022

Subject: Climate Change - Food and Health

Report of: Director of Public Health

Summary

This report presents the strategy and actions of the Manchester Food Board (MFB) to achieve a positive alteration in the food system within the city and, at the same time, address climate change, alongside an update of recent actions and priorities for 2022.

Recommendations

The Committee is asked to note the report and the MFB's strategy and action plans.

Wards Affected: All

<p>Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>
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<p>Food is included as one of the 6 key themes in the Manchester Climate Change Framework 2020-25. Reducing carbon emissions from the food system is a priority for the Manchester Food Board, and this report outlines the actions we have taken, and are planning, to support this.</p>

<p>Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>

<p>The future of ethnically diverse food supply chains in Manchester report, highlighted in the past actions, is aware of many people of ethnic minority backgrounds experience inequality, economic insecurity, and systematic barriers when accessing support services. The disproportionate impact of COVID-19 on people of ethnic minority backgrounds has brought to light these long-term challenges and raised serious questions about how we ensure an equitable and inclusive recovery from the pandemic.</p>
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<p>Therefore, the report was set up with the aim to complete an exploratory study into shortening the supply chains of food used by people of ethnically minority backgrounds in Manchester and investigating the improvement of sustainable sourcing for ethnically diverse foods.</p>

<p>The recommendations from the report will be built into a revised strategy across the areas of food security, production, and economy for the Manchester Food Board.</p>
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	<p>The MFB’s strategic priorities include: “Build a more inclusive food and beverage economy, creating a more skilled and efficient workforce.”</p> <p>Nevertheless, projects like the Sustainable Food Week on the Oxford Road Corridor (ORC) are designed to promote businesses with good practices in terms of sustainability. This promotion could help them drive and create new opportunities and collaborations.</p>
A highly skilled city: world class and home grown talent sustaining the city’s economic success	<p>The MFB’s strategic priorities include: “Build a more inclusive food and beverage economy, creating a more skilled and efficient workforce.”</p> <p>The ORC is the hub of innovation and we aim to join our work on sustainability with the work we are doing around food and technology. Through knowledge sharing and innovation in food systems we are looking to create new opportunities and therefore support the growth of jobs in this area.</p> <p>Furthermore, the public sector procurement project has the potential to increase local spend, deliver enhanced value and efficiency, increase sustainability, and improve the nutrition of meals commissioned by the public sector.</p>
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	<p>The MFB’s strategic priorities include: “Preventing malnutrition and hunger in vulnerable groups” and “Building a shared, sustainable food culture across society engaging our ethnically diverse population”.</p> <p>Additionally, the media enhancement project would allow communities to interact with the board and coproduce the solutions that will bring the board closer to meeting its objectives.</p> <p>We have recently concluded a project on ‘The future of ethnically diverse food supply chains in Manchester’ – the recommendations that came out of this research piece will be included in the MFB strategy refresh.</p>

<p>A liveable and low carbon city: a destination of choice to live, visit, work</p>	<p>The MFB’s strategic priorities include: “Reduce the carbon impact of the food system by elimination of avoidable food waste, excess packaging and ineffective utilisation of natural resources.”</p> <p>This report discusses the recent Food for the Planet strategy, behind the above-mentioned priority, which was prepared with the Manchester Climate Change Agency and Manchester City Council.</p>
<p>A connected city: world class infrastructure and connectivity to drive growth</p>	<p>The MFB’s strategic priorities include: “Support innovation which drives more sustainable food systems through the use of data, research and technology.”</p> <p>The food hub development workstream has the potential to support local food production, reduce supply chain length (food miles), increase healthy provision of food for the city, improve logistics and packaging efficiency.</p>

Financial Consequences – Revenue

None

Financial Consequences – Capital

None

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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.

[Food for the Planet](#) – Manchester Food Board Climate Change Strategy Re-refresh

1.0 Introduction

- 1.1 Like many other food partnerships and boards in the UK, the Manchester Food Board (MFB), had to refocus its objectives during the COVID-19 pandemic's peak; now, they have been broadened to reinforce the recovery of the food system in the city. These objectives are to improve food security, promote a vibrant food culture and grow a dynamic and robust food sector, create resilient supply chains, reduce environmental impacts throughout the food system, and facilitate collaboration, research and innovation in the food system.
- 1.2 Many of the city's policies and strategies are similarly being refreshed and, where possible, MFB aims to ensure that they complement one another and support shared aims. MFB have worked with the Manchester Climate Change Agency (MCCA) and Manchester City Council (MCC) to define the food and climate policy for the city. This has resulted in developing the draft 'Food for the Planet' objective for the MFB and partners. The remaining MFB strategic objectives will be updated in this new format later this year.
- 1.3 The actions outlined in this report align with the MCC Action Plan developed to support the MCC Resolution on Declaring a Climate Emergency (July 2019) to support and influence the city in reducing its emissions to protect the city's residents from the impacts of climate change.

2.0 Background

- 2.1 The current MFB was set up in 2019 as a multi-sectoral partnership capable of driving systemic, strategic change in the food system for Manchester. The board is chaired by Cllr Tracey Rawlins (MCC Executive Member for Environment and Transport), with members from a range of key organisations including Manchester Climate Change Agency, Bruntwood, CityCo, the National Farmers Union, Manchester BME Network, Manchester Metropolitan University, Organic North, Great Places Housing Group, Healthy Me Healthy Communities and MCC (Policy and Partnerships, and Public Health Teams).
- 2.2 The coordination of MFB was commissioned to FoodSync, a food focused social enterprise business based in Manchester, after a previous consultancy in 2018 to review the board's structure at that time. More about the establishment of the new structure of the board can be found in the MFB report for Environment and Climate Change Scrutiny Committee on 13.01.22.
- 2.3 The MFB has updated the environmental aim within the action plan, with the work tasked to FoodSync, MCCA and MCC. Feedback from MFB members on his update is currently being collated.

3.0 New Environmental Strategy for Food

- 3.1 In 2019, the MFB assessed three significant challenges for the city's food system: the departure of the UK from the European Union (EU), the impact of COVID-19, and climate change. The key over-arching priority for MFB is now

addressing the environmental and climate change issues related to food production and consumption.

- 3.2 As a result of this the new food strategy for the city included a specific aim to address this issue:
Reduce environmental impacts throughout the food system with a focus on food waste and a shift to more ecological practices.
- 3.3 The Food for the Planet Strategy, prepared by FoodSync and the MCCA, sets out the role and contribution of all sectors co-ordinated through the MFB. The food system requires consideration of local, regional, national and global issues.
- 3.4 The Food for the Planet Strategy is aligned with the Manchester Climate Change Framework (MCCF), with food included as one of the MCCF six priority areas. This strategy and the MCCF identify the following priorities:
- Reduction of food waste
 - Reduction of unnecessary product packing and single-use plastic
 - Increase consumption of more sustainable diets
 - Development of shorter food supply chains which translate to the promotion of British products and supporting British farmers
- 3.5 The MFB aims go beyond the MCCF aiming to increase the diversity and sustainability of food and drink operations, and support agroecological food production from farmers, growers, and suppliers.
- 3.6 To create a sustainable food system for the city that can help us to reduce greenhouse gas, Food for the Planet promotes:
- increased consumption of vegetables
 - improve the quality and sustainability of meat and fish
 - encourage local seasonably produced food

all of which would positively impact on the health of those who live in the city where we have 63% of adults who are overweight or obese (Manchester Healthy Weight Strategy), and 10% of older people in Greater Manchester who are undernourished (Age UK).

4.0 Actions in 2022

Food Security Joint Strategic Needs Assessment (JSNA)

- 4.1 MFB have supported the Population Health Team to develop a JSNA on Food Security. This will outline the challenges associated with poverty and hunger, and provide a comprehensive, integrated overview of the ways in which food insecurity poses a threat to health and wellbeing. This approach has helped to identify barriers to change and make recommendations on how food security can be addressed in Manchester. The first draft will be shared with MFB in September 2022.

Food Active! Healthy Weight Declaration

- 4.2 The Health Scrutiny Committee will also receive a report today on Adult Weight Management Services referring to the above which will be signed off by the Health and Wellbeing Board.

Oxford Road Sustainable Food Week

- 4.3 This event, planned for autumn 2022, aims to open up a long-term conversation about sustainable food with key anchor institutions, and other partners, located on the Oxford Road Corridor. Many of these partners are leading the way in sustainable procurement and practices that can educate and inspire others. This event will showcase their actions towards a more sustainable food future.
- 4.4 The feasibility of replicating this in other areas of the city is being examined.

School Food

- 4.5 Improving school meals is a priority for the MFB, to support a reduction in child obesity, malnutrition and to promote more sustainable solutions to reduce the impact they have on the food system.
- 4.6 To support this, MFB was invited to participate in a conference for Manchester schools, "Bee Green Education Summit", organised by MCC, to promote actions that address climate change within the school sector.
- 4.7 This included an opportunity to support ten student leaders to formulate their own proposals for school representatives and promote career options linked to the area of sustainability.
- 4.8 During the event MFB presented a workshop to representatives from schools and MCC, briefing them about the impact of school meals, and presenting potential solutions to improve school meals.

Website and Media

- 4.9 Manchester Food Board launched a new website in early 2022 (www.manchesterfoodboard.co.uk) to promote the purpose and work of the board.
- 4.10 One of the initial pieces of work has been a presenting a response to the cost-of-living crisis, utilising board members from the farming and wholesale food co-operative communities, to explain the reasons behind the unprecedented increase in prices for consumers.

The future of ethnically diverse food supply chains in Manchester report

- 4.11 In this exploratory study into shortening the supply chains of food used by culturally diverse communities in Manchester, the direction of travel in terms of

innovation and technological investment in the agricultural sector lends itself to increased production of ethnically diverse produce in the UK. This is not without its complications, including growing these products in the UK requires increased inputs of nutrients and power, but with adaptations and increased use of low-carbon energy, solar panels, and waste heat from industrial processes these economic and environmental costs could be mitigated.

- 4.12 Recommendations from the report focus on ways to support local farmers who would be interested in diversifying their crops, on reducing the cost of production for ethnically diverse foods in the UK, and on facilitating better engagement between UK farmers and local residents from diverse communities. With this approach, MFB think it would be possible to further explore the creation of a viable market for UK-grown produce suitable for different cultural communities.

5.0 Future actions

Reducing commercial food waste

- 5.1 MFB are working with WRAP (Waste & Resources Action Programme) and their Guardians of Grub food waste reduction programme aimed at Manchester's Hospitality and Food Service Sector. WRAP offers a range of tools, resources, and training opportunities to help businesses understand how to measure, monitor, and reduce their food waste.
- 5.2 Working with business representatives has shown that it is impossible to request the application of measures and innovation without offering support to achieve the proposed changes. MFB is currently developing an approach to support Manchester businesses in utilising the existing resources produced by WRAP.
- 5.3 Work is underway to review and test our methodology before full release of the project. Good practice will be showcased on the MFB website.

Manchester Food Board strategy 2022-2025

- 5.4 Manchester Food Board is now well established in the city and the importance of food has risen exponentially in the last 2 years from the increasing amount of food poverty, increase in diet-related ill-health, the climate emergency and instability caused by Brexit, the impact of COVID-19, and the war in Ukraine.
- 5.5 Through engagement with MCC's Policy Team, and other partners and agencies across the city, it has become apparent that there are greater opportunities to develop cross-sector food policy and strategies. This was highlighted through developing the 'Food for the Planet' strategy.
- 5.6 The action plan is being re-drafted to clarify how MFB members, and other partners and stakeholders in the city, can contribute to this work. This will include highlighting MFB's co-ordination role and how the work can engage regionally and nationally to help transform the food system for Manchester.

- 5.7 This workstream will aim to deliver against health, local economic and environmental priorities. It will seek to integrate food into broader policies and provide a clear direction to Manchester City Council's various committees, from health to environmental scrutiny. The new strategies will be presented to MFB for approval later in the year.

Media, communication, and education

- 5.8 The promotion of vibrant food culture and grow a dynamic and robust food sector is one of the aims of the Manchester Food Board, and to archive this a set of blogs and vblogs would be created to stimulate conscious consumption and celebrate and champion good practices.
- 5.9 The MFB wants to improve the general knowledge about how to reduce the carbon impact of diets and how to make them healthier. This can be possible by creating a targeted campaign featured on the MFB website and social media channels, with the support from MFB members and partners to create informative and engaging content.
- 5.10 Fresh, stimulating content will be released monthly from July 2022 onwards.

Public sector procurement project

- 5.11 Public sector food procurement in the UK is worth £2.6bn and is a significant driver for change. At a time when we have increasing amounts of childhood food poverty and approximately a third of global greenhouse gas emission comes from the food system, we support this sector to improve its economic, environmental, health and social outcomes. The vast amount of public sector food is no longer provided by the public sector and instead is increasingly diverse in its provision and method of contracting. Developing policy therefore, is significantly more complex.
- 5.12 The Manchester Food Board recognises that due to the varied nature of public sector catering provision, there is a need to expand the collective understanding of how a more sustainable, healthier food system can be achieved across all sectors. Stakeholders across contract catering businesses, procurement partners and facilities will be engaged across all public sector institutions to ascertain best practice in this area, share knowledge and build a collective movement to provide more nutritious, sustainable food for all.
- 5.13 This project when completed will be integrated into the main workstreams and strategy for MFB moving forward. It is essential that this work is carried out to aid food security for the city's residents, reduce the dietary impact of the cost of living crisis, reduce emissions and ultimately to reduce inequalities across the city.
- 5.14 This work is due to be concluded early 2023.

Food Hub feasibility and development

- 5.15 Progressing to a more sustainable, equitable and healthy food system across Manchester has many challenges. Local food production infrastructure across the city is not adequate to enable this vision to be realised, especially for small, independent businesses. The Manchester Food Board is well connected to many elements of the supply chain and has gathered a significant amount of insight into the challenges and opportunities a more sustainable future presents.
- 5.16 To create a food secure future, local producers and businesses need to be enabled to thrive across the whole supply chain from farm to fork. A number of areas in the UK have 'Food Hubs' of many different forms and functions. These food hubs enable co-operation and collaboration of assets, resources and knowledge. This reduces the base costs of business operation, drives efficiency and reduces the barriers to business entry and entrepreneurship. Ultimately, increasing food access to healthier, sustainable food whilst building local food security.
- 5.17 A feasibility study has been undertaken to understand the needs of stakeholders across the city (and beyond), what functions it should offer and how these may be best implemented to maximise outcomes. The feasibility work is drawing to a close and the report will be ready late summer.

City Centre Good Food Retail

- 5.18 The City Centre Good Food Retail project has highlighted that many city centre residents are not consuming a diet that is healthy or sustainable.
- 5.19 Working with partners, including Bruntwood and CityCo, the aim is to develop guidance for new residential and commercial developments in Manchester to support residents to have better opportunities to access more healthy and sustainable food. This work is in progress.

6.0 Recommendations

- 6.1 The Committee is asked to note the report and the MFB's strategy and action plans.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 20 July 2022

Subject: Adult Weight Management Services

Report of: Director of Public Health

Summary

This report provides an update on the delivery of weight management services in the city and introduces the *Food Active! Healthy Weight Declaration*. It provides evidence of the work delivered by commissioned weight management service providers and wider system partners such as physical activity providers.

The report follows up from the previous report to Committee on 4 February 2020, which presented the Manchester Healthy Weight Strategy 2020-2025. The strategy takes a whole system, partnership approach to tackling obesity in the city and was developed across four key themes; Food & Culture, Physical Activity, Environment & Neighbourhoods and Support & Prevention. The Strategy was launched in September 2021 following the pandemic.

The report also demonstrates impact by Covid on obesity and weight management services, and the recovery work in place.

Recommendations

The Committee is asked to note the report and comment on the *Food Active! Healthy Weight Declaration*.

Wards Affected: All

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

Healthy weight can make a significant impact on reducing carbon emissions in the city, through behaviour changes in our population.

Key objectives in the Healthy Weight Strategy include increased physical activity and improving our food consumption. The strategy promotes reduced vehicle travel where walking could be an option and encourages town planners to consider obesogenic environments when constructing new developments, opening opportunities for residents to access green spaces or to develop cycle routes to work and school.

Considering our food culture and nutritional intake is a key part of the strategy.

Encouraging more plant-based meals and reducing red meat consumption is identified in the Council's carbon-literacy training as one opportunity to reduce global warming.

Having been developed using a 'whole-system approach' with input from a wide variety of sectors across the city, the strategy embraces numerous organisations who are

involved in reducing carbon emissions (Registered Social Landlords, Environmental Organisations, Growth & Neighbourhoods, Transport). Addressing the unhealthy weight of our population has a very strong strategic fit with the zero-carbon agenda.

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	A healthy start in life that continues throughout adulthood enables people to be able to make the most of the employment opportunities in the city.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Improving educational outcomes is essential for young people to gain qualifications and contribute to Manchester's economic success. Ensuring our children are healthy, and not obese when reaching reception age (currently 24% of reception age children) contributes to school readiness and reduced school absence through poor health conditions.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Ensuring the best health of our children is critical in addressing inequalities and the wider determinants that cause poor health. It is essential that children and their families have access to good health care and that referral is in place for early and additional help.
A liveable and low carbon city: a destination of choice to live, visit, work	See Environmental Impact Assessment above.
A connected city: world class infrastructure and connectivity to drive growth	Our social prescribing model for weight management and physical activity makes significant use of digital technology to map activities and host on-line weight management groups. Our commissioning activity with nationally recognised providers bring a strength of infrastructure to our offer, providing over 200 venues in the city, seven days a week.

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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.

- Manchester Healthy Weight Strategy 2020-2025
- Manchester Population Health Plan (2018–2027)
- Manchester Joint Health and Wellbeing Strategy (2016-2025)
- Manchester's Park Strategy (2017–2027)
- Manchester Sport and Physical Activity Strategy
- Building Back Fairer – Tackling Health Inequalities in Manchester (2022)

1.0 Introduction

- 1.1 This report follows up progress on the five year Healthy Weight Strategy first reported to Health Scrutiny on 4 February 2020. The Strategy recognises the challenges faced by the city relating to the increasing weight of our population across the life course.
- 1.2 The Strategy advocated the use of 'whole system' approaches involving a wide-range of partners in developing services and influencing behaviour change to enable our residents to achieve and maintain healthy weight.
- 1.3 The Healthy Weight Strategy was brought to the Health & Wellbeing Board (HWB) on 18 March 2020 and was signed off by Executives (*Item 10- Healthy Weight Strategy*). A presentation was deferred, and the meeting may be better remembered as an emergency gathering of essential attendance only as the country prepared for unprecedented conditions and a period of lockdown.
- 1.4 The pandemic had a significant impact on lifestyle and obesity. This affected delivering key objectives within the Healthy Weight Strategy, including the ability to run weight management groups in community venues, provide physical activity sessions in gyms and leisure centres or outdoor access to green spaces.
- 1.5 However Population Health have worked through the pandemic and in the current recovery phase to maintain access to weight management intervention, commission new activity and deliver the Healthy Weight Strategy in neighbourhoods across the city.

2.0 Background

- 2.1 Obesity is a major health crisis countrywide and in Manchester 63% of adults (Active Lives Survey 2018) and 41% of children aged 10-11 years (National Child Measurement Programme (NCMP) 2020) were overweight or obese even prior to the COVID-19 pandemic, higher than the national average.
- 2.2 It is estimated that the cost of disease related to being overweight and obese in Manchester costs £185.1 million.
- 2.3 Being overweight or obese is associated with an increased risk of a number of common diseases and causes of premature death, including diabetes, cardiovascular disease and some cancers.
- 2.4 The "Marmot Review 10 Years on" identifies that the highest preventable mortality rates (obesity related deaths for example) occur in the poorest areas, and that these rates have increased for people aged 45-49 years where social and economic conditions undermine health over the last decade
- 2.5 The cost of living crisis will exacerbate the challenges of obesity. Before the pandemic, the Institute for Fiscal Studies had identified a 6% increase in households - living with less than 60% of the average national income.

- 2.6 New data on the percentage of adults (aged 18+) classified as overweight or obese based on the Active Lives Adult Survey from Sport England has been published by Office for Health Improvement and Disparities (OHID).
- 2.7 It shows that, in 2020/21, 61.7% of adults in Manchester were classified as overweight or obese compared with 63.5% of adults in England as a whole. The percentage of adults in Manchester classified as overweight or obese has increased very slowly, from 60.9% in 2018/19 to 61.0% in 2019/20 and 61.7% in 2020/21.
- 2.8 The figure for Manchester is the 3rd lowest in GM, after Trafford and Bury. The area with the highest percentage of adults classified as overweight or obese in GM is Wigan (73.7%). Manchester has the lowest percentage of adults classified as overweight or obese of any LA in the lowest decile of LAs (i.e. other similarly deprived areas). This may demonstrate successes in the approach Manchester has adopted having undertaken significant commissioning activity to develop our Adult weight management offer.

3.0 Commissioned Services

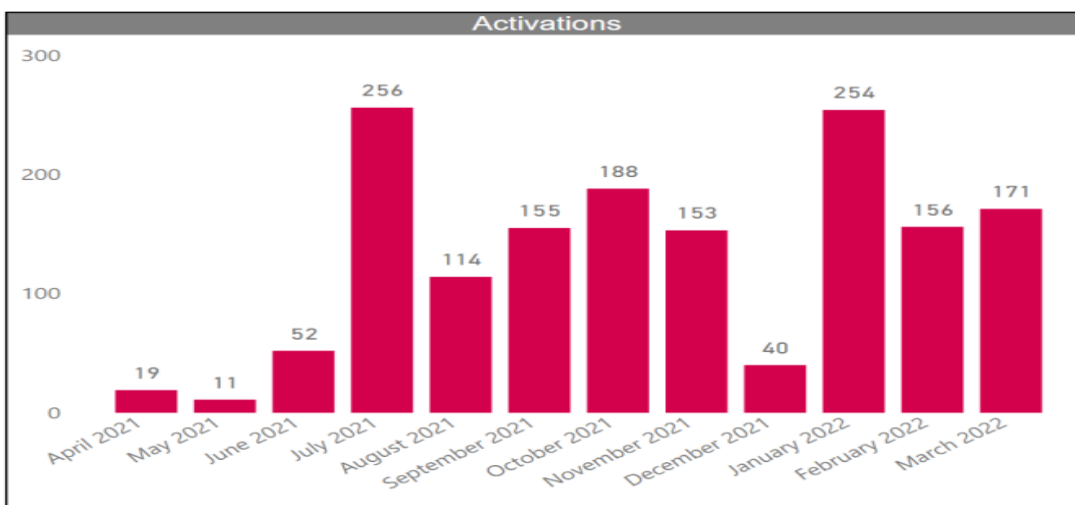
- 3.1 The Population Health Team is responsible for the overall Healthy Weight Strategy and the commissioning of services that deliver obesity prevention in Adults and Children. The Lead Commissioner is based within the Population Health Team, and commissions services at Tier Two and Tier Three.
- 3.2 The two commissioned services provide an offer for residents based on their Body Mass Index (BMI) and level of support required.
- Tier Two – Universal Service BMI 28>
 - Tier Three – Targeted Service BMI 35>
- 3.3 These services are communicated and regularly promoted across the city, through the GP Newsletter, social media and outreach approaches with neighbourhood teams.
- 3.4 Significant commissioning activity has taken place, from an initial decision to de-commission our Weight Management provider in 2018 alongside development of the Healthy Weight Strategy. New providers have been commissioned at Tier 2 and Tier 3 in 2019/20- 2020/21. This has increased referral volume, increased the number of community weight management groups across the city from four to over two hundred neighbourhood venues, while also delivering a substantial saving.

4.0 Tier Two Adult Weight Management Service (Slimming World)

- 4.1 The Tier Two Adult Weight Management Service is delivered by 'Slimming World'. The model is well-known and recognised. The provider offers a referral service that can be utilised by GPs and other Health Professionals. Manchester residents aged 16 and above receive a free voucher to access a

twelve-week intervention at any of 200 Slimming World groups in the city, seven days a week.

- 4.2 All referrals are triaged via our Be Well Social Prescribing Service. This enables residents to be screened for additional support (i.e. smoking cessation, counselling etc) as well as ensuring eligibility criteria is met.
- 4.3 This has become a very popular service. Word of mouth generates significant referral volume to the point that self-referral was introduced to alleviate requests for referral by GP.
- 4.4 In 2021-22 the service had 1,569 residents activate free vouchers to attend a Slimming World Group. Activation occurs when the resident attends their first session.



- 4.5 Monitoring demonstrates that 1,156 residents completed the intervention attending on average 9.2 weeks. 702 residents attended the whole 12 weeks.

Average Weight Loss 3%	Average Weight Loss 5%	Average Weight Loss 10%
593	337	52

The average weight loss was 7.8lb across the whole cohort and the average reduction in BMI was minus 1.3. Additional demographics for the service including locality, age and ethnicity is included as Appendix 1.

5.0 Adult Tier Two Weight Management Grant

- 5.1 Population Health commissioned the Slimming World on Referral Scheme based on a successful and cost-effective pilot in 2018/19. The service delivered a significant saving on our previous decommissioned service and was provided at a cost of £49,000 (£53.00 per intervention).

- 5.2 In January 2021 the Office for Health Improvement and Disparities (OHID) announced a national grant programme providing grant aid for Local Authorities to commission Tier Two Weight Management Services. No consultation took place, no application process or 'expression of interest' was required. Manchester was unexpectedly handed £497,000 for Tier Two Weight Management provision.
- 5.3 The funding could only be used to commission a service and fund individual referrals. With our service having already been put in place, this equated to funding for 9,377 residents to access vouchers.
- 5.4 This created significant pressure to upscale the capacity in the service, to triage referrals at Be Well and have space in community groups. Significant reduction to eligibility criteria needed to be communicated to referral partners. Monitoring requirements were made by OHID that did not match those already in place. The introduction of a QR code questionnaire opened the scheme to inappropriate and out of area referral, which needed additional eligibility checking.
- 5.5 On 30th April 2022, a national webinar was planned in which 2022/23 grant allocation and monitoring requirements would be announced. Like other local authorities we had attended numerous webinars with OHID regarding 'next year allocations'. However, unfortunately, it was announced that the funding programme had been withdrawn.
- 5.6 While this has been a very challenging and frustrating experience, it is fortunate that we have been able to recover our service, maintain a referral volume appropriate to the level of need and deal with the withdrawal of such a significant amount of funding due to our prudent financial management. Unlike regional and national colleagues, we have not had to decommission services or make redundancy following the unexpected announcement.

6.0 Tier Three Adult Weight Management Service (MoreLife UK)

- 6.1 The Adult Tier Three Weight Management Service is delivered by More Life UK. It is commissioned on a GM Footprint with Salford CCG as the lead commissioner. Manchester City Council buy into the service with Stockport CCG, Bury CCG and Tameside and Glossop CCG.
- 6.2 MoreLife UK are based with the National Institute for Obesity Studies at Leeds Beckett University. The Obesity Institute have provided Government guidance on the development of 'whole system approaches' to reducing obesity.
- 6.3 The Tier Three Service is a multi-disciplinary support for residents who are BMI 35[>] and above. It is a group-based programme that is built on psychological issues related to weight management as well as complex co-morbidities and dietetic support.
- 6.4 Referral into the Tier Three service is by GP only. In 2021/22 the service received 2,201 referrals from Manchester GPs from a total of 5,220 across the GM partner areas.

- 6.5 Manchester provides the highest volume of referrals into the service. Covid delay has created waiting lists for the intervention though Manchester commissioners have supported additional capacity in the service with covid-recovery funding to reduce waiting times and faster triage.
- 6.6 We are currently working with our Manchester Hospitals Foundation Trust (MFT) Medicines Management and GP colleagues to introduce the Saxenda pathway. This will enable the prescribing of Liraglutide to eligible residents. Liraglutide is a recommended option for managing obesity and excess weight alongside a reduced-calorie diet and increased physical activity in adults, only if they have a body mass index (BMI) of at least 35 kg/m².

7.0 Neighbourhood delivery

- 7.1 In July 2021, Population Health appointed a Project Manager to work across neighbourhoods to support delivery of the Healthy Weight Strategy and embed referral pathways for weight management support.
- 7.2 This role has enabled Population Health to work alongside Integrated Neighbourhood Teams, Health Development Co-ordinators, Health Centres and Community Venues, developing new provision and offering residents a route into adopting a healthier lifestyle.
- 7.3 In Woodhouse Park and Northenden, Health Development Co-ordinators have received £4,00 funding and had support from the Project Manager to develop *Eat Well, Move More, Feel Better*. This is a specially devised programme working with a range of key stakeholders including schools, Everyone Active and the School Nurse Service. The service engages families to participate in creating healthy meals and joining in a physical activity programme.
- 7.4 In Cheetham Hill and Levenshulme, we have commissioned *Bollyfit* to deliver two programmes to engage Asian women in physical activity and develop pathways for under-represented communities to access our Tier Two Weight Management offer.
- 7.5 A multi-agency Healthy Weight Strategy Network group has been created, led by Population Health, it has representation from over fifteen groups in the city and has born the development of a Healthy Weight Strategy newsletter, which promotes the various activity taking place in the city to promote the four strategic objectives (Appendix 2)
- 7.6 A key partner in delivering the Physical Activity element of the Healthy Weight Strategy are MCRactive. MCRactive's vision is to ensure all residents are active across the life course and there deliver a number of initiatives and investment streams supporting the Healthy Weight strategy.
- 7.7 The Health & Art programme recognises that physical activity interventions in isolation, seldom work. This has been reflected in a pilot project which has

been developed with MCRactive, Manchester Museum, Robert Derbyshire Practice, Manchester Local Care Organisation and Birch Community Centre.

- 7.8 Physical activity sessions are delivered at the community centre alongside other interventions, including workshops for diabetes patients. The use of a single venue for all providers reduces barriers to participation, ensures services overlap and provide opportunity for onward referral and information sharing.
- 7.9 Participants are identified through their GP (Robert Derbyshire Practise) and since the launch in June 2022, 30 women have enrolled and engaged. RDP now has a waiting list demonstrating demand for further support and provision of this type. Four more GP practices in Central who have engaged with MCRactive are being supported to develop similar provision.
- 7.10 The Be You Programme provides advice to participants to improve their health, MCRactive contribute a 12 week Physical Activity programme which compliments the intervention. This is followed up by support from GLL (Greenwich Leisure Limited) who provide a two-year reduced membership for access to Manchester leisure centres.
- 7.11 A bespoke offer is in place for pregnant women in Manchester. The Healthy Pregnancy programme involves physical activity, Early Years and Maternity providers offering classes, capped at £3 per session including Yoga, Pilates and general fitness. Pregnant women are also eligible for referral to our commissioned weight management offer at Tier Two and Three.
- 7.12 Active Mums Manchester' is a constituted group established with support from MCRactive. The group delivers walking sessions and dance classes as part of a wide family offer. MCRactive have recently introduced a digital quality assurance platform to maintain standards in social prescribing for physical activity.

8.0 Food Active! Healthy Weight Declaration

- 8.1 *Food Active!* is a healthy weight programme delivered by the Health Equalities Group, commissioned by local authorities, public health teams, NHS organisations and OHID at both a regional and national level.
- 8.2 In 2015, *Food Active!* developed the Local Authority Declaration on Healthy Weight. Initially created as a North West initiative, it has grown into a nationally recognised, strategic system-wide commitment. Adopted by a large number of councils across the country, it represents a pledge across all council departments to reduce unhealthy weight in local communities, protect the health and wellbeing of residents and to make an economic impact on health and social care.
- 8.3 An initial draft for a Manchester pledge was due to be presented at the Covid-impacted Health & Wellbeing Board in March 2020. We have now revisited this draft with strategic partners with a view to adopting a Manchester Healthy

Weight Declaration and having a corporate launch to focus attention on 'whole system' multi-agency responsibility.

- 8.4 The Declaration outlines a number of key pledges that the city will adopt to enable our residents to live a Healthy Lifestyle. This is then signed by City Leaders in a demonstration of commitment. (Appendix 3)

- 8.5 The Manchester Healthy Weight Declaration makes these pledges;

Reducing food poverty challenge our consumer culture, understand the social and emotional links to food and support change in behaviours

Increasing opportunities for physical activity in all daily lives, reducing sedentary behaviour.

Ensuring that the built and natural environment is developed to promote and enable physical activity and healthy food choices

Commissioning services and developing partnerships that enable identification and early intervention for vulnerable children and adults

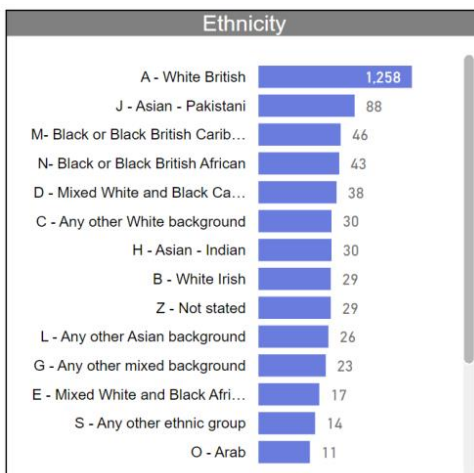
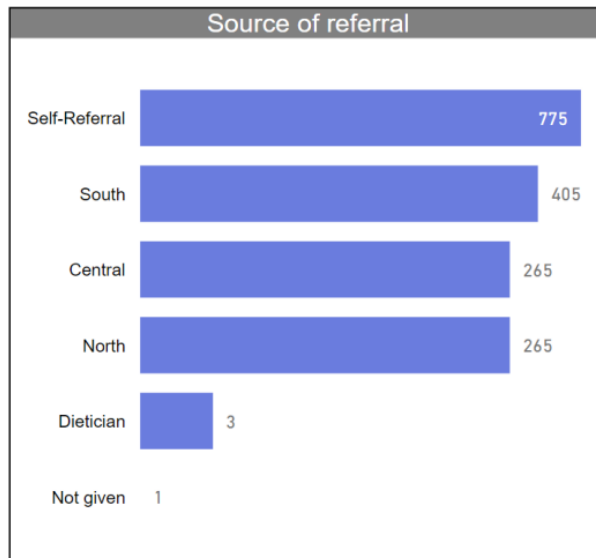
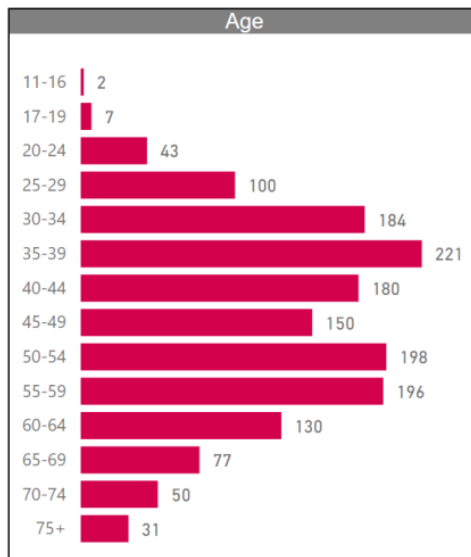
- 8.6 The final version of the Healthy Weight Declaration will be signed off by the Manchester Health and Wellbeing Board. The declaration will require the commitment of senior leads from the organisations they represent, to promote healthy weight and improve health and wellbeing in the city.

9.0 Recommendations

- 9.1 The Committee is asked to note the report and comment on the draft *Food Active!* Manchester Healthy Weight Declaration.

Appendix 1 Tier Two Adult Weight Management Service

Backing data for the Adult Tier 2 Weight Management Offer



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Appendix 2 - Manchester Healthy Weight Strategy Newsletter

Food & Culture
Physical Activity
Environment & Neighbourhood
Prevention & Support

Manchester Healthy Weight Strategy Newsletter

MAY 2022

The first Healthy Weight Strategy Partnership network meeting was held in March and brought together more than fourteen different organisations all working to support Manchester residents with achieving and maintaining a healthy weight. The network group was established to support the delivery of Manchester's Healthy Weight Strategy, a five year strategy which follows the life course and features four key strands; food & culture, physical activity, environment & neighbourhood, and prevention & support. Read the strategy [here](#).

Healthy Weight Strategy Network Meeting

A variety of organisations presented at the April 2022 meeting including Health Development Coordinator Rachel Harding who spoke about 'Eat Well, Move More, Feel Better' a family led cooking and activity project taking place in Wythenshawe schools, and Shamime Jan gave an inspiring talk about Bollyfit and the healthy lifestyle work currently taking place in Longsight and Cheetham Hill to promote health and well being with South Asian women. The meeting, chaired by Manchester City Council's Population Health team, was a fantastic networking opportunity and reconnected organisations after what has felt a long time.

Population Health Supporting Adult Weight Management

To support adult weight management following the impact of the pandemic, Manchester received an enhanced grant enabling the existing offer to be extended to support more residents with accessing the free 12 week Slimming World voucher scheme. Disappointingly, and at short notice, it was announced that the grant would not be continued beyond 1st April this year. Recognising the value the scheme brings to Manchester residents, Population Health has committed to continuing the support without changing the eligibility criteria:

- Manchester resident or Manchester GP
- BMI > 28
- 16 years and above

Residents can self-refer to the scheme by contacting Be Well 0161 470 7120.



Denmark Road Officially Launched!

Manchester Active and GLL officially launched Denmark Road as a sports and community facility on 6th April. The event was supported by many organisations including Buzz, Junior Pars, Community Nutrition Service, Morelife and MCC Smoking cessation team. Despite the typical school holiday weather, the event was attended by many community members of all ages, and

Did you Know?

Supporting children aged 5-17 years to increase their activity levels and have a healthier lifestyle, Junior Physical Activity on Referral Service (Jnr Pars) work with children and families to identify suitable sports and activities available in their neighbourhood. Although early days, Jnr Pars practitioners have worked with more than 420 children and young people, with 61.5% increasing their activity levels, and further reported health benefits including feeling better about themselves, having more confidence, and sleeping better. Children and young people can be referred to the social prescribing service by a health professional at their GP Surgery. A flyer with contact information has been attached with the newsletter.



Also, don't forget.... Healthy Start Vitamins

In Manchester free Healthy Start vitamin drops are available for all babies and children under 4 years old, and free vitamin tablets for all pregnant women and new mums. Residents do not have to be in receipt of benefits. Vitamins are available from children's centres, health visitors or community midwife. If in receipt of certain benefits residents can also receive free healthy food and milk. To find out more go to www.healthystart.nhs.uk, residents can apply online, or their midwife or health visitor can help them register.



Manchester Healthy Weight Team scoop national award!

The Healthy Weight Team, commissioned by Population Health, provide 12 month one to one support with severely obese reception aged children and their families. In the last year the team undertook 1776 face to face appointments and 811 home visits resulting in evidenced reduction in children's BMI's. The work of the team was recently recognised, winning the prestigious Public Health Nursing award. Here's a picture of the team with their award win, many congratulations to all!

Good Foody News in Our Neighbourhoods

Old Moat & Withington Food Work

Following on from the very successful Food in a Bag project, the team at Buzz Health & Well Being Service delivered a 10 week cooking group at Old Moat Children's Centre to give local parents practical skills and information about preparing healthy,

nutritious, family meals on a budget. Here is a beautiful display of the creations made by the group at a session focused upon healthy family snacks, homemade hummus with a selection of vegetables, breadstick and cheese, and also very cute homemade bread hedgehogs!



Starting Plates is a three week healthy cookery workshop and available to residents from Levenshulme, Longsight or Gorton, who are an expectant parent or carer, or have a child under 2 years. The workshops are a friendly welcoming group who work with families to learn how to prepare and cook healthy dishes for families to enjoy. Workshops are available in May and new sessions will also be available in June. Booking details are included on the attached flyer.

If you have a good news story to share in future newsletters or information about how your organisation supports Manchester residents with achieving a healthy weight, please email louise.mcerlain@manchester.gov.uk

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Appendix Three - Manchester Healthy Weight Declaration

Page 1

Local Government Declaration on Healthy Weight

This declaration was passed by **Manchester Health and Wellbeing Board** on Day/Month 2022

With partnership pledges from



THIS LOCAL GOVERNMENT DECLARATION ON HEALTHY WEIGHT IS A STATEMENT, INDIVIDUALLY OWNED BY MANCHESTER CITY COUNCIL.

It encapsulates a vision to promote healthy weight and improve the health and well-being of the local population. We recognise that we need to exercise our responsibility in developing and implementing policies which promote healthy weight.

Signed

Bev Craig,

Leader of Manchester City Council

Chair of Manchester Health & Wellbeing Board

Page 2

We acknowledge that

Unhealthy weight is a serious public health problem that increases disability, disease and death and has substantial long term economic, well-being and social costs. The proportion of the population affected by unhealthy weight continues to rise;

Unhealthy weight is affected by health inequalities and is more common in lower socio-economic groups;

Poor diet during early life (the period between conception and weaning) can carry adverse health consequences in later life;

Poor diet and an unhealthy weight are risk factors for cardiovascular disease, cancer and type 2 diabetes which contribute powerfully to poor health and premature death;

Energy dense food and drinks high in fat and sugar and low in essential nutrients contribute to a significant amount of additional and unnecessary calories in the diet;

There is greater availability and access to foods and drinks high in fat, sugar and salt which are increasingly eaten outside of the home, contributing to excess energy intake;

Increased intake of foods high in fat and sugar and low in fruit and vegetables are strongly linked to those in manual occupations;

People living in more socially deprived areas have less access to healthy foods;

Advertising and marketing of foods and drinks high in fat, sugar and salt increases their consumption;

Education, information and the increased availability of healthy alternatives help individuals to make healthy, informed food and drink choices;

Modern physical activity environments contribute to sedentary lifestyles;

Urban planning can have a significant impact on opportunities for physical activity, promoting safer environments for walking, cycling and recreation.

As local leaders in public health we welcome the;

Opportunity for local government to lead local action to prevent obesity, securing the health and well-being of our residents whilst considering available social, environmental, financial, NHS and social care resources;

Opportunity to protect some of the most vulnerable in society by giving children the best start in life and enabling all children, young people and adults to maximise their capabilities and make informed choices;

National commitment to address childhood obesity;

Support for the Local Authority Declaration on Healthy Weight from the following organisations: Association of Directors of Public Health North West, British Dental Association, Children's Food Campaign and the UK Health Forum.

Page 3**WE COMMIT OUR COUNCIL AND OUR PARTNERS FROM THIS DATE XX.XX.2022**

Manchester Health and Wellbeing Board make the commitment to deliver the Manchester Healthy Weight Strategy, adopting the 'Our Manchester' strengths-based approach to reducing health inequality and maximising the potential of our communities

We endeavour to reverse the national trend of unhealthy weight and obesity for children and adults in Manchester, utilising a multi-agency whole systems approach across four themes – **Food & culture, Physical Activity, Growth & Neighbourhoods and Prevention & Support**

- Reduce food poverty in Manchester and make healthy affordable food the easy option.
- Challenge our consumer culture and the way we eat, reducing high fat and sugar intake
- Promote lifestyles around work, home and school that support a healthy lifestyle
- Upskill individuals to grow, shop or cook, gaining the skills for themselves and their families to live healthily
- Increase awareness of the relationship between adverse childhood experiences and trauma and food consumption
- Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.
- Ensure an affordable sport and leisure offer that covers the whole life course from baby yoga to health walks
- Promote active travel such as walking or cycling
- Expand physical activity on referral to support social prescribing models
- Work together in partnership to counter obesogenic development in planning applications
- Work towards reduction in unhealthy food provision such as takeaways, milkshake bars and burger vans.
- Ensure community safety to allow streets and neighbourhoods to be active places
- Facilitate active travel in local transport plans
- Deliver accessible community weight management provision across the life course
- Ensure health & social care professionals can recognise signs of unhealthy weight and have strength-based conversations.
- Reduce the number of children or adults requiring clinical or surgical intervention
- Ensure safeguarding of vulnerable individuals

Page 4

In addition our Authority and partners will work towards

Reducing food poverty, challenge our consumer culture, understand the social and emotional links to food and support change in behaviours

Increasing opportunities for physical activity in all daily lives, reducing sedentary behaviour.

Ensuring that the built and natural environment is developed to promote and enable physical activity and healthy food choices”

Commissioning services and developing partnerships that enable identification and early intervention for vulnerable children and adults”

Signatories

Councillor Bev Craig,
Leader of Manchester City Council
Chair of Manchester Health and Wellbeing Board

Councillor Thomas F Robinson
Executive Member for Adult Health
and Wellbeing,
Manchester City Council

Kathy Cowell,
Chair of Manchester University
NHS Foundation Trust

Councillor Garry Bridges,
Executive Member for Children and Schools,
Manchester City Council

Rupert Nichols,
Chair Greater Manchester
Mental Health NHS Foundation
Trust

David Regan,
Director of Public Health
Manchester City Council

Bernadette Enright,
Director of Adult Services
Manchester City Council

Paul Marshall
Director of Children’s Services
Manchester City Council

Mike Wild,
Chief Executive, MACC

Vicky Szulist,
Chair of Healthwatch

Katy Calvin-Thomas,
Chief Executive, Manchester Local
Care Organisation

Dr Vish Mehra,
Chair of Manchester GP Board

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 20 July 2022

Subject: Integrated Care Systems

Report of: Executive Member for Healthy Manchester and Adult Social Care

Summary

Integrated Care Systems are being established nationally as part of the next phase of health and social care integration. This includes the establishment of Greater Manchester Integrated Care (NHS GM) and locality arrangements for Manchester. The Manchester Partnership Board will lead the development of Manchester's future operating model for health and social care integration. Joanne Roney OBE has been appointed by NHS GM as the Place-Based Lead for Manchester in addition to being Chief Executive of Manchester City Council.

Recommendations

The Committee is recommended to consider and comment on this report.

Wards Affected: All

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

No direct impact

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
--

No direct impact

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and social care is an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and social care supports significant jobs and skills development in Manchester
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Build Back Fairer work in the city
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health and care for Manchester residents

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Implications:

No direct financial implications arising from the report. The Section 75 agreement and aligned budget arrangements with Manchester Foundation Trust for the Manchester Local Care Organisation will remain in place.

Contact Officers:

Name: James Binks
 Position: Assistant Chief Executive
 Telephone: 0161 234 1146
 E-mail: james.binks@manchester.gov.uk

Name: Ed Dyson
 Position: Executive Director of Strategy / Deputy Chief Accountable Officer – Manchester Health and Care Commissioning
 E-mail: edward.dyson@nhs.net

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.

Manchester Locality Plan – Our Healthier Manchester

1.0 Introduction

- 1.1 The purpose of this report is to update Health Scrutiny Committee on the UK Government's reforms to health and social care to establish Integrated Care Systems, including at the level of Greater Manchester.
- 1.2 The report also sets out the arrangements as they relate to the City of Manchester.

2.0 Integrated Care Systems

- 2.1 Integrated Care Systems became an aim for the NHS as part of the NHS Long Term Plan in 2019¹
- 2.2 Aspects of the health and care arrangements required by the 2012 Health and Social Care Act were considered to be a barrier to integration, including the organisational construct of the NHS, approaches toward commissioning, and use of competition by default. Government published a white paper in 2021 which set out a vision for integrated care systems²
- 2.3 Integrated Care Systems were established across England on 1 July 2022 and Clinical Commissioning Groups (CCGs) were disestablished, in line with legislation set out in the Health and Care Act 2022. NHS GM Integrated Care held its first Board meeting on the 1st of July, which was held in public, as will future meetings.
- 2.2 The national aims for ICS are to:
 - i. Secure better health and wellbeing for everyone.
 - ii. Tackle unequal outcomes, experience and access to health and care services.
 - iii. Enhance productivity and value for money; and
 - iv. Support broader social and economic development.
- 2.3 In Manchester, the statutory responsibilities of NHS Manchester CCG will transfer to Greater Manchester Integrated Care (NHS GM) alongside those of the other nine GM CCGs.
- 2.4 These upcoming system reforms are an evolution of the strategic agenda in Manchester and Greater Manchester rather than a change in direction. They are also an opportunity to accelerate the delivery of Manchester's ambitions to improve health outcomes and tackle health inequalities through further integration of health and social care.
- 2.5 Manchester has worked effectively in partnership on health and social care for many years. This means the city is well prepared for the establishment of a

¹ <https://www.longtermplan.nhs.uk/>

² <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

GM ICS. The Our Healthier Manchester Locality Plan³ sets out our strategic ambitions and priorities, aligned to the Our Manchester Strategy⁴ for the city. This has been refreshed a number of times since the original plan in 2016. It has a focus on how partnership working can improve population health, address the social determinants of health and tackle health inequalities. It also led to the establishment of Manchester Local Care Organisation in 2018, Manchester Health and Care Commissioning in 2017, and the Single Hospital System for the city. The Locality Plan has the same five strategic aims:

- Improve the health and wellbeing of the people of Manchester.
- Strengthen the social determinants of health and promote healthy lifestyles.
- Ensure services are safe, equitable and of a high standard with less variation.
- Enable people and communities to be active partners in their health and wellbeing.
- Achieve a sustainable system.

2.6 Integrated Care Systems include a strong focus on place-based partnership working. There will be 10 place-based arrangements in GM that are each coterminous with local authority boundaries, including the city of Manchester, which are referred to as ‘locality’ arrangements by NHS GM. These place-based partnerships aim to ensure that care and support is connected to the things that keep people well – their homes, their families, friendships and networks, communities, and their jobs. The approach recognises that Councils are the leaders of place and this is an opportunity to better connect health and care services to communities. The 10 locality partnerships will each address specific place-based challenges, reflecting the identity and benefitting from the strengths of communities in each area. At the same time there is a strong focus on improvements to and greater consistency in access to services and quality of services and benefit from the scale of Greater Manchester.

2.7 Local authorities and the NHS, as part of our integrated care system, have a statutory duty to deliver on this agenda through the GM Integrated Care Partnership and GM NHS Integrated Care. The reforms recognise that health and social care integration can make a significant contribution to this agenda but most of what needs to be done is determined by much broader factors such as jobs, housing, environment, infrastructure, families and communities, and it is recognised that Councils have key roles to make these connections and lead each place. The Integrated Care Partnership will now start to develop a strategy for Greater Manchester. This is now in progress with an

³ <https://democracy.manchester.gov.uk/documents/s31850/Appendix%20-%20Manchester%20Locality%20Plan%20Refresh.pdf>

⁴

https://www.manchester.gov.uk/info/200024/consultations_and_surveys/8148/our_manchester_strategy-forward_to_2025#:~:text=environment%20and%20infrastructure.-,Our%20future%20Manchester,an%20attractive%20and%20welcoming%20city.

expectation to be complete towards the end of the calendar year. Manchester will contribute to the development of this strategy.

3.0 Next steps in Manchester

3.1 NHS GM has developed a Greater Manchester Operating Model document, which sets out the overall vision and objectives for the GM Integrated Care Partnership, the GM 'system architecture', governance arrangements, and the features and characteristics of the GM system.

3.2 Manchester and the other nine GM localities are developing their own place-specific locality models. The key features include:

- i. A Locality Board to ensure the priorities are decided together in the locality and support the effective joint stewardship of public resources. In Manchester this will be the Manchester Partnership Board (MPB).
- ii. A Place Based Integrated Care Lead with dual accountability to the local authority and to NHS GM.
- iii. A place-based provider collaborative or alliance providing comprehensive integrated care at neighbourhood and place levels. This builds on the existing approach to provider collaboration and the work of the Manchester Local Care Organisation.
- iv. A means of ensuring clinical and care professional input and leadership to place based working.
- v. A focus on health creation and prevention as well as health services with a particular emphasis on population health and reducing health inequalities. Manchester's work to tackle health inequalities – Build Back Fairer – will continue to be overseen by the Chief Executive and Director of Population Health and will be an important element of the work programme of MPB.
- vi. An accountability agreement between partners in the locality and NHS GM.
- vii. An articulated relationship with their local Health and Well Being Board as the route to confirm accountability to the local authority.

3.3 Joanne Roney OBE, Chief Executive of Manchester City Council, has been appointed by GM NHS as the Place-Based Lead for Manchester, as well as continuing to be Chief Executive of the Council. Most of the other GM localities have also appointed the relevant Local Authority Chief Executive as their Place-Based Lead. The Chief Executive will hold an additional contract with NHS GM, will be accountable for certain functions and additionally report directly to Mark Fisher, the Chief Accountable Officer of NHS GM. A deputy post is being appointed to and a core leadership team is being established.

3.4 The locality arrangements in Manchester will be known as the Manchester Integrated Care Partnership. This partnership will incorporate all the partners and will also include NHS GM staff deployed to Manchester. Manchester Partnership Board (MPB) will be the Locality Board for Manchester. The MPB is chaired by the Leader of the Council and includes a small number of Chief Executive and Director-level representatives from MCC, Manchester

Foundation Trust (MFT), Greater Manchester Mental Health (GMMH), Manchester Local Care Organisation (MLCO), Primary Care, and a VCSE sector representative.

- 3.5 Certain functions will be delegated from GM to Manchester through to the Place-Based Lead, and to MPB when it is formally constituted as a Committee of NHS GM Integrated Care Board (ICB). Other functions will be reserved to the NHS GM ICB. The list of functions is set out in a Scheme of Delegation and Reservation within the NHS GM Governance Handbook.
- 3.6 Manchester Partnership Board (MPB) will lead the development of Manchester's future operating model. The initial focus was on a safe transition of functions and staff from the CCG on 1 July 2022. This has been achieved. Focus has now shifted to developing the future arrangements which will start with an engagement process with staff and partners.
- 3.7 The Manchester Provider Collaborative will be the means by which providers coordinate their work particularly at a neighbourhood level. Partners will include Manchester Local Care Organisation (MLCO), Greater Manchester Mental Health and primary care. The Provider Collaborative is co-chaired by the Executive Member for Healthy Manchester and social care (Cllr Thomas Robinson) and the Deputy Chief Executive of MFT (Gill Heaton). The collaborative will also be the delivery arm of MPB putting transformation priorities into delivery. The section 75 agreement which underpins the MLCO relationship between Manchester University Hospitals Foundation Trust (MFT) and MCC will remain.

4.0 Recommendations

- 4.1 The Committee is recommended to consider and comment on this report.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 20 July 2022
Subject: Overview Report
Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

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

Recommendation

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

Wards Affected: All

Contact Officers:

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

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

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

Date	Item	Recommendation	Response	Contact Officer
8 December 2021	HSC/21/52 Suicide Prevention Local Plan	The Committee recommend that consideration is given to Manchester contributing to the Greater Manchester pilot for the collection of key 'real time' data co-ordinated by the Greater Manchester Suicide Prevention lead.	<p>This recommendation has been accepted and is being progressed.</p> <p>Officers from the Public Health Team and the Greater Manchester Suicide Prevention Lead met with the Manchester Coroner's Office in March, following the Health Scrutiny recommendation to consider Manchester joining the GM pilot. The Manchester Coroner was supportive of this proposal.</p> <p>A notification form has been agreed and work is ongoing to finalise a memo of understanding between parties involved in the pilot. Inclusion in the pilot will aid identification of clusters as well as support joined up responses.</p>	David Regan

			<p>Manchester already has its own system with the Coroner's Office for receiving real time data on potential suicides and this continues while inclusion in the pilot is finalised. The Manchester Coroner also contributes weekly statistics to the GM lead to help to support the monitoring of trends.</p> <p>An update will be provided in future updates to committee.</p>	
8 December 2021	HSC/21/53 Our Manchester Carers Strategy Update	The Committee recommend that the Deputy Leader consider the options to maintain the Carers Emergency Fund.	Following the June meeting confirmation has been received that the Carers Emergency Fund has continued this Financial Year as recommended by Health Scrutiny Committee.	Zoe Robertson Head of Commissioning Adult Social Care

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **11 July 2022**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

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

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

3. Items for Information

Care Quality Commission (CQC) Reports

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

Provider	Address	Link to CQC report	Report Published	Type of Service	Rating
Lasercare Clinics (Harrogate) Limited	Sk:n - Manchester Albert Square 1 Albert Square, Manchester M2 3FU	https://www.cqc.org.uk/location/1-125651076	1 July 2022	Independent Doctor	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Pro-Med Surgical Limited	Gro Clinics Blackfriars House, 3rd Floor, Suite 3c, Parsonage Manchester M3 2JA	https://www.cqc.org.uk/location/1-2258850598	30 June 2022	Independent Hospital	Overall: Inadequate Safe: Inadequate Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Inadequate
Dr Lance Christian Knight	The Fold 3 Back Pool Fold Manchester M2 1HB	https://www.cqc.org.uk/location/1-2404698135	29 June 2022	Dentist	Overall: No Action Required
Be Caring Ltd	Be Caring Manchester 294 Portway Wythenshawe Manchester M22 1TG	https://www.cqc.org.uk/location/1-7766675081	30 June 2022	Home Care Service	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement

JK Staffing Ltd	JK Staffing Suite 9, Top Floor 55 Derby Street Manchester M8 8HW	https://www.cqc.org.uk /location/1- 9730471925	9 July 2022	Home Care Service	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Gian Healthcare Ltd	14 Thornholme Close Manchester M18 7RL	https://www.cqc.org.uk /location/1- 7203357661	6 July 2022	Care Home	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate
Ask Skin Ltd	Skin Doctor Manchester 40 Lapwing Lane Manchester M20 2WR	https://www.cqc.org.uk /location/1- 9894747015	7 July 2022	Independent Doctor	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Wilmslow Road Surgery	Wilmslow Road Medical Centre, 156 Wilmslow Road, Rusholme Manchester M14 5LQ	https://www.cqc.org.uk /location/1-542136268	5 July 2022	GP Practive	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

3. Vaccination and COVID-19 Data Update

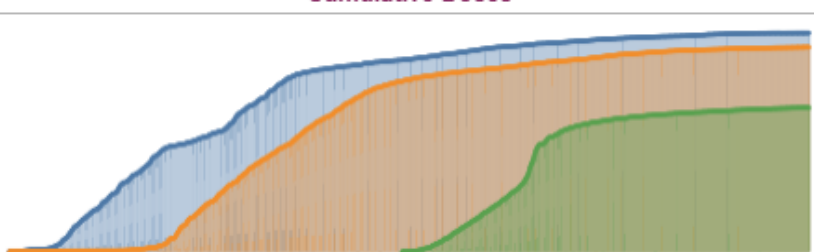
COVID Vaccination Coverage as of 5 July 2022

Data Source: National Immunisation Management System (NIMS)

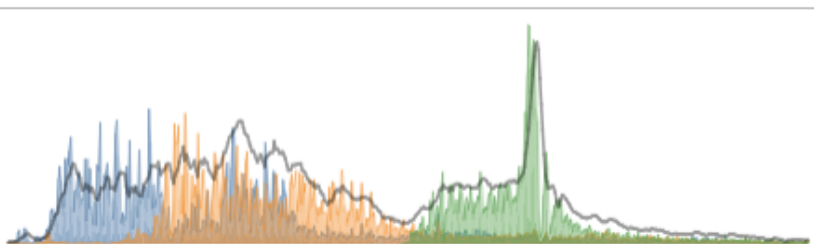
For patients registered with a Manchester GP Practice:

414,214 patients given their first dose ▣ 2
 387,300 patients given their second dose ▴ 101
 272,693 patients given their booster dose ▴ 75

Cumulative Doses

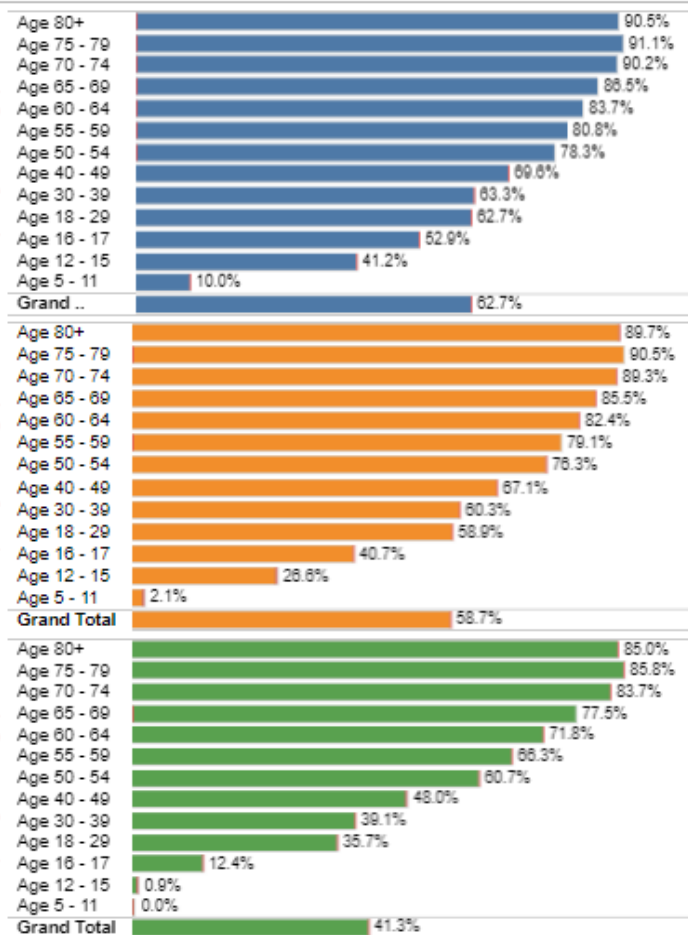


Daily Doses (including 7 day rolling average)



Dose	Uptake for Age 18+ (daily change)	Uptake for Age 16+ (daily change)	Uptake for Age 12+ (daily change)
First	70.3% (0.00%)	69.8% (0.00%)	68.1% (0.00%)
Second	67.5% (0.01%)	66.8% (0.01%)	64.5% (0.02%)
Booster	49.2% (0.02%)	48.2% (0.02%)	45.5% (0.02%)

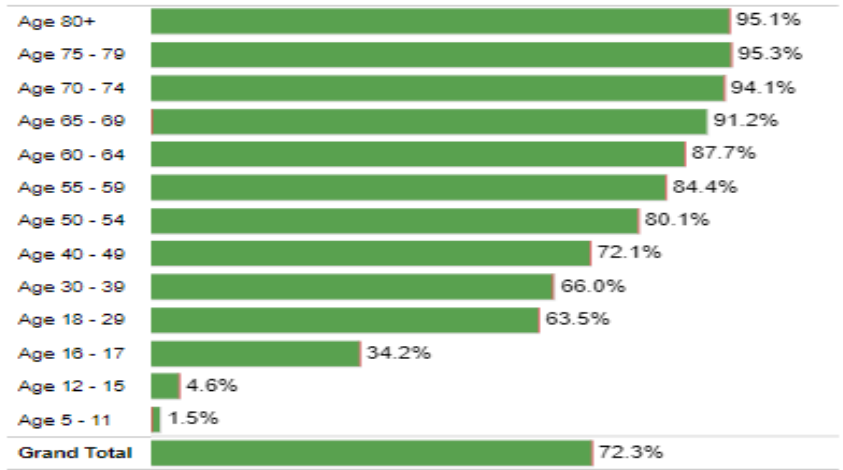
First Dose Uptake (based on registered population) (daily change)
 Second Dose Uptake (based on registered population) (daily change)
 Booster Uptake (based on registered population) (daily change)



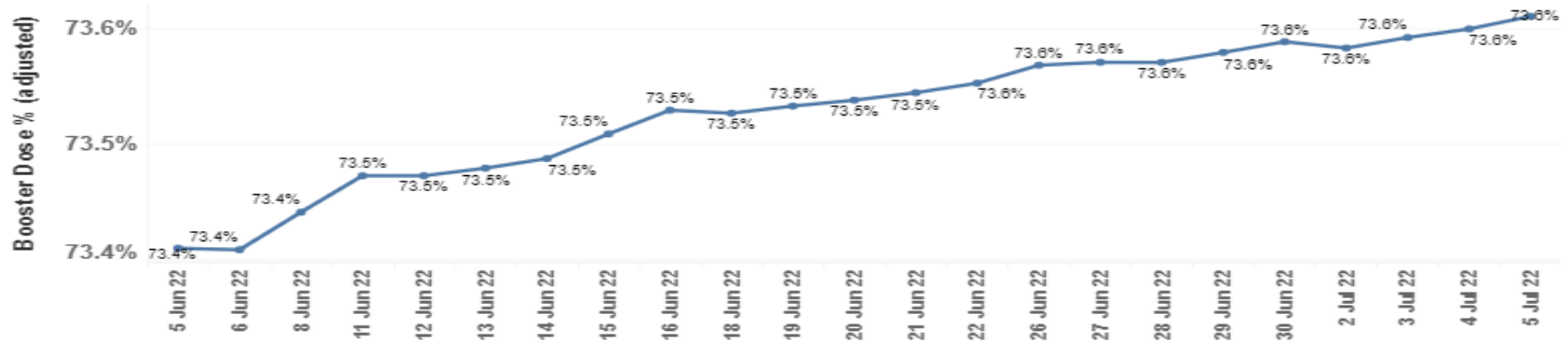
Booster Eligibility

	Patients	Eligible for Booster (91 days+ second dose)	% of patients eligible for booster
Age 80+	13,975	12,497	89.4%
Age 75 - 79	11,044	9,952	90.1%
Age 70 - 74	16,195	14,399	88.9%
Age 65 - 69	20,418	17,356	85.0%
Age 60 - 64	26,965	22,068	81.8%
Age 55 - 59	34,333	26,989	78.6%
Age 50 - 54	38,746	29,376	75.8%
Age 40 - 49	93,116	61,919	66.5%
Age 30 - 39	126,299	74,740	59.2%
Age 18 - 29	169,319	95,245	56.3%
Age 16 - 17	15,959	5,787	36.3%
Age 12 - 15	34,283	6,905	20.1%
Age 5 - 11	61,344	339	0.6%
Grand Total	661,996	377,572	57.0%

Booster Coverage for eligible patients who are more than 91 days post second dose (previous day achievement)



Booster Coverage for eligible patients who are more than 91 days post second dose (last 31 days)



COVID-19 Data Update

- The Office for National Statistics (ONS) Infection Survey for the week ending 1 July 2022 (published on 8 July) showed that the percentage of people testing positive for COVID-19 continued to increase across the UK, caused by increases in infections compatible with Omicron variants BA.4 and BA.5.
- In England, the estimated number of people testing positive for Covid-19 was 2,145,000 equating to 3.95% of the population, or around 1 in 25 people. In the North West the percentage is slightly higher at 4.2%.
- In terms of hospital admissions, we are now seeing bed occupancy of people with Covid increase at a faster rate in July and this trend is expected to continue for the rest of the month

Monkeypox

The Director of Public Health continues to be notified about Monkeypox cases amongst Manchester residents and appropriate response measures are being implemented.

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

Wednesday 20 July 2022, 10am (Report deadline Monday 11 July 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Climate Change – Food and Health	Representatives from the Manchester Food Board will attend the Committee to talk about their plans for the coming year and how this activity is linked to the Manchester Climate Change Framework.	Councillor Rawlins	David Regan Barry Gillespie	Invitation to Cllr Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee
Adult Weight Management Services / Physical Activity (Mcr Active)	To receive a report on Adult Weight Management Services / Physical Activity (Mcr Active). Staff and users of the service will highlight the opportunities and challenges facing residents in accessing services and plans to widen the offer in 2022/23.	Councillor T. Robinson	David Regan Peter Cooper	
Manchester University Hospital NHS Foundation Trust (MFT)	To receive an update report from MFT that provides an overview of the planned service changes for the year as part of the ongoing implementation of the Single Hospital Service programme and plans.	Councillor T. Robinson	Chris Gaffey Lee Hay	
GM Integrated Care Board (ICB) and Manchester Partnership Board (MPB)	The ICB will go live on 1 July now that the Health and Social Care Bill has received royal assent representatives of the GM ICB and the MPB will set out how the new arrangements will be implemented in Manchester. An updated version of the Manchester Locality Plan and Delivery Plan will also be presented to the Committee	Councillor T. Robinson	David Regan Chris Gaffey James Binks	Invitations to be sent to Sir Richard Leese, Chair and Mark Fisher CBE, Chief executive designate of NHS Greater Manchester

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

Wednesday 7 September 2022, 10am (Report deadline Friday 26 August 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Better Outcomes, Better Lives	Following previous presentations to Health Scrutiny, the latest update on progress on our ASC Transformation Programme as requested by the Committee with insights from people using services. The report will also contain information previously requested by the Committee on the Equalities Impact Assessment of the Better Outcomes, Better Lives programme.	Councillor T. Robinson	Bernadette Enright Sarah Broad	
Enabling Independence Accommodation Strategy	To receive a report and presentation of this new strategy which supports the Housing Strategy in enabling the right supply of supported accommodation and other housing options for vulnerable people in the city, supporting people to be as independent as possible in their communities.	Councillor T. Robinson	Bernadette Enright	
Adverse Childhood Experiences (ACEs) & Trauma Informed Practice	To receive an update report to that considered at the meeting of 21 July 2021 on the Adverse Childhood Experiences (ACEs) & Trauma Informed Practice. The report will update Members on the range of activities to deliver the stated ambition of Manchester being a trauma informed and trauma responsive City.	Councillor T. Robinson	David Regan Gareth Nixon	
Greater	To receive an update report that describes the activity of the	Councillor	Chris Gaffey	

Manchester Mental Health Update	Greater Manchester Mental Health NHS Foundation Trust (GMMH). This report will include, but is not restricted to: Urgent Care/Crisis response; Early Intervention; Community Mental Health Teams; Delayed Transfer of Care and Out of Area Placements.	T. Robinson	Greater Manchester Mental Health NHS Foundation Trust	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 12 October 2022, 10am (Report deadline Monday 3 October 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Marmot Themed meeting	It will be exactly one year since the Committee heard from Sir Michael Marmot and the Committee will receive an update on the work of the Manchester Marmot Task Group. This will include updates on social prescribing, public mental health and Population Health Management at a neighbourhood level. People using services will be invited to the meeting to talk about their lived experience	Councillor T. Robinson	David Regan Cordelle Ofori	
Climate Change – Air Quality	To consider a report that discusses the issue of air quality and health.	Councillor T. Robinson	David Regan	Invitation to Cllr Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and	-	Lee Walker	

	items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.			
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Wednesday 9 November 2022, 10am (Report deadline Monday 31 October 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Update on the 2023/24 budget position	To receive a report on the Council's anticipated budget position for 2023/24, the budget process and draft proposals for any services in the remit of this committee.	Councillor T. Robinson	Bernadette Enright David Regan	
Fair Cost of Care and Market Sustainability	To receive a report and presentation on the outcome of the mandated Dept of Health and Social Care fair cost of care exercise in Manchester, alongside our Market Sustainability statement and strategy to support care providers in Manchester to be sustainable in the long-term, ensuring the right capacity is in place which is delivering high quality services to the people of Manchester.	Councillor T. Robinson	Bernadette Enright	
Funding and Charging Reforms - including the implementation of the Care Cap	To receive a report on the Implications of the funding and charging reforms in Manchester including local analysis on the financial and operational impact and planning to deliver the reforms across Adult Social Care and in our financial assessment teams.	Councillor T. Robinson	Bernadette Enright	
Learning Disability	To receive a report that describes the services and support to people with a learning disability in Manchester including the development of the Planning with People Board, work on Transforming Care, our commissioning strategy and health priorities, transition and provider review.	Councillor T. Robinson	Bernadette Enright	

Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	
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Wednesday 7 December 2022, 10am (Report deadline Monday 28 November 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Access to NHS Primary Care – GP, Dentistry and Pharmacy	To receive a suite of reports that provides an update on the provision and access to primary care services across the city. These reports will include how primary care services are addressing the Closing the Gap NHS agenda.	Councillor T. Robinson	Chris Gaffey	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 11 January 2023, 10am (Report deadline Friday 30 December 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Care Quality Commission regulation and inspection of Adult Social Care	To receive a report that provides an overview of the planned introduction of Care Quality Commission regulation and inspection of local authority statutory responsibilities including social work, and the planned approach in Manchester.	Councillor T. Robinson	Bernadette Enright	

Liberty Protection Safeguards	To receive a report on the introduction and plans to implement the Liberty Protection Safeguards in Manchester including work across the partnership.	Councillor T. Robinson	Bernadette Enright	
Health Infrastructure	This report will provide and update on development at the North Manchester General Hospital. There will be an in depth focus on developments at Wythenshawe Hospital. In addition, the Committee will hear more about primary care and community health developments (e.g., Gorton Hub)	Councillor T. Robinson	Chris Gaffey	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 8 February 2023, 10am (Report deadline Monday 30 January 2023)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
2023/24 Budget Report	Consideration of the final 2023/24 budget proposals that will go onto February Budget Executive and Scrutiny and March Council.	Councillor T. Robinson	Bernadette Enright David Regan	
Drugs, Alcohol and Tobacco Control	Following the report to the Committee in January 2022, one year on the Committee will receive an update on addiction services with additional information on services addressing gambling related harm. Service users will attend the meeting.	Councillor T. Robinson	David Regan Marie Earle	

Climate Change and Health	Theme and scope of this report to be determined.	Councillor T. Robinson	David Regan	Invitation to Cllr Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 8 March 2023, 10am (Report deadline Monday 27 February 2023)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Our Manchester Carers Strategy Update	Further to previous reports and presentations to the Committee, an update and overview of our work to support carers of all ages in Manchester including our work with the VCSE will be provided.	Councillor T. Robinson	Bernadette Enright Zoe Robertson	
Plans and services relating to Dementia in Manchester	To receive a report that describes plans and services relating to Dementia in Manchester.	Councillor T. Robinson	Bernadette Enright Zoe Robertson	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Items to be Scheduled

Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Preventative Screening Services	To receive a report that provides information on the local arrangements and activities to deliver health prevention screening services.	Councillor T. Robinson	David Regan Sarah Doran	
Health Inequalities and Older People	To receive a report that considers the experiences of older people and health inequalities and the initiatives to address these. The report will also include information on the work of Age Friendly Manchester.	Councillor T. Robinson	Bernadette Enright	
Update on Sounding Boards	<p>Building upon the positive contribution during the pandemic the Committee will receive a report that describes the evolution of Sounding Boards and how these will be used to connect with residents and improve health outcomes.</p> <p>The main functions of the Sounding Boards are to:</p> <ul style="list-style-type: none"> • Bring together a group of people that can act as a voice for their communities. • Give the communities they represent a voice in the development and delivery of CHEM's programme of work. • Identify and share what the priority issues and concerns are for the communities they represent. • Share their views on how statutory sector initiatives and activities might inadvertently impact adversely on different 	Councillor T. Robinson	David Regan Cordelle Ofori	

	communities and provide potential solutions.			
Manchester Equipment & Adaptations Partnership	To receive an update report that provides information on the findings and recommendations of the review undertaken of the delivery model for both minor and major adaptations.	Councillor T. Robinson	Bernadette Enright Karen Crier	Update on the report considered 22 June 2022.
The Ockenden Report - Manchester Foundation Trust's Response	To receive a report that provides an update on the progress to date on Manchester Foundation Trust's Final Ockenden Action Plan (Created May 2022 in response to the recommendations of the Ockenden Report published 30 March 2022). This update report to include comparative data and how Manchester compared to the Shrewsbury and Telford Hospital NHS Trust and to include an update on advocacy and the voice of the women and families.	Councillor T. Robinson	Chris Gaffey Kate Provan	Update on the report considered 22 June 2022.