



## **Health Scrutiny Committee**

Date: Wednesday, 7 September 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 11:30 am on Monday 5 September 2022 via MS Teams. A separate invite will be sent to Committee Members.**

### **Access to the Antechamber**

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**There is no public access from any other entrance.**

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

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

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

## Agenda

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**1. Urgent Business**

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

**2. Appeals**

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

**3. Interests**

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

**4. [10.00-10.05] Minutes**

5 - 14

To approve as a correct record the minutes of the meeting held on 20 July 2022.

**5. [10.05-10.50] Greater Manchester Mental Health - Manchester Services Summary Report**

15 - 34

Report of the Associate Director of Operations, Greater Manchester Mental Health, NHS Foundation Trust

This report provides a summary of the services provided by Greater Manchester Mental Health and provides an overview of the activity across the footprint in Manchester.

**6. [10.50-11.25] Adverse Childhood Experiences and Trauma Informed Practice**

35 - 54

Report of the Director of Public Health

This report is an update to a report considered at the meeting of the committee 21 July 2021 on Adverse Childhood Experiences (ACEs) and Trauma Informed Practice. The report covers the wide range of activities to deliver the stated ambition of Manchester being an ACE aware, trauma informed and trauma responsive City.

**7. [11.25-11.50] Better Outcomes, Better Lives**

55 - 76

Report of the Executive Director of Adult Social Services

Better Outcomes, Better Lives is the adult social care transformation programme. It is a long-term programme of practice-led change, which aims to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care.

The report provides an update on progress and the impact of the programme since November 2021, when the committee last had an update.

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

77 - 92

Report of the Governance and Scrutiny Support Unit

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

## Information about the Committee

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

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

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

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Smoking is not allowed in Council buildings.

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## Further Information

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

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This agenda was issued on **Tuesday, 30 August 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 20 July 2022

#### **Present:**

Councillor Green – in the Chair  
Councillors Appleby, Bayunu, Curley, Karney, Newman, Reeves, Riasat, Richards and Russell

**Apologies:** None received

#### **Also present:**

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care  
Councillor Rawlins, Executive Member for Environment and Transport  
Councillor Shilton Godwin, Chair of Environment and Climate Change Scrutiny Committee  
Sir Richard Leese, Chair, Greater Manchester Integrated Care  
Mark Fisher CBE, Chief Executive Designate, Greater Manchester Integrated Care  
Ed Dyson, Executive Director of Strategy & Deputy Chief Accountable Officer, Manchester Health and Care Commissioning  
Jemma Hynes, FoodSync  
Julie Taylor, Director of Strategy (Manchester), NHS Greater Manchester Integrated Care  
Lee Hay, Director of Strategy, Manchester University NHS Foundation Trust  
Catherine Hollingsworth, Partnership Account Manager, Slimming World

### **HSC/22/27 Urgent Business – The Recent Heatwave**

The Chair introduced an item of urgent business by inviting the Director of Public Health, the Executive Director of Adult Social Services and the Chief Operating Officer of the MLCO to address the Committee on the response to the unprecedented recent heatwave.

Officers reported that across the wider health system, all services had worked together and planned for the imminent heatwave following the announcements from the Met Office. An update was provided that described the measures taken to support both residents and staff in a range of settings, noting that despite the additional pressures experienced the system had coped.

The Executive Member for Healthy Manchester and Adult Social Care thanked all staff involved in protecting and supporting residents. He further thanked the residents of Manchester for adhering to the public health messages during the heatwave.

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

- That the impact of climate change could not be ignored and the Government needed to do more immediately to address this;
- Recognising the invaluable service that the public sector provided at such times of crisis;

- More information was sought on the approach to communications with vulnerable groups;
- Noting the impact of Covid and people's reluctance to access medical assistance it was important to reiterate that if residents were experiencing symptoms, they should seek appropriate medical assistance; and
- Noting that the impact of the heatwave on people's health would be felt in the coming weeks and months.

The Chair stated that the Committee had given a commitment to regularly consider the relationship between climate change and health and recommended that the next quarterly report focused on the impact of the heatwave and resilience building across the system. The Chair further commented upon the impact of the heatwave on mental health, noting that this was in the context of other global existential threats.

### **Decision**

To note the update and recommend that the next report that considers the relationship between health and climate change focuses on the impact of the heatwave, including physical and mental health and resilience building across the system.

### **HSC/22/28 Minutes**

### **Decision**

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

### **HSC/22/29 Manchester University Hospital NHS Foundation Trust**

The Committee considered the report of the Director of Strategy (Manchester), NHS Greater Manchester Integrated Care and the Director of Strategy, Manchester University NHS Foundation Trust (MFT) that described service change proposals for Clinical Haematology and Fetal Medicine that formed 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.

Key points and themes in the report included:

- Providing an overview of the strategic context for change;
- The approach to developing and assuring service change proposals;
- An overview of the service change proposals; and
- Key areas of focus highlighted during the engagement process.

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

- The importance of considering public transport costs incurred by residents when proposing changes to the location of the delivery of services;
- An assurance was sought that the proposals reported did not amount to asset stripping from North Manchester General Hospital;

- Consideration needed to be given to the language within the reports submitted to the Committee to ensure that plain English was used throughout so that they were accessible to the lay reader;
- Did the proposals in regard to Fetal Medicine represent a wider reorganisation of maternity services or was it a more discrete proposal; and
- Noting that the Health Scrutiny Committee retained the right to refer any proposed substantial variation to the Secretary of State if satisfied that the criteria had been met.

The Executive Member for Healthy Manchester and Adult Social Care stated that NHS partners were aware of the rights of the Health Scrutiny Committee to refer any proposed substantial variation to the Secretary of State, however he reassured the Committee that NHS partners did consult with him on a regular basis, and this provided political oversight and input. He advised that he further pressed and challenged NHS partners to explicitly report the considerations given to the impacts on residents. He further noted the comments regarding the use of plain English.

The Director of Strategy, Manchester University NHS Foundation Trust reassured the Committee that the Fetal Medicine service were currently delivered at the Royal Oldham hospital site and did not represent any asset stripping from the North Manchester General Hospital. He further advised that this was not part of a systematic redesign of the delivery of maternity services.

The Chair stated that she was reassured by the statement provided by the Executive Member for Healthy Manchester and Adult Social Care and was satisfied with the reported consideration given to travel and digital inclusion. She asked that any future proposals were submitted to the Committee at the earliest opportunity so that the Committee could comment on these.

## **Decision**

To note the report.

## **HSC/22/30 Climate Change - Food and Health**

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

Key points and themes in the report included:

- Providing an introduction and background, noting that 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 key over-arching priority for MFB was now addressing the environmental and climate change issues related to food production and consumption;
- Describing the specific aim to reduce environmental impacts throughout the food system with a focus on food waste and a shift to more ecological practices;

- Noting that the Food for the Planet Strategy is aligned with the Manchester Climate Change Framework;
- Describing the action for 2022; and
- Describing future actions.

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

- Noting the impact of the cost of living crisis, more needed to be done with supermarkets in deprived wards to ensure people had access to healthy food options;
- Discussing the provision of school meals and how providers could be influenced;
- What was the relationship between the Food Board and local community providers;
- Business Rates should be used to encourage businesses providing healthy food options;
- What consideration had been given to the provision of free drinking water access points across the city to reduce people purchasing bottled water;
- The need to engage young people on the issue of fast food and healthy choices; and
- Council owned land should be released to community groups to support the planting and growing of food.

The Committee welcomed Councillor Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee who discussed the relationship between food consumption, particularly meat, food production and carbon emissions. She stated that the National Food Strategy for England had failed to address the issue of supermarket practices.

Jemma Hynes, FoodSync discussed the challenges experienced when attempting to engage with supermarkets. She stated that local branches of supermarkets had little or no autonomy to make decisions. She contextualised the issue by explaining that food was traded globally as a commodity with complex supply chains, adding that the full implications of the war in the Ukraine on global food supplies was yet to be realised. She further commented that the greatest profits to supermarkets were achieved through the sale of processed foods, not fruit and vegetables. However, despite this they continued to lobby at a national level to influence change with regard to national chains. She stated that they focused a lot of their limited resources on working with the local independent food sector. With regard to the discussion regarding the cost of living crisis she commented that the Food Board did contribute to the Council's Family Poverty Strategy. She further commented that the distribution of free food also needed to consider the quality of the food, noting that the priority during the pandemic had correctly been to ensure that people were fed, however consideration now had to be given to the nutritional value of the food that was distributed to families in crisis.

Jemma Hynes, FoodSync stated that they did advocate bringing the provision of school meals back into the control of local authorities and advised that the Food Board did work closely with the Council's Education Department. She described that school budgets were pressured, noting that the increased costs of fuel bills would add to this situation. She commented that a consequence of this would potentially be



for providers of school meals to source produce from other countries where this was cheaper, however the associated food miles contributed to carbon emissions. She further added that Business Rates was a complex system and they advocated a change to this, including the establishment of a grants system to support local, sustainable businesses.

Jemma Hynes, FoodSync stated that the issue of releasing council owned land to community groups to grow food was not as simple as it first appeared, noting that issues of soil toxicity, the required initial capital investment in infrastructure and ongoing maintenance funding all had to be considered, noting that competition for land was very fierce across the city. She stated that 'grow your own' work with community groups and residents was delivered, often through working with partners such as local housing providers, adding that a one size fits all approach was not appropriate.

The Executive Member for Environment and Transport advised the Committee that the Manchester Food Board were represented and contributed to the Manchester Climate Change Framework, noting that the Manchester Climate Change Framework (2020-25) was the city's high-level strategy for tackling climate change. She supported the call for behaviour change regarding food choices and the need for meaningful engagement with all residents on this important issue. She encouraged all Members that this should be included in each respective ward's Climate Change Action Plans. She further advised that she would circulate the latest Food Board Newsletter and encouraged all Members to subscribe to this.

The Chair stated that she would speak with the Executive Member for Environment and Transport to agree how the Committee could contribute to and comment on the refresh of the Manchester Food Board Strategy.

A Member recommended that a future update report be provided that informed Members on the actions and initiatives undertaken by the Manchester Food Board to engage with local supermarkets in the most deprived wards in the city.

## **Decisions**

1. The Committee note the report and the Manchester Food Board strategy and action plans.
2. The Committee recommend that a future update report is provided that informs Members on the actions and initiatives undertaken by the Manchester Food Board to engage with local supermarkets in the most deprived wards in the city.

## **HSC/22/31 Adult Weight Management Services**

The Committee considered the report of Director of Public Health that provided an update on the delivery of weight management services in the city and introduced the *Food Active!* Healthy Weight Declaration. It provided evidence of the work delivered by commissioned weight management service providers and wider system partners such as physical activity providers.

Key points and themes in the report included:

- Noting that 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;
- The Population Health Team was responsible for the overall Healthy Weight Strategy and the commissioning of services that delivered obesity prevention in Adults and Children;
- The strategy took 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;
- Describing the commissioning of services at Tier Two and Tier Three;
- Describing the role of the Project Manager who had been appointed to work across neighbourhoods to support the delivery of the Healthy Weight Strategy and embed referral pathways for weight management support; and
- Describing the Food Active! Healthy Weight Declaration and the key pledges.

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

- With reference to the discussion on the previous agenda item, it was important to recognise the impact of the cost of living crisis on residents and the food options that were available to them;
- Whilst noting the work of Slimming World, it was important to recognise that a one size fits all approach was not appropriate;
- The need to engage with, and ensure services were appropriate for the diverse population and communities across Manchester;
- Consideration should be given to the use of Council owned buildings and lease arrangements to support community groups to support and build upon the activities described;
- Appropriate consideration needed to be given to the support and interventions for the different types of diabetes, noting that they were distinctly different; and
- How the impact of the services described was measured.

The Director of Public Health described that despite the challenges described in relation to the grant funding, a range of free services had been provided for residents. The Commissioning Manager advised that Slimming World was an example of the offer provided and quality assurance monitoring of this service was undertaken. He described that the Slimming World offer was part of a wider suite of services designed to support people, making reference to the work of the Parks Team, local neighbourhood activities and Manchester Active.

Catherine Hollingsworth, Partnership Account Manager, Slimming World provided an overview of the service offered by Slimming World, noting that this would be tailored to the individual needs of the person as it was recognised that a 'one size fits all' approach was not appropriate. She described that the programme encouraged and supported a person to develop a healthy and positive relationship to food.

The Director of Public Health advised that the need to deliver appropriate, inclusive services, delivered in a safe environment was understood and taken into consideration, noting that culturally appropriate and tailored interventions had been delivered and the success and learning from these would be built upon to maximise their reach across all communities. A Member requested that any future update report should include information relating to the quality assurance and monitoring of those commissioned services that delivered obesity prevention in neighbourhoods.

## Decisions

1. The Committee note the report and support the Food Active! Healthy Weight Declaration.
2. Recommend that any future update report should include information relating to the quality assurance and monitoring of those commissioned services that delivered obesity prevention in neighbourhoods.

## HSC/22/32 Integrated Care Systems

The Committee considered the report of the Executive Member for Healthy Manchester and Adult Social Care that provided an update on the UK Government's reforms to health and social care to establish Integrated Care Systems, including at the level of Greater Manchester.

Key points and themes in the report included:

- Integrated Care Systems (ICS) were being established nationally as part of the next phase of health and social care integration;
- The national aims for ICS, noting that ICS included a strong focus on place-based partnership working;
- From 1 July 2022, Clinical Commissioning Groups (CCGs) would be disestablished across England, and ICSs would be established in line with legislation set out in the Health and Care Act 2022;
- In Manchester, the statutory responsibilities of NHS Manchester CCG would transfer to Greater Manchester Integrated Care (NHS GM) alongside those of the other nine Greater Manchester (GM) CCGs;
- The Manchester Partnership Board would lead the development of Manchester's future operating model for health and social care integration;
- Joanne Roney OBE had been appointed by NHS GM as the Place-Based Lead for Manchester, in addition to her role as Chief Executive of Manchester City Council; and
- Next steps, noting that Manchester and the other nine GM localities were developing their own place-specific locality models.

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

- Were the Board and related structures within the organisation reflecting the diversity of the city;
- Were local health professionals supportive of the new arrangements;
- What influence would the new structural arrangement have at a national level;

- A visual representation of the new structure should be provided;
- Had staff been supported during the transition to the new arrangements;
- An assurance was sought that the issue of safeguarding remained; and
- What examples could be provided to articulate the benefits of the new arrangements for Manchester residents.

Sir Richard Leese, Chair, Greater Manchester Integrated Care stated that the organisation did reflect the diversity of the city. He advised that the Integrated Care Systems would have a mechanism to feed directly into Government and meetings with Ministers would also be convened. Mark Fisher CBE, Chief Executive Designate, Greater Manchester Integrated Care stated that the Greater Manchester Integrated Care Systems was the second largest in the country, that gave it the responsibility and authority to articulate the needs and ask of Greater Manchester.

Sir Richard Leese, Chair, Greater Manchester Integrated Care stated that in Manchester health professionals were supportive of the new arrangements, adding that this had been achieved as a result of the existing strong relationships that had been developed over the previous years through the devolution process. In response to the issue raised regarding safeguarding he commented that the existing arrangements would remain.

Sir Richard Leese, Chair, Greater Manchester Integrated Care provided examples of the benefits that would be realised as a result of the new arrangements. He described that this would enable providers to work collaboratively across Greater Manchester to address strains on the system, using all resources and capacity efficiently and effectively. It provided the opportunity to manage the health system as a whole and the Integrated Neighbourhood working model that had been initiated in Manchester to great success could be rolled out and implemented across Greater Manchester.

Mark Fisher CBE, Chief Executive Designate, Greater Manchester Integrated Care stated that the new arrangements had come into effect from 1 July 2022 and he was satisfied that staff and teams were fully informed of the new arrangements and the transition had been successful, with all functions operating. He said that this had been achieved through rigorous planning and communications with all staff. He further commented that a diagram that visually described the new organisation could be circulated to the Committee for information following the meeting.

The Chair stated that any future update report should include how success was to be measured, including Key Performance Indicators, and particularly the work to address health inequalities. The Chair noted that the Committee would be considering health inequalities at the Marmot themed October meeting and asked that officers include information in the reports to be considered at that meeting that considered how the Greater Manchester Integrated Care arrangements contributed to this important area of work.

The Chair further noted that when this item was to be considered again an invitation would be sent to Joanne Roney Chief Executive of Manchester City Council who had been appointed by NHS GM as the Place-Based Lead for Manchester.

**Decision**

To note the report.

**HSC/22/33 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.

A Member commented that consideration should be given to scheduling the item listed as 'Health Inequalities and Older People'. The Chair stated that she would consider this.

In response to a question regarding a vaccination for monkeypox the Director of Public Health stated that information on this would be provided in the next update. He further advised that negotiations were ongoing as to the future of the community vaccination facility in Wythenshawe and an update on this would be provided when available.

A Member of the Committee described his recent positive experience of accessing the Virtual Covid Ward following testing positive for Covid. He stated that access had been predicated on testing and registering his results. Noting that that the provision of free testing had been removed he reiterated the call, made previously by the Committee for the immediate reintroduction of free Covid tests.

The Chair welcomed the updates that had been provided to the Committee's previous recommendations.

**Decision**

The Committee notes the report and agrees the work programme.

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Manchester City Council  
Report for Information

Report to:

Health Scrutiny Committee – 7 September 2022

Subject:

Greater Manchester Mental Health – Manchester Services  
Summary Report

Report of:

Associate Director of Operations, Greater Manchester Mental  
Health, NHS Foundation Trust

Summary

This report provides a summary of the services provided by Greater Manchester Mental Health and provides an overview of the activity across the footprint in Manchester.

Recommendations

The Committee is recommended to note the summary of this report and advise of any further information that is required.

Wards Affected: Not applicable

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
No impact, not applicable.
<b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
This paper provides details regarding accessibility of mental health services, including access to services in times of distress and MH crisis. This paper also provides details as to future plans to improve accessibility for Manchester residents.

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	Recruitment opportunities as a large Mental Health provider for the local community and additional roles and transformation across the City of Manchester with a VCSE collaboration approach in community transformation which supports service users' access and improvement in their wellbeing.
A highly skilled city: world class and home grown talent sustaining the city's economic success	New recruitment opportunities across the city through GMMH and VCSE partnerships. Home grown talent developed through close working relationships with local universities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Community transformation in conjunction with our primary care and VCSE colleagues will improve accessibility to our services for our service users in the community. Collaborative approaches in service development with all stakeholders for our services allows overcoming of barriers for our service users with complex social issues.
A liveable and low carbon city: a destination of choice to live, visit, work	GMMH are members of the GM Health and Social Care Partnership Sustainability Leads Network to create a liveable and low carbon city Greater Manchester wide.
A connected city: world class infrastructure and connectivity to drive growth	Developing relationships as a large Mental Health provider with external partners including our VCSE sector, GMP, NWAS and primary care to improve connectivity to provide collaborative care for services user in the City of Manchester.

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations



## 1. Introduction

This paper will provide an update on the Greater Manchester Mental Health NHS Foundation Trust services providing an overview of the activity across the footprint of Manchester. The paper will include an overview on:

- Mental Health Crisis Services
- Community Services including actions taken from a recent CQC inspection and regulation 29a notice within 2 x CMHT's.
- Inpatient Service provision and update on the Healthier Patient Pathways Programme

## 2. Mental Health Crisis Services

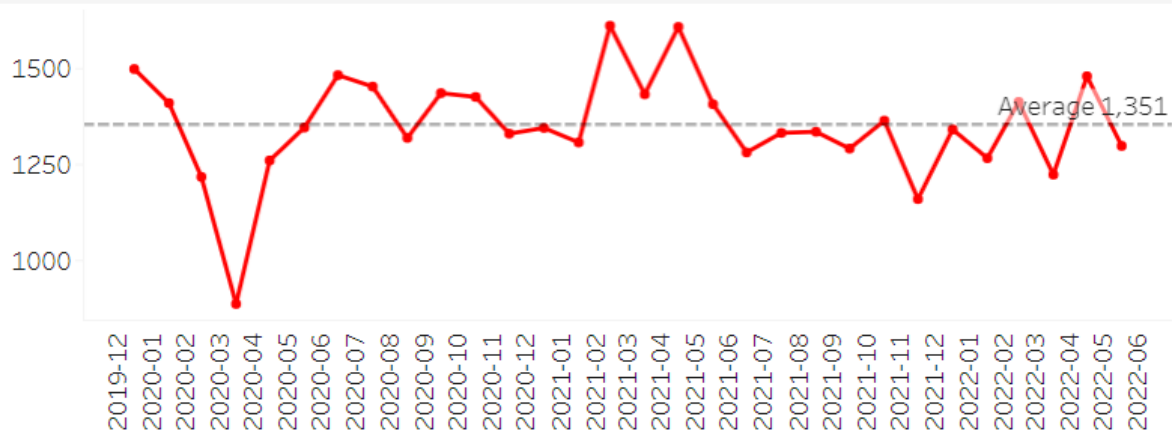
GMMH have implemented a GM agreed Crisis Pathway Model within Manchester which includes:

- Core 24 (A nationally agreed staffing model) Mental Health Liaison Teams at all 3 Manchester Acute Hospitals.
- An established 24/7 helpline (0800 number) linked to NHS 111 Clinical Assessment Service and the North West Ambulance Service (NWAS).
- Access to Crisis Cafés options specifically overnight.
- Mental Health Crisis beds that are accessible 24/7 and delivered in partnership with VCSE.
- 24/7 Home Based Treatment Teams that adhere to national fidelity models and offer a "Home First" option.
- An Urgent and Emergency Care centre at North Manchester that manage the most complex of cases in crisis, aligned to A&E but in more comfortable/less clinical spaces.
- Available local in-patient beds if required and an Independent Sector contract to keep patients within Greater Manchester.
- Twice daily clinical huddles to manage NWAS demand and long waiters in collaboration with GMMH, PCFT, NWAS and GMP.
- GMP weekend response cars with plans for a 7 day service for Winter.
- Section 136 suite provision shared across all GMMH localities.

### 2.1 Mental Health Liaison Services

The 3 x Mental Health Liaison teams across the three Manchester Acute Hospital sites continue to receive on average 1,317 referrals per month across the City. The analysis of the data demonstrates that during lockdown, numbers of referrals had decreased. Since the easing of restrictions there has been a rise to pre pandemic levels. This rise has been below the increased trend rise of the acute hospitals growth in Emergency Department (ED) attendance and national trend. Figure 1 – Manchester ED Attendance – Manchester Care Group – December 2019 – June 2022

## Referrals By Month



Service developments listed above have supported patients into more appropriate pathways and acute hospital partners in minimising the attendance to ED's. Overall the demand for services for people in a Mental Health Crisis has increased.

## 2.2 Helpline Activity

In line with the NHS Long Term Plan, it was identified a requirement for 24/7 freephone helpline, to increase access to the crisis benchmark improvement outline in the NHS Long Term Plan.

Specific strengths of this service as highlighted previously:

- Available to all people in a mental health crisis or requiring specific support recognising the increased prevalence of mental health problems across the population because of the pandemic (specifically those who did not access services in times of crisis and have deteriorated).
- The helpline provides a directory of services, helping to signpost and connect people with the appropriate VCSE services that can offer support and reducing pressure on primary and secondary care where appropriate.
- Enabling direct access to GMMH Home Based Treatment services for Manchester residents experiencing a crisis where the level of need indicates.
- The Helpline provides beyond mental health crisis and provides a response for people with substance misuse problems and children and young people.
- There are an average of 525 calls per week to the helpline with each call lasting on average around 15 - 29 minutes.

### 2.21 Partnership Working

In partnership with the Northwest Ambulance Service (NWAS) and Greater Manchester Police (GMP), the GMMH helpline as of October 2021 has participated in twice daily mental health safety huddles. The huddles provide partner agencies with specialist mental health advice and insight for service users that may phone 999 or 111 for an urgent response. 441 service users that reside in Manchester that have called 999 or 111 in times of mental health distress or crisis, requiring police and an ambulance response have been supported by these huddles and received a

health response. The GMMH helpline practitioners have supported this piece of work by providing alternative crisis support avoiding delays in crisis care for our service users and has avoided unscheduled A&E attendance.

### 2.3 Access to Crisis Cafés

The crisis cafes offer practitioner led out of hours access to our service users who experience a mental health crisis as an alternative to attending A&E providing therapeutic intervention and mental health advice by qualified practitioners and VCSE partners. The Crisis Café provides an integrated approach to deliver Seamless Services and supports collaboration with all system partners including NNAS, GMP and VCSE.

The 3 Cafes which predominantly support Manchester residents are:

- No 93 Community Centre in Harpurhey.
- Manchester Crisis Point – in partnership with Turning Point and includes access to 8 Crisis Bed provision.
- Trafford Crisis Café – in partnership with Blu Sci.

The below represents all service user that have attended a Crisis Café in month across the City of Manchester.

Month	No attending 2 x Mcr Crisis Café
Jan-22	216
Feb-22	172
Mar-22	193
Apr-22	214
May-22	226
Jun-22	186
Jul-22	211

### 2.4 Access to Mental Health Crisis beds 24/7 as an alternative to Mental Health inpatient admission and delivered in partnership with VCSE

The GM responding to crisis model has proposed all localities can operate and offer a 24/7 service offer. GMMH has progressed this initiative with partners in Manchester and has provided an increase and alternative option for those people who require a brief crisis mental health admission with additional support.

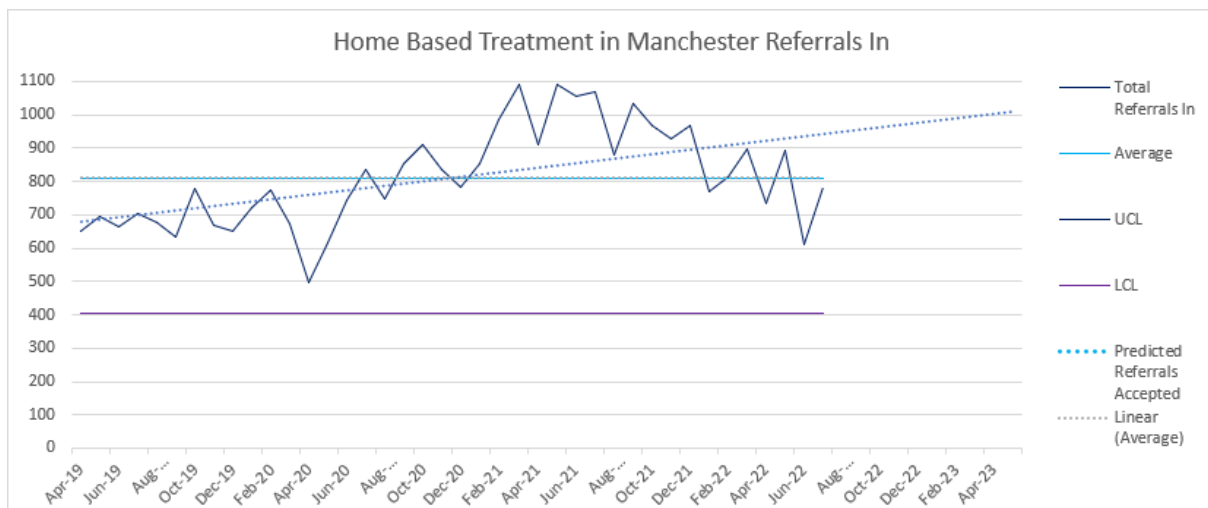
Manchester have introduced 9 crisis beds for Manchester residents, supported 24/7 collaboratively with Turning Point staff and GMMH Home Based Treatment teams. These beds are regularly used with a length of stay of under 7 days to ensure service users are supported through their crisis, enabled to live within the community and ensure ongoing capacity across the system.

### 2.5 24/7 Home Based Treatment Teams that adhere to national fidelity models and offer a “Home First” option

Our home-based treatment teams operate locally in North, Central and South Manchester, in line with core fidelity national standards. The home-based treatment services in Manchester provide:

- Direct link to the GMMH Helpline enabling rapid escalation and response.
- Collaborative working with Mental Health Liaison Services to gatekeep admission to Hospital.
- Manage and support the Crisis Cafés across Manchester.
- Systematic in-reach into the GMMH MH in-patient bed base to support early discharge and alternatives to a MH in-patient admission.
- Support to services user in our CMHTs requiring 7-day support to prevent crisis admission.

The home-based treatment teams in Manchester continue to see an upward trend in the number of referrals into the teams.



\*Anomalies showing during COVID19 lockdown period where spikes below the lower quartile and above upper quartile as a direct result of lockdown restrictions and easing of restrictions noted.

## 2.6 Urgent and Emergency Care centres that manage the most complex of cases in crisis, aligned to A&E but in more comfortable/less clinical spaces

In support and responding to the COVID pandemic, GMMH explored a model which supports acute partners, GMMH and service-users to timely specialist assessments without affecting the capacity of the Emergency Department to treat the most physically unwell patient.

The model incorporates best practice principles advocated via the Cambridge and Peterborough vanguard sites and includes access to services via NHS 111, 999 and NWS to prevent further escalation and an unscheduled ED presentation.

The Mental Health Urgent Care Centres are co-located on the acute footprint and separate from the busy ED's with a clinical area whereby more complex mental

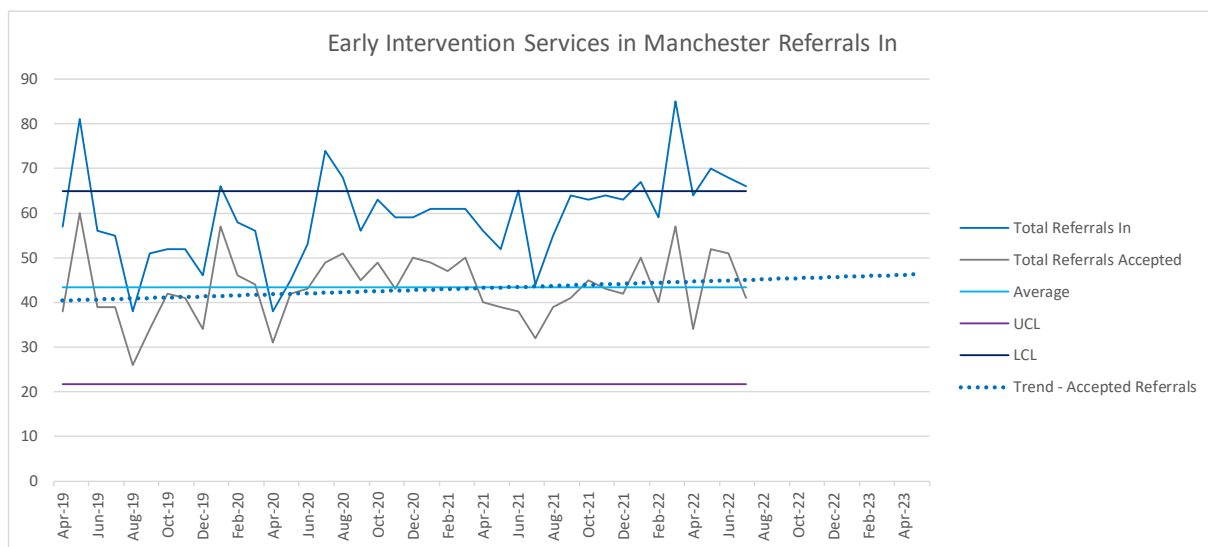
health cases can be diverted benefiting the service-users/carers experience. The 3 sites for Manchester Acute Hospitals are:

- North Manchester General Hospital: A&E and North MHLS have implemented an urgent care “The Green Room”.
- MRI – Dedicated rooms to support service users in distress. GMMH are engaged within the Project Red redesign and discussion.
- Building to commence at South Manchester, Wythenshawe Hospital Site to support replication of the NMGH site Mental Health urgent care area. Completion expected December 2022.

### 3. Community Services

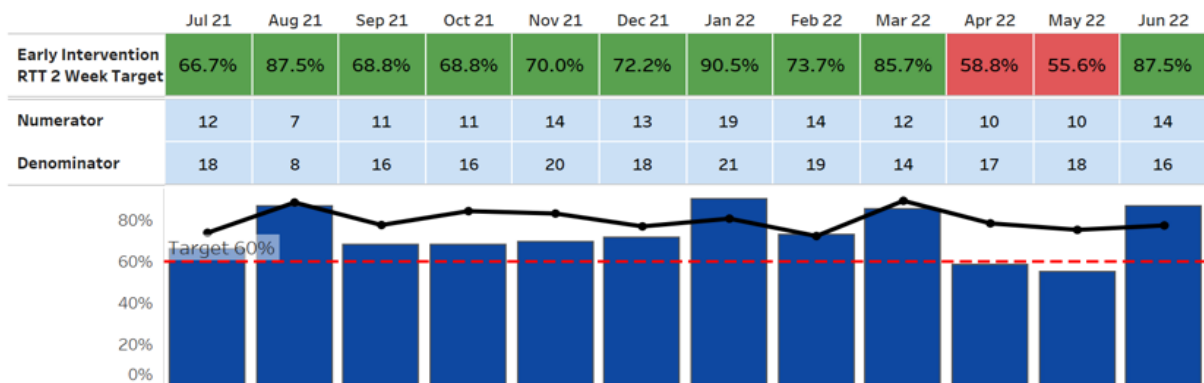
#### 3.1 Early Intervention in Psychosis (EIT)

The early intervention teams have seen an increased trajectory of the number of referrals into the service. This increased referral rate has increased challenge to the service. It has however maintained positive performance in regards to access in to the service for new referrals within two weeks.



\*Anomalies in April 19 and April 2022 reflected in data of increased referrals into the teams which are above upper quartile trajectory.

The figure below shows the Early Intervention Referral to Treatment (RTT) 2-week target for Manchester services.

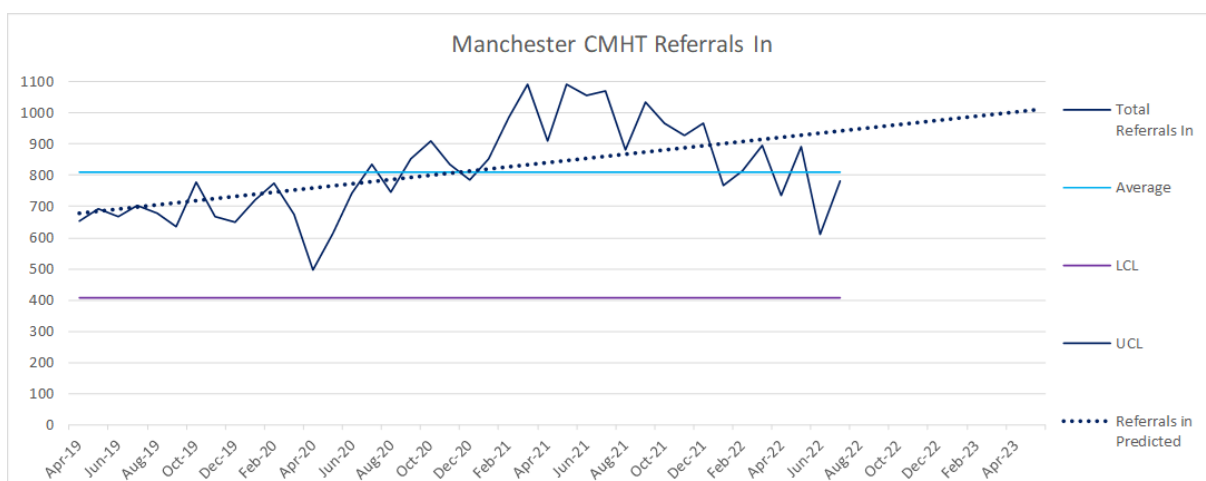
**Early Intervention RTT 2 Week Target**

The service did not achieve its target in April and May 2022. This was due to a high number of DNA appointments in March and early April 2022 which required follow up and intervention in April and May appointment slots. This additional request impacted upon the capacity across the teams resulting in the service missing its target. The service has now cleared its backlog and returned to previous months performance. This does highlight the challenge services are experiencing with current demand.

### 3.2 Adult Community Mental Health Teams (CMHTs)

**3.21 Demand:** The CMHT team continues to see high numbers of referrals into our Community Mental Health Teams across Manchester.

The community teams are undergoing intensive quality improvement projects to deliver Best Care, Every Day to our service users. The initial priority areas are focusing on allocation of care coordinators, access times and the care programme approach. The teams continue to have challenges with the recruitment of qualified clinical staffing to support, this is a national trend.



\*Anomalies showing during COVID19 lockdown period where spikes below the lower quartile and above upper quartile as a direct result of lockdown restrictions and easing of restrictions noted.

\*\* GMMH have engaged with our partners Manchester City Council to agree the process for safeguarding referrals into the CMHTs across Manchester as part of the Section 75 agreement. This is reflected in the change in SPC chart.

### 3.22 CQC Inspection

GMMH had commenced a task and finish group in March 2022 after identifying challenges within its Central Manchester Community Mental Health Teams (x 2 teams of 6 in Manchester and 15 within GMMH) and to support a response for improvement.

On the 5<sup>th</sup> April, an unannounced CQC inspection took place of these 2 teams and the subsequent issue of a formal warning notice for improvement issued. An organisational action plan has been developed in response to 3 main areas of concern that impact on patient safety. These were:

1. The Trust do not have systems and processes in place to effectively monitor patients who are waiting for assessment and treatment. The risk management process of patients waiting for assessment and treatment is not robust to ensure all patients are safe.
2. The Trust do not have systems and processes in place to ensure that all patients have an up-to-date risk assessment and that risks within the teams are managed effectively.
3. The Trust do not have systems and processes in place to ensure that all safeguarding alerts are acted upon promptly.

GMMH have identified strategic actions to address the areas of concern:

- a) An immediate response to the CQC findings with a detailed action plan with smart timescales.
- b) A medium-term resilience plan to support our community mental health teams.
- c) Longer term Community Transformation of our Community Mental Health Teams in line with the NHS National Long-Term Plan.

### Immediate Response

The actions to support improvement built upon the quality improvement programme that had been initiated with CMHT's prior to the inspection in March 2022. This work has subsequently been expanded to include all CMHT's with in Manchester with immediate progress on the concerns below:

#### Concern 1:

- The additional dedicated Leadership resource remains in place to support the Central and South Manchester CMHT's with the delivery of the action plan.
- Trajectories have been developed to support a reduction of outstanding assessments and improve performance against 28 day routine referral to assessment targets and maintenance of regular contact with individuals supported under CPA level care by the end of July 2022.



- The number of individuals who have waited more than 4 weeks for initial assessment has reduced each week from the beginning of June 2022 in line with the trajectories for all teams. There has been a 72% reduction in the number of individuals waiting more than 28 days for initial contact with adult of working age CMHTs across Manchester since May 2022, reducing from 402 individuals to 114 individuals.
- All of the 43 individuals currently waiting more than 28 days for initial contact within the central and south CMHT's have been triaged as requiring a routine medical review. Work is ongoing to scope options for reducing waiting times for medical appointments.
- Whilst the North Manchester CMHT's are meeting the target of offering individuals newly referred into the service an initial assessment within 28 days they continue to have 71 individuals who have been awaiting initial assessment for more than 28 days and further work is being undertaken to understand the reasons for this and agree actions to make further improvements in this area.
- The number of individuals who are supported under CPA who have not been contacted in the last 28 days has significantly reduced across central and south CMHT's in line with the trajectories and is monitored weekly. This has been supported by the introduction of unallocated hub models within these teams to enable coordination and monitoring of contacts for individuals supported by the team whilst awaiting allocation. The North CMHT's have adopted a different approach to supporting individuals awaiting allocation which was initially successful but has not enabled the contacts to be maintained at the required frequency. The unallocated hub model is now being adopted by the North CMHT's based on the learning from the Central and South CMHT's, in order to support sustained improvement in this area.
- The number of individuals awaiting allocation of a care coordinator within the north and central teams has not reduced due to ongoing recruitment and retention challenges, however systems and processes have been developed to ensure these individuals are supported by the teams whilst awaiting allocation as described above. The recruitment and retention issues within community mental health teams is on the divisional risk registers across Manchester. This is routinely monitored via the Senior Leadership Team's within the divisions.
- Temporary realignment of workforce from within the Care group into all of the Adult of Working Age CMHT's across Manchester has been facilitated as mitigation for the identified recruitment and retention risks and to support delivery against the action plan and cover vacancies within the teams.
- A Recruitment and Retention task and finish group has been established for Manchester CMHT's to develop targeted recruitment and retention initiatives
- A further process mapping event has been undertaken for all CMHT's across the trust in relation to the referral, triage and assessment process including a review of information provided to teams to deliver safe and effective monitoring of those waiting for assessment. The outputs from the process mapping have been utilised to develop a core CMHT SOP to support a standardised approach across all adults of working age CMHT's in GMMH. An implementation plan for the SOP is currently being developed in two phases with a workshop planned for 1<sup>st</sup> September 2022. The need to fully engage on



the development of the SOP has meant the implementation of phase one is now planned for September 2022.

- Benchmarking of staffing resources across the trust CMHT's has been completed and a draft Capacity and Demand tool for CMHT's has been developed by GMMH Business Intelligence. There is no recognised national tool to support mental health trusts with this.
- We continue to engage with other providers across the country to learn from others, however to date there has been limited information made available to influence our future proposal for an effective and sustainable model of care in the community. Engagement nationally will continue.

### Concern 2:

- Monitoring of completion of CPA Reviews, Care Plans and Risk assessments continues to be undertaken weekly in the Care Group CMHT performance meeting. This continues to be an area requiring further improvement
- Trajectories for completion of Risk Assessments and CPA reviews have been developed to support achievement of 95% compliance for both of these core interventions.
- Compliance with 12 monthly CPA reviews is now at 85% and over for the central and south CMHT's.
- Additional support is being provided for senior staff new to the teams to embed the utilisation of MaST in supervision to support the monitoring of care plan and risk assessment completion for individual practitioner caseloads.
- The Trust wide Clinical risk assessment workshop took place on 25<sup>th</sup> July and a Quality Improvement Collaborative has been established to progress with the identified ideas for change. The first meeting of the group took place on 12<sup>th</sup> August with draft terms of reference agreed and monthly meetings arranged.
- A task and finish group has been established overseen by the Associated Director of Operations to progress further areas identified for improvement in telephony systems and processes within Manchester.

### Concern 3:

- A comprehensive and detailed review of all open safeguarding referrals was completed.
- Identification of a data quality issue of needing to close historical referrals.
- Work continues to review and close the remaining historical open safeguarding referrals. This is monitored twice weekly with an overall reduction achieved.
- Safeguarding process and procedure developed to support teams with clear escalation pathway for any cases likely to breach agreed timescales implemented.
- A number of historic and current safeguarding referrals continue to remain open longer than the target 28 days due to the requirement for ongoing clinical interventions to safeguard individuals and manage risks.

There has been system wide requests for support with this work namely with:

- Reduce the number of safeguarding referrals by an agreement with Manchester City Council to align safeguarding referrals to CMHT's to those other localities (Bolton, Salford, Trafford and Wigan) where only open cases are investigated by the CMHT's.
- Development and progress of shared care responsibilities with Primary Care and Mental Health Trusts.
- Development of a longer term Living Well collaboration for Manchester residents.

This immediate plan is reviewed weekly by the Chief Operating Officer and reported in to Trust Wide Executive Forum Quality Improvement Committee and GMMH Board.

On 12<sup>th</sup> July the Chief Operating Officer met with Councillor Tom Robinson alongside colleagues from MCC and the CCG to give a detailed update on the approach being taken to address the concerns. A report on the position has also been presented by the Chief Operating Officer at the Manchester Shadow Provider Collaborative Board meeting on 21<sup>st</sup> July.

The detailed action plan is being shared each month with colleagues within MCC and the CCG.

### Resilience for the CMHT's

The immediate actions are to be completed over the Summer however in addition to the action plan referenced above and identified by the CQC within the Central Manchester CMHT's, GMMH has recognised that further support is required to enable CMHT's to remain resilient and maintain safe and effective service provision whilst the overarching Community Transformation project continues to be progressed in line with the Mental Health Long Term Plan.

The Trust has engaged with Operational and Clinical Leads and staff side representatives to scope areas for inclusion within this resilience plan which will address key areas including:

- **Capacity & Demand:** Review current resources and response to demand and explore options for a Caseload Weighting Tool.
- **Model of Care Coordination:** Review sustainability of current model of care and explore alternative ways of working to deliver care within a new framework and key worker role.
- **Workforce:** Review sustainability of current model of care and explore alternative ways of working to deliver care within a new framework and key worker role.
- **Shared Care:** Improve CMHT systems for 'stepping down' and discharging patients who no longer require secondary care, including a consistent GM wide approach to deliver shared care with Primary Care services.
- **Leadership Support:** Provide a meaningful support programme that alongside training and supervision, includes mentorship for all new leaders across community mental health teams.

- **Risk Management:** Review the risk management documentation for community mental health teams supporting a lean, high quality and reportable procedure. Full implementation of the Management & Supervision Tool (MaST).
- **Learning from Incidents:** Review the risk management documentation for community mental health teams supporting a lean, high quality and reportable procedure.

Additional Senior Leadership resource has been employed to Lead this Resilience plan and work directly with the staff within the CMHT's. The trust will continue to work with partners to scope how the wider system can support the resilience of the CMHT's. We are looking to have the resilience plan agreed in September 2022 with implementation thereafter.

## Community Transformation

The Community Transformation project commenced in March 2020 to deliver the Key National Mental Health Long-Term Plan Deliverables and Targets for Community Mental Health by 2023/24. This program is multifaceted and includes the development of Primary Care Network Mental Health Practitioner roles, the development and roll out of Living Well models of care across all GMMH localities and the development of specialist core teams.

Manchester have successfully implemented Year one of the PCN practitioner programme, progressed year 2 recruitment with alternative roles in several PCN's and the development of the Living Well Model Business Case with an aim of commencing recruitment in October 2022 subject to agreement of the model. The design and development of the specialist core teams which will replace the current CMHT model is currently being designed with all Manchester system partners, including MCC, VCSE partners and additional VCSE leadership. This programme will support the longer-term sustainability of a comprehensive and responsive community mental health offer across the health and social care system.

There have been other community developments which have included significant Perinatal service and Eating Disorder service expansion and identification of a dedicated Personality Disorder pathway for Manchester.

The Trust already supports a small Community Transformation team to lead this work.

### 3.3 Primary Care

Across the Manchester locality there are 14 Primary Care Networks and during 2021/22 and 2022/23, in line with the NHS Long Term Plan and a 3 year transformation programme, work has been progressing to deliver integrated services in Primary care, as a result the progress can be summarised as below:

- 2021/22: 12.0 WTE Mental Health Practitioners were recruited and commenced in post.

- 2022/23: 3.0 WTE Trainee Associate Psychological Practitioners (TAPPS), 2.0 WTE Band 7 Mental Health Practitioners and 1.0 WTE Band 6 Mental Health Practitioner were appointed for Manchester PCN's.

A break down with the currently local position is below and continues to progress in line with the programme timescales.

Status	Primary Care Network	Locality	Appointed ARRS Role Year 21/22	Appointed ARRS Role Year 22/23
<b>MANCHESTER PCN SLA'S</b>				
	City Centre and Ancoats	North Manchester	Band 7 MHP	Band 7 MHP
	Miles Platting and Newton Heath	North Manchester	Band 7 MHP	Band 6 MHP
	Clayton, Beswick & Openshaw	North Manchester	Band 7 MHP	N/A
	Cheetham Hill and Crumpsall	North Manchester	Band 7 MHP	N/A
	Higher Blackley, Harpurhey and Charlestown	North Manchester	N/A	N/A
	Hulme, Moss Side, Rusholme & City South	Central Manchester	Band 7 MHP	N/A
	Ardwick & Longsight	Central Manchester	Band 7 MHP	N/A
	Gorton & Levenshulme	Central Manchester	Band 7 MHP	N/A
	West Central Manchester	Central Manchester	Band 7 MHP	N/A
	Robert Derbyshire (Better Health)	Central Manchester	Band 7 MHP	N/A

	Northenden and Brookland's	South Manchester	Band 7 MHP	Band 5 TAPP
	Wythenshawe	South Manchester	Band 7 MHP	Band 5 TAPP
	Didsbury, Chorlton Park and Burnage	South Manchester	Band 7 MHP	Band 5 TAPP
	Withington and Fallowfield	South Manchester		Band 7 MHP

### 3.4 Later Life Services in Manchester

#### 3.41 Extending Care Home Services

A pilot for rapid nursing assessments of people in 24-care settings for permanent residency or within the discharge to assess service took place across South Manchester. This pilot was funded by winter pressure monies to improve access to our services and integrate our services with our third-sector stakeholders. This pilot is currently being reviewed to identify the feasibility of continuing with this service to further develop this model to further improve accessibility and integration of our services in Later Life services in Manchester.

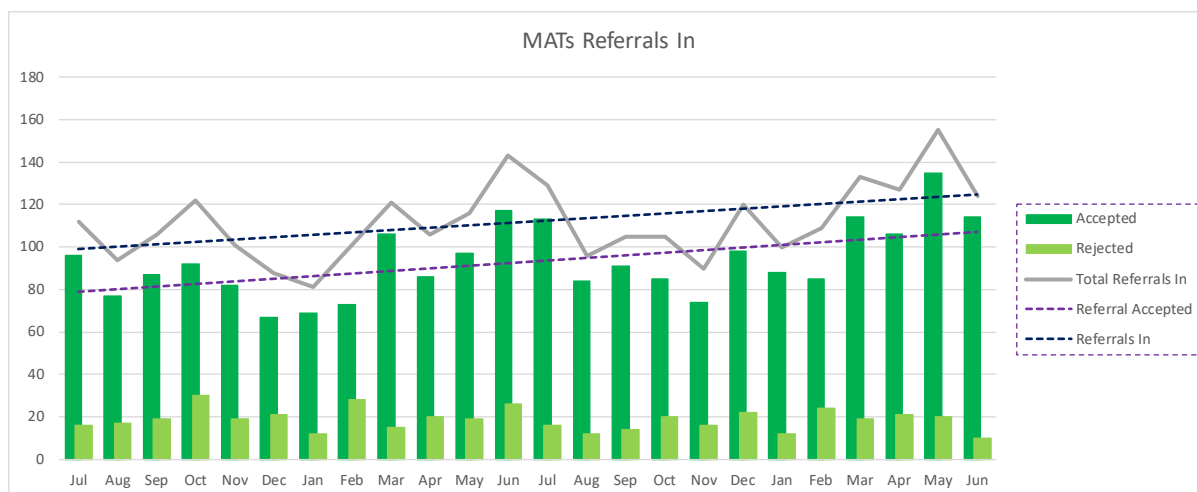
#### 3.42 Prevention of Depression

GMMH is currently engaged in a pilot to support the reduction in the number of older people developing depression in Manchester. This initiative is in collaboration with VCSE partners and will review the role of admiral nurse to minimise carer burnout and depression also.

All our community staff have had additional training and support in the management of depression and the formulation of psychological interventions to meet any identified need. This innovation supports and facilitate change and has led to the recruitment and volunteer development post and peer mentors for the service.

#### 3.43 Memory Assessment Teams (MATs)

The demand into the MATs team for Manchester services continues to increase within teams. The chart below highlights the increased trend and demand whilst recognising continued performance ensuring any referral for assessment receives a diagnosis and treatment within 12 weeks of referral. (National Target)



Below demonstrates the performance against the MATS RTT target for Manchester services.

	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
MATS Diagnosis within 12 weeks	82.9%	81.3%	76.4%	69.3%	74.2%	81.1%	89.4%	81.5%	92.4%	83.8%	78.3%	80.9%
Numerator	58	78	55	70	66	73	42	53	61	57	54	76
Denominator	70	96	72	101	89	90	47	65	66	68	69	94

### 3.5 Buzz Manchester Health & Well Being Service

Buzz Neighbourhood Health Workers continue to engage with thousands of Manchester residents and has allocated over the last year **£121,429** of the community development budget to projects across the city, by issuing start up grants whilst supporting groups to apply for sustainable funding, notably from the GMMH Manchester Wellbeing Fund.

The Wellbeing Fund continues to operate and has offered 704 grants worth £1.4million to local communities in Manchester since it commenced in 2017. Some examples of these grants for local communities include:

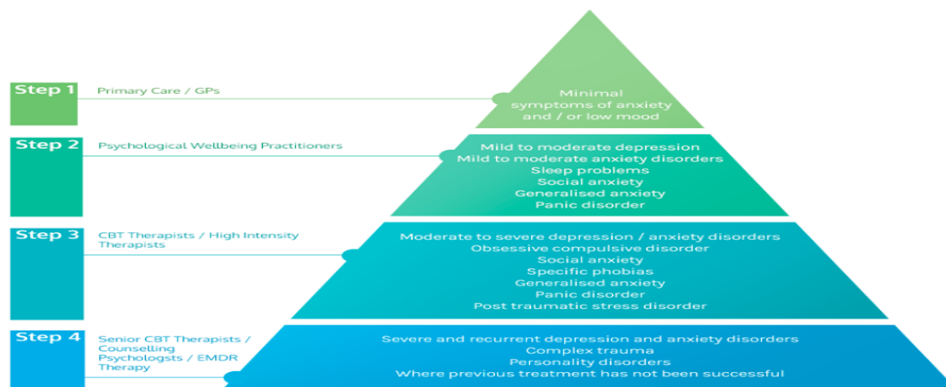
- Debdale Bowling group – Started out with a small grant for refreshments, the group has expanded and now has refurbished the local green and buildings.
- Singing groups have been established initially one through Lockdown now several across Manchester with 100's of participants.
- Manchester Urban Diggers – initially a small grant to open up an allotment site, now running numerous projects.

GMMH was formally notified by Manchester City Council (MCC) of their intention to TUPE the buzz service over to MCC's new community development service. There is currently no formal agreement of which staff will be in scope within the transfer. A GMMH steering group has been established to oversee the TUPE in line with the Trust Organisational Change policy.

### 3.6 Improving Access to Psychological Therapies (IAPT)

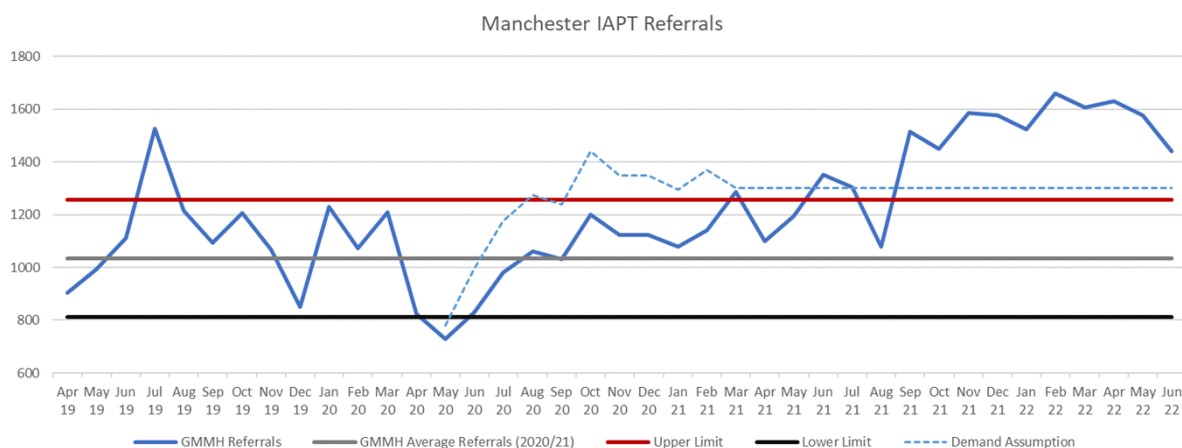


The GMMH Manchester IAPT Services have seen a high level of referrals at Step 2 (SHS) since May 2020. This has led to an increased number of referrals at Step 3 and 3+. The diagram highlights the differing levels within IAPT services.



The figure below shows the Manchester referrals received into GMMH. In 21/22 was 1412 per month, compared to 1037 in 20/21. However, comparing the 21/22 average with the Jan-June period of 22/23 demonstrates a further increase to 1566 per month, indicating the demand has increased and been sustained.

### IAPT Referrals Received



Discussions with locality leaders and SHS (Step 2 provider) around the current increased referral flow to GMMH continue. Manchester continues to deliver compliant performance on RTT at 6 and 18 weeks, and we are closely monitoring the effect that the continued higher referrals will have on the delivery of these. Recovery and Reliable Improvement rates at Step 3 have continued to improve also. The service has also recently launched the GMMH Post Covid Syndrome service in Manchester, accepting referrals and working with people who have covid related issues.

### 4. Inpatient Service provision - GMMH Healthier Patient Pathways Programme

Following significant Capacity Challenges for Inpatient Hospital Admission beds, the GMMH Chief Operating Officer commissioned a deep dive review in April 2021. The following points were highlighted:

- 7th highest position nationally for the use of beds.
- Joint highest in the North West for bed occupancy.
- Averaged more admissions per month, when nationally benchmarked.
- Consistently admitted more people than discharged.
- LOS increasing in all divisions, barring Bolton.
- Increasing OAPS (23 and a further 20 locally monitored) above the IS contract and NWBB (North West Bed Bureau).

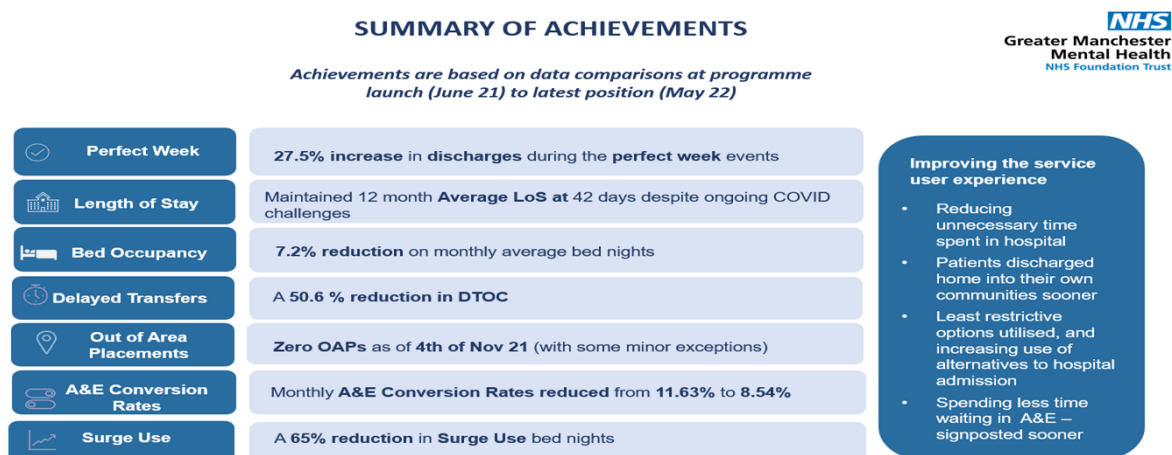
From this deep dive a Program Board and Governance structure was designed to deliver improved systems, approaches and outcomes in relation to GMMH bed capacity and flow and to:

- Improve patient, carer, and staff experience
- Ensure that each day adds value to the patient
- Provide safe care at the right place, at the right time, utilising least restrictive principles
- Eliminate Out of Area Placements and provide care closer at home
- Deliver the safest care, in the least restrictive environment
- Build and Strengthen relationships with system wide partners
- Improve staff well-being and motivation
- Timely resolution of challenges and effective use of staff time

Themes and workstreams developed to deliver the outcomes were:

- A patient flow system to support the delivery of Best Care Every Day
- Reducing Delays in Hospital (DTCOC)
- Improving pathways when the first point of contact is A&E & urgent care
- Delivering Pathway Excellence
- Releasing Time to Care

## Outcomes from the Programme:



At the time of writing this report, there are 24 DTCOC for Manchester residents. There continues to be areas of challenge for delayed discharges which have required:



- Focussed work regarding people who have LD and/or Autism
- Complex Needs placements for MH and Complex Dementia
- Review of the market to increase accessibility of services based on current needs of service users, specifically supported living placements.
- A review and a revise of the funding panel processes for Manchester.
- We are working with MCC and Turning Point to provide a team to support people who are able to move on from supported living placements into independent tenancies to free up capacity for current inpatients who are delayed awaiting placements.
- Additional Patient Flow led meetings with CMHT Service Managers to undertake essential action to remove barriers to discharge.
- Discharge Scheme services have continued to be commissioned from third party stakeholders and VCSE providers to provide pre-discharge housing support, tenancy support, quick access to funds for deep clean, food vouchers and temporary hotel accommodation and minor repairs/household essential items.

#### 4.1 Park House Rebuild

Plans for the replacement of Park House, to be called North View, are moving on apace. The demolition of the Manchester Foundation Trust buildings on the site is almost complete, with the land being transferred to Greater Manchester Mental Health Trust to begin construction work within the next few weeks. The construction is anticipated to take around 23 months, followed by a 3-month commissioning period to prepare the building for occupation, with the opening scheduled for Autumn 2024. The build is also enabling a system review of its current rehab provision to repatriate this capacity within the community and develop peoples independence within a community setting.

The North View development programme is governed by a Project Board, with 11 workstreams, including Design, Clinical/Operational, Digital. These report monthly into the Project Delivery Group, which is accountable to the Project Board, with diverse representation on all the workstreams, ensuring appropriate technical expertise, user involvement and experience to ensure that the potential of the building and all the services delivered within it are maximised. In addition to membership and engagement through the workstreams, views of service users and staff are sought through conversations, workshops, on-line polls, and workbooks on issues as diverse as the layout of the bedrooms, shape of door handles, uses of technology for service users on wards. Information on progress is available to staff, service users and the public on the Improving Health in North Manchester pages of the intranet and internet.

### 5. Priorities

Priorities agreed within the development of the GMMH 2022/2023 Business Plan are:

1. Winter Planning
2. Expansion of provider collaborative approach
3. Park House new build development

4. Workforce recruitment, retention, and expansion
5. Community Transformation
6. Adult Acute Mental Health Care & Crisis Care
7. Development of a new Housing Strategy.

## 6. Recommendations

The Health and Scrutiny Committee are asked to:

- Note the summary of this report.
- Advise of any further information required.

## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 7 September 2022

**Subject:** Adverse Childhood Experiences (ACEs) and Trauma Informed Practice

**Report of:** Director of Public Health

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### Summary

This report is an update to a report considered at the meeting of the committee 21 July 2021 on Adverse Childhood Experiences (ACEs) and Trauma Informed Practice. The report covers the wide range of activities to deliver the stated ambition of Manchester being an ACE aware, trauma informed and trauma responsive City. Dr Lucie Donlan, a GP from West Gorton Medical Centre, and Juanita Margerison, the Director of the Resonance Centre will attend the committee to answer questions on the case studies included in the report.

### Recommendations

The Committee is asked to note the report.

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### Wards Affected: All

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

Supporting individuals, families, and communities to prevent adversity and mitigate against past, and ongoing, trauma will impact on population health through increased physical and mental wellbeing. Protective factors that we promote such as exercise, mindfulness and healthy eating will support residents to access local green spaces and community assets, reducing traffic congestion and supporting the local economy.

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

If Manchester is to be a truly trauma responsive City, then we need to support all our population to mitigate against trauma and what has happened to them. We are working to the principles of trauma informed practice –safety, trustworthy & transparency, peer support, collaboration & mutuality, empowerment & choice and cultural, historical & gender issues.

We are inclusive in our delivery, co-producing resources (including training) with people with lived experience and supporting our hardest to reach communities to understand trauma and adversity and adopt trauma informed approaches.

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	
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Through building trusted relationships and promoting strength-based conversations we can engage our population with what matters to them. This leads to community focused activities that build resilience and enable communities to thrive and flourish.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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

Adverse Childhood Experiences (ACES) and trauma informed practice - Report to the Manchester Health Scrutiny Committee - 21<sup>st</sup> July 2021

## **1.0 Introduction**

- 1.1 Following the paper presented to the Health Scrutiny Committee in July 2021 this report provides an update on the progress made in Manchester becoming an ACE aware, trauma informed and trauma responsive City.
- 1.2 Since the last report to the Health Scrutiny Committee, a further 1,500 individuals have been trained, meaning over 3,000 people who live and work in our city have attended a training session on ACEs and trauma informed practice since the Harpurhey pilot began in autumn 2018. This report will illustrate how that learning has impacted on the city so that we are becoming trauma responsive. The range of activities outlined prevent early trauma and adversity, enhance individual and family wellbeing, build community resilience, and mitigate against the trauma our communities have experienced/are experiencing.

## **2.0 Background**

- 2.1 ACEs describe a wide range of stressful or traumatic experiences that can occur from conception to the age of 18 – they include abuse, neglect, and household dysfunction. When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning. It has been shown that considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being, with negative behaviours often being used unconsciously as protective solutions to unrecognised problems dating back to childhood.
- 2.2 Research shows that ACEs are common and endemic and are found to have a dose dependent response on disease prevalence, life potential and health harming behaviours such as smoking, alcoholism and drug use. In order to improve our city's health outcomes, ACEs need to be seen as the major contributor to disease that they are. It is therefore imperative that we work towards reducing this toxic stress burden on our children and families.
- 2.3 It is also important to sit this alongside societal issues, so we refer to a pair of ACEs to include Adverse Community Environments like poverty, discrimination, poor housing, lack of economic opportunity and social connectedness. By adopting trauma-informed practice which asks, 'what happened to you?' instead of 'what's wrong with you?' and working in a strength-based way it is possible to empower individuals with choice and control and ensure systems and services do not retraumatise.
- 2.4 Adopting trauma responsive approaches are part of a whole system approach to population health and wellbeing in the city. This work is a key theme of the Manchester Safeguarding Partnership, is included in the Manchester Population Health Plan and is integral to the local response to the Marmot report, Building Back Fairer.

### 3.0 An Update on Progress

#### 3.1 Neighbourhoods

##### 3.1.1 Community Hubs

Five hubs have been established in Blackley, Cheetham, Clayton, Gorton and Wythenshawe. Led by a voluntary sector organisation and/or a school the hubs offer safe spaces where residents can connect and engage in positive activities that mitigate against trauma and promote physical and mental wellbeing. Activities taking place include creative confidence workshops, knit and natter and wellbeing walks.

Residents can also access services to support with housing, debt advice, fuel and food poverty and be linked into social prescribing and community groups.

##### 3.1.2 TICTAC

4CT, a multi purpose community organisation based in Beswick have been commissioned to support the voluntary sector in North Manchester to implement trauma informed and trauma responsive approaches. The project called TICTAC (Trauma Informed Care for Trauma Informed Communities) - runs from May 2022 to December 2023 and is engaging with residents to provide key messages about attachment and protective factors such as play, exercise and sleep hygiene.



*Family engagement at a Northwards Housing fun day (Newton Heath, July 22)*

##### 3.1.3 Targeted Interventions

Through the MCC neighbourhood team pilot has started in central Manchester to explore the impact of trauma informed approaches in identified hotspot areas linked to the trio of vulnerabilities - domestic abuse, mental ill health and substance misuse.

### 3.1.4 Building a Resilient Community

A programme of work with the Wythenshawe Community Housing Group and their partners is now underway that will test approaches to support residents in building a resilient community using a trauma informed community building model.

## 3.2 Early Years

This has been a strong focus of the Manchester programme and in the past year the following progress has been made:

- Refresh training has been delivered for all Early Help staff that reinforces the need to have strength- based conversations with residents.
- Health Visitors have been encouraging responsive parenting using approaches such as mind-mindedness, mentalisation, reflective functioning, serve and return and touch baby massage.
- The programme lead presented an overview of the ACEs and trauma work to the Manchester Medical Society Paediatrics group.
- During Infant Mental Health week in June 2022, an event showcased good practice from Spoons, Children and Parents Service (CAPs) Vulnerable Babies team. Manchester Mind, Dads Matter and Big Manchester. The quotes from the speakers' presentations below illustrate the importance of being ACE aware and trauma informed.

*'The understanding that adverse childhood experiences can impact brain development and long-term outcomes for children is central to our work'*  
**(Specialist Health Visitor – Vulnerable Baby Protect and Prevent Service)**

*'It is important to support, strengthen and repair early relationships between infants and their parents and to provide support to those who have experienced trauma to help them recover e.g., supporting parents in relation to their own ACEs so they are more able to be emotionally available for their infants. Our assessment includes a focus on parental history of trauma and trauma experienced by the infant. We use sensitive questions to elicit relevant trauma information'* **(Consultant Clinical Psychologist – Children and Parents Service [CAPS])**

## 3.3 Voluntary and Community Sector (VCSE)

The VCSE are innovating and testing new approaches to being trauma informed and trauma responsive. The following examples highlight this:

- Production of video content with 84 Youth and Odd Arts to explore community-based violence and trauma.
- Manchester Action on Street Health (MASH) co-producing a training programme with their service user panel looking specifically at the gendered element of being trauma responsive. It is the intention that

service users will co-deliver the training and upskill other organisations in the city.

- De Paul (a homeless charity) using physical activity and creativity to provide social connection and build resilience in the young people they work with.
- The Melissus Project (supporting people with housing issues and complex needs) partnering with Gaddum to deliver trauma-informed drop-in sessions for communities across Manchester focusing on service users from its wider networks, in particular Carers Manchester, Europa (EU National Support Charity) and the African Caribbean Mental Health Service.
- Modelling trauma informed approaches with Manchester City of Sanctuary in their work with families seeking refuge.
- Healthy Me Healthy Communities, who deliver a number of community based initiatives (e.g. community grocers), delivering trauma workshops to service users and a facilitator programme to allow staff to deliver the workshops.
- SimplyInnerWorks delivering 'Reconnect' a six-week Healing and Educational programme for South Asian women who have suffered and experienced systemic abuse.
- Thrive Manchester in Benchill setting up a Public Living Room to engage with their community <https://www.camerados.org/set-up-a-public-living-room/>
- Thrive Manchester are also piloting a series of workshops for adults who have lived experience. Referrals have been made from primary schools and the police.

All the above projects are either underway or being planned to start in Autumn.

### **3.4 Manchester City Council**

The following is a summary of progress made across the council in the past year:

- Two sessions for elected members were delivered in autumn 2021, attended by 25 members.
- Councillor Jade Doswell was appointed as the trauma informed lead councillor.
- Continued roll-out of a training programme for all staff in the Homelessness Directorate.
- Following a training day and a workshop in May 2022, the MCC anti-social behaviour team are starting to pilot trauma informed approaches including



creating trauma informed environments, bringing in other agencies such as Early Help and Eclipse, introducing further check ins and being more proactive with signposting.

- The Covid Food Response team completed training and delivered this service in a trauma informed manner throughout the 18 months of delivery. The current Our Manchester Food Partnership staff have also completed the training and are using trauma informed approaches when working with the community; whilst the training is being offered and promoted to all food banks, pantries, and community grocers in the City.
- Children's Services now include ACEs and trauma informed practice as a key theme through all their core training such as Signs of Safety; and deliver practitioner clinics - *see Appendix 1 Safe & Together Clinics: A trauma informed approach to model adoption and peer support.*

### **3.5 Other Activities to Note**

#### **3.5.1 Arts**

- Delivering the Art of Resilience with Manchester Art Gallery involving 12 primary schools. Artists in residence work with small groups of children in the Gallery exploring protective factors that mitigate against trauma and build resilience such as balance, nature, sleep hygiene and relationships.
- Piloting innovative approaches with four secondary schools and four creative providers through MADE – a collaboration between arts, education and youth organisations across Manchester.

#### **3.5.2 Housing**

- A community of practice has been set up, led by Northwards Housing, consisting of 10 registered housing providers. The group co-deliver training and share case studies.
- Southway Housing incorporate the trauma training into their specialist training on hoarding.

#### **3.5.3 Criminal Justice**

- A report has been produced with One Education and Youth Justice called 'Life After Lockdown', giving young people a voice and recommending actions to support them going forward.
- All new GMP staff now receive trauma informed training on their induction.

#### **3.5.4 Domestic Abuse and Violence**

- Facilitating the delivery of the Healing Together programme that supports children impacted by domestic abuse <https://www.healing-together.co.uk/> the delivery partners are 4CT, Big Manchester, Catalyst Psychology, Children's
- Society, Early Break, Manchester Women's Aid, Thrive Manchester and the Wise Owl Trust.

- The MCC Programme Lead for ACEs and trauma informed practice is a White Ribbon ambassador and is supporting the Council to become an accredited White Ribbon organisation that is working to end male violence against women.

### **3.5.5 Education**

- Continue to deliver training each term through the 'Healthy Schools Behind the Behaviour programme', that includes a module on ACEs and trauma in their mental health awareness course.
- Staff in 15 schools have completed, or are undertaking, the Trauma Informed UK Schools Diploma in Trauma and Mental Health. These staff have formed a community of practice to share learning.

## **4.0 Impacts**

The following settings and associated case studies and quotes bring to life the impact of adopting trauma informed and trauma responsive approaches.

### **4.1 Setting 1 - West Gorton Medical Centre**

Led by Dr Lucie Donlan, the Centre has been on a journey to develop a trauma informed and trauma responsive practice. Dr Donlan and Gareth Nixon, from Public Health, initially delivered training on ACEs and trauma informed approaches for the whole practice team. This then led to delivery of a project to screen the patient population for Adverse Childhood Experiences (ACEs).

The findings were recently presented by Dr Donlan as a poster at the Royal College of General Practitioners – see appendix 2.

It is important to note that following a referral to a GP, 56 patients had onward referrals and most of these were to mental health services for talking therapies/ psychology support. However other referrals were made to the Be Well service, focused care workers and the early help support hub.

Trauma informed responsive practice is now integral to West Gorton Medical Centre as highlighted below and in the case study:

- A leaflet and books given out at childhood immunisation appointments to try to improve bonding and attachment with parent/carer and their child and see if we can impact our poor school ready figures/literacy figures
- Employed a trauma informed yoga therapist to work with anyone from age 5 upwards with any previous traumatic experiences, with plans to employ a trauma informed physiotherapist
- Effective liaison, data sharing and working with our local primary school through meetings and closer collaboration

- Use of community organiser from Forever Manchester to help support patients and signpost to local groups/ organisations
- Proposal to have group consultations on site for patients with persistent pain/ fibromyalgia who have previous adverse experiences.

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‘When a flower doesn’t bloom, you fix the environment in which it grows, not the flower’ – Alexander Den Heijer

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The case study below illustrates the impact of this approach.

**Case Study 1: 61-year-old female – submitted by Dr Lucie Donlan (Partner, West Gorton Medical Centre)**

Presented to reception to complain about some information on a summary print out that had been sent with her for a hospital referral (entries mentioned previously she had been in prison and child protection detail about her children). This was just after our practice wide ACE and trauma informed training session, so the office manager used the ACE training to try to offer help and support for this patient in a trauma informed way.

The complaint was that when she had been admitted to hospital the week before a summary print out had gone with her and had problems listed from 1981 that she felt should not be on her problems list. The patient was angry and raising her voice, so our office manager offered her to come into her office, sat down with her and listened. Using her trauma informed training she asked the patient whether she could help and whether there was an issue with that particular code causing the patients distress (the code was related to a prison term and her children).

Following a long time with our office manager when the patient got upset and disclosed some trauma from her childhood, our office manager told the patient about the ACE work the practice is doing and the patient wanted a follow up with me.

We arranged a face-to-face review. The patient has an extremely high ACE score of 9+3 and has suffered sexual, physical and emotional abuse and neglect throughout her childhood. The patient tried to report her abuse as a child and into her later teens to the police, social workers, teachers and her parents, but never felt believed or listened to.

We referred the patient for complex psychology and the patient has completed in-house trauma informed yoga therapy.

The patient says that we were the first people to listen and believe her story. The patient thinks this work is so important to better identify children or adults who are currently suffering trauma or have suffered it in the past and are living with the impacts of this.

In terms of increased disease risk with high ACE scores this patient has: chronic depression, ischaemic heart disease (IHD), chronic obstructive pulmonary disease (COPD), chronic anxiety and depressions with previous suicide attempts. The evidence suggests that with 4 or more ACEs a person is 2x as likely to develop IHD and 3x more likely to develop COPD.

The patient thinks our ACE work is so important.

‘I am amazed that someone is doing this work and you are the only person in over 51 years who I feel has bothered and believed me’

She called the team she sees here at the practice ‘angels’

*This anonymous case study has been shared with this person’s permission.*

## **4.2 Setting 2 - Delivery of trauma informed yoga sessions and other mindfulness practice at the Resonance Centre, Clayton**

The Resonance Centre is a multi-functional centre designed to deliver classes, services and activities which positively impact both mental health and physical wellbeing for the residents of Manchester. Primarily focused on yoga, meditation, mindfulness and plant-based eating for optimal health, the centre is also home to a variety of community groups and sober raves. The aim is to create a space based on community connection and social inclusion.

### **What is Trauma Informed Yoga?**

A practice such as yoga or guided meditation is trauma informed if the teacher has had additional training on how to deliver the work in a way that is mindful and reduces the risk of triggering participants.

Teachers are trained to meet people 'where they personally are at' through a gentle and compassionately delivered style of practice offering modifications and props where required. Teachers are also equipped with a host of techniques such as 'grounding', 'orienting' & 'focussing' to help participants feel secure throughout their session. Examples of this would be avoiding long silences during class or playing music with emotive lyrics, it may avoid the use of yoga straps and perhaps postures taken prone (face down).

Whilst it can never be possible to anticipate every potential trigger that every participant may have (particularly with the introduction of new movement, breathing exercises and tension release) it is possible, with additional education, that a teacher will be equipped with an appropriate amount of knowledge of how the human nervous system works to be in a position to soothe someone effectively if they become flooded with emotion.

Yoga is proving highly effective for conditions such as fibromyalgia and chronic pain but if the symptoms are extreme then a trauma informed facilitator would be conscious of a need to tailor the practice to be seated or even floor based such as 'restorative' or 'yin' yoga.

Approaching trauma holistically does involve the need to revisit emotions/physical sensations that are challenging but with this approach it is possible to achieve this in a way that is gentle enough to allow participants to move at a comfortable pace, feeling safe and in an environment with nominal risk of triggers.

The case study below illustrates the impact of the work at the Resonance Centre.

**Case study 2: 43 year old female – submitted by Juanita Margerison (Director, Resonance Centre)**

C received a diagnosis of bipolar at age 22 but has never found a treatment that is effective and her life over the last 21 years has been undermined by addiction, homelessness, abuse (physical, emotional, sexual & mental) and the removal of a child. She is under the care of McCartney House in Manchester and received crisis care during lockdown following a severe mental break.

C was a participant on the first Integrating Self course at the Resonance Centre and regularly attends other classes and workshops. Integrating Self is a six-week course designed to heal trauma from a holistic perspective. The course includes modalities such as yoga, meditation, singing, tapping, breathing techniques, sound healing, massage and practical guidance on plant-based diet.

She also attends the weekly 'sober rave' Born Free, Manchester's weekly conscious dance floor, that creates a safe container for participants to move in whatever way feels good, feeling secure in a compassionate and non-judgemental environment. Several other Integrating Self participants now also use Born Free as part of their regular self-care. Many regular dancers have testified to Born Free being one of the most effective things they've ever done for their mental health, something we are extremely proud of.

C's personal transformation to date has been remarkable. She is currently living without a daily dependence on alcohol or drugs with an ever-increasing focus on diet and healthy lifestyle choices. The friendships C has made on the course and within our community of service users has had benefits far beyond the time she spends here, and she is now regularly involved in social outings like cycling, gym classes and lunch with friends.

C has also enrolled onto a level 2 holistic training course with Flourish Together – a community interest company - in preparation for a time when regular work may be achievable again. She is set to complete her training in September, and we will then be able to link her into #manchesterwellnesscollective - a co-created group of holistic therapists and yoga teachers seeking to make their services more readily available within mainstream healthcare. Based at the Resonance Centre members of the group, formed in December 2021, have delivered hundreds of sessions ranging from baby yoga to Indian head massage at a variety of community centres across the city.

The Resonance Centre seeks to assist all our community members by addressing five areas of life that are key to physical and mental health. We have called these the 5 Piers of Wellbeing – Personal, Intellectual, Emotional, Relationships, Spiritual.

C has seen improvements in all those five areas of her life and her journey continues with our support and a lot of love. We have arranged for her to do level 2 food hygiene training in the next few weeks, followed by some volunteering at the Resonance Centre helping in the Plant Based Snackery.

*This anonymous case study has been shared with this person's permission.*

### 4.3 Responses to the strategy consultation

(What difference is implementing trauma informed and trauma responsive approaches making?)

Some of the replies from partners to the strategy consultation are provided below:

ZC was a prolific offender who has custody of his daughter but a history of non-engagement with agencies, is distrustful of professionals and was at risk of eviction from his tenancy. His support worker, understanding the issues he has had and the continued trauma he still lives with, has built up a great rapport, so much so that ZC now wants to volunteer with other offenders to assist in their rehabilitation within the community. **Kate Wood, District Homes**

The biggest success has been seeing the changes that families have made to make a difference to their lives and themselves acknowledging this. For example, attending a parenting course, seeking support for substance misuse and volunteering at the centre. **Debbie Keary, Martenscroft Centre Nursery Schools and Sure Start Children's Centre**

Delivering ACE's group to parents and seeing the positive change within the family dynamics. From a supervision perspective, workers feeling more supported leading to a more productive and happier team. **Amy Leech, Big Manchester**

Our non-attendance policy supports our clinicians to understand adults not attending appointments should prompt questioning about what may be going on in that patient's life that they may need support with. In addition, reviewing the policies and training available to support older adults in care homes who use distressed behaviour and promoting a trauma informed lens to shape care is an ongoing piece of work, but we've made a good start. **Sarah Khalil, Adult Safeguarding**

Personally - impact of Play Therapy on young people. Organisationally - our new consent form where we ask explicitly how we can meet a child needs most effectively **Claire Evans, 4CT**

We employed a specialist In-reach Worker who has started to do intense casework with women who are in ABEN female only accommodation. This work is a partnership with Riverside, counselling therapists at MASH and Women's Aid and we have delivered this for almost a year. The focus of this work was to offer a trauma informed approach to enable women to recover from historical trauma and traumas caused by living on the street. Before we started this work, women who use temporary accommodation were less likely to engage with services and very often were re-traumatised by the accommodation systems. Some of the women we are working with on this project are doing some really positive work around their mental health & well-being and they are responding well to having a key worker that is trauma responsive. Women have engaged with trauma therapy at MASH and have been involved in working in groups to improve their awareness around DVA

and other topics that improve understanding and resilience. We are seeing some significant improvements in mental health and well-being for these women through having this holistic approach. **Safia Griffin, Manchester Action on Street Health (MASH)**

The Ram's Lodge temporary accommodation site has developed a more trauma informed approach to the service delivered to clients who are complex homeless individuals. For example, the service takes a more informal approach to booking clients into the accommodation, a focus on home cooked food provision, an increased frequency of support sessions, working in collaboration with other agencies which is taking a more trauma informed approach in general. This is resulting in significant improvement in the level of engagement of clients with other support services and improved ability to move clients on to more settled accommodation offers sooner. **Louise Stonall, Homelessness Service**

We have changed the way we deal with poor property condition and people displaying signs of hoarding disorder. This has meant that we no longer take legal action against tenants to "force" them to manage their tenancies. Instead through a trauma informed approach we take a more measured approach, working closely with people to understand the reasons for their struggles to maintain a clean and tidy home and understand their need to hoard. We take a very slow approach with matters and slowly help people to bring some control back to their lives by understanding their needs and working at their pace. **Claire Tyrrell, Northwards Housing**

## 5.0 Next Steps

- 5.1 The Manchester ACEs and trauma informed strategy 2019-2025 is being refreshed to ensure that it is as inclusive as possible, meets the current needs of the city and takes into account the future needs of adults and children living in Manchester. The strategy refresh is currently in the consultation phase and focus groups are being held with people of lived experience facilitated by Back on Track, Manchester MIND, Shelter and Thrive Manchester.
- 5.2 In addition a survey has been distributed and is live – the link is below [ACE's and Trauma Informed Practice Strategy Refresh Consultation \(manchester.gov.uk\)](https://manchester.gov.uk/ace-strategy-refresh-consultation)
- 5.3 Future activity will be influenced by the consultation findings, but priorities include:
  - Continue to roll out multi-agency training across the City.
  - Ensure key sectors implement trauma informed and trauma responsive practices into their core activity with a focus on education, health, early help, criminal justice, housing, arts and the voluntary sector.
  - Develop specialist trauma enhanced practitioners.



- To develop trauma informed services within Manchester City Council and include information as part of staff inductions.
- Continue to invest in the voluntary sector to implement trauma responsive hubs in all our neighbourhoods.
- Set up an Expert by Experience group that will co-produce training content and resources and feed into governance structure.
- Work with the GM Resilience Hub to support staff wellbeing.
- Explore the use of psychologically informed practice and responses with adults who have care and support needs. A task and finish group has been set up the Manchester Safeguarding Partnership.
- Measure the impact of the work, both quantitative and qualitative. Resource has been acquired from the MCC research team to support this and an outcomes framework is being developed.
- Continue to work alongside colleagues in Greater Manchester to support GMCA's vision of a trauma responsive City region, including the development of a web portal and investment in training to develop specialist practitioners.

## **6.0 Summary**

Manchester has come a long way in the journey to become a trauma informed and trauma responsive City, however, there is much more that needs to be done. This report tells some of the stories and captures some of the impacts. The engagement work with the workforce, communities, families and individuals will continue so that outcomes improve for residents of the city. The support of senior leaders and elected members is key to facilitating system change.

## **7.0 Recommendations**

The Committee is asked to note the report.

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## Appendix 1

### Safe & Together Clinics: A trauma informed approach to model adoption & peer support.

Stephen Brock, M.S.W. August, 2022

Within the field of Children's Services domestic violence can be one of the more challenging issues for practitioners and their managers to work through. This was recognised and in 2017 Manchester Children's Services adopted the Safe & Together model to guide practice. As with any new practice initiative there would be challenges. Safe & Together was not any different.

As the model began to roll out through the training of practitioners the initial take up was slow. It takes time for change to occur. Thinking about what else could be done one thing a practitioner had said prior to the introduction of Safe and Together stuck in my mind.

*"I don't ask the questions because I'm afraid of what I'll hear and I don't know what to do with it."*

The Safe & Together model does address this. Which is great for those who are able to attend the training. However, the challenge was to figure out how to support other practitioners who have not yet attended training. Then it occurred to think about that practitioner's dilemma. This is a valid dilemma, not only for that practitioner, but for many practitioners. Working with domestic violence brings up anxiety for many workers about 'getting it wrong'.

The Safe & Together clinic idea centred around the question: *How to support practitioners with their dilemmas in a way that truly helps them in their practice?* Individual and group supervision are common within children's services as a means of promoting reflection and supporting practice.

In children's services a traditional group supervision format has many practitioners focussing upon one family or child. With all practitioners looking to reflect on one practitioner's challenge. In many situations this can be helpful for the practitioner working with the family. However, in a time pressed service, many practitioners can find this an additional burden if it is not one of their families being discussed.

With the Safe & Together clinics we wanted to address key things: Creating safety and validate the worker's experience, promote reflection and learning, bolster peer support and, promote culture change in regard to domestic violence.

Putting pen to paper and drawing upon the idea of a peer support group process a process was sketched out. This exercise resulted in a mix of group reflective supervision and peer support process. Where instead of one family being discussed, there were 3-5 families discussed simultaneously.

We invited each practitioner to present their unique dilemmas working with a family where domestic violence is a feature. As part of the process each practitioner's dilemmas would be shared with the group. This allowed for normalisation and also validation of each practitioner's experience. This, in turn, promoted a sense of psychological safety for the practitioners. As it was made clear there is no judgement of practice being made.

Led by a Safe & Together trained facilitator each of the practitioners dilemmas were explored. During this part of the discussion practitioners would often begin to express a variety of feelings experienced in their work with domestic violence. During which other participants would tend to validate each others experiences. As well as share learning of how they had coped with them.

Throughout the facilitator discussed the principles and critical components of the Safe & Together model. With a view of educating and helping the practitioners to use the model with their families and move from feelings of being 'stuck' to practical next steps they may take. Next steps were developed through a co-production focussed discussion. Wherein the facilitator may put forward suggested questions, practice tools/resources or both, and, check out with the practitioner if using them would be useful. Alongside this the group would also offer suggestions. In many cases practitioners would give a range of feedback to the facilitator and the rest of the group about the suggestions made. This process of co-production incorporated giving choice, helping to empower the practitioners and reduce practitioner anxieties. Which, in turn, impacted the experience of the families they were working with.

Launched in September 2019 there have been some 600+ case discussions with practitioners. Upon the launch of the clinics, it was made clear that these are not able to offer oversight or case direction, rather, about supporting practitioners with their dilemmas.

The impact of this has been realised in a shift of culture within children's services. As practitioners have then spoke to colleagues and promoted the clinics. Along with greater adoption of the Safe & Together model in practice. Most importantly, there has been created a safe space for practitioners to share and work through their dilemmas in practice.

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## Appendix 2-Poster Presentation



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## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 7 September 2022

**Subject:** Better Outcomes, Better Lives

**Report of:** Executive Director of Adult Social Services

### Summary

Better Outcomes, Better Lives is the adult social care transformation programme. It is a long-term programme of practice-led change, which aims to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care.

The report provides an update on progress and the impact of the programme since November 2021, when the committee last had an update.

### Recommendation

To note the report.

### Wards Affected: All

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

As a key contributor to delivering the ASC and overall Manchester City Council budget in 2022/23, the Better Outcomes, Better Lives programme reflects the declaration of a climate emergency. The responsive commissioning workstream in particular continues to explore options to ensure the programme makes a contribution through action taken working with our external care market.

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 highly skilled city: world class and home grown talent sustaining the city's economic success	

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Our work to tackle health inequalities and deliver Better Outcomes Better Lives are designed in particular to make a contribution to creating a progressive and equitable city – through working with our communities, our people and assets to improve outcomes for those who need support. Report specifically includes work within programme on equality impact assessment, a tool for ensuring impact of our work supports equitable access.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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**Background documents (available for public inspection):** None



## 1.0 Introduction

- 1.1 Better Outcomes Better Lives is the Manchester Local Care Organisation's programme to transform the way that we deliver adult social care so that it meets the needs of our most vulnerable people and makes best use of the resources that we have.
- 1.2 The Committee previously received a report in March 2021 giving an overview of the whole programme, and a further update report in June 2021 and November 2021.  
[Link to the March 2021 committee reports](#)  
[Link to the June 2021 committee reports](#)  
[Link to the November 2021 committee reports](#)
- 1.3 This report provides an overview of the programme and an update since November 2021

## 2.0 Background

- 2.1 Better Outcomes Better Lives is a programme of practice-led change centred on achieving better life outcomes for the people of Manchester by working in a strength-based way. The programme aims to enable less dependency on more formal care, whilst also helping us to build a more sustainable future for the people we support.
- 2.2 The programme began in January 2021 to an existing backdrop of rising demand for Social Care support among the adult population of Manchester, and growing pressures on Social Care funding. Since starting the programme, the unprecedented challenges of the COVID-19 health pandemic have continued to impact, and we are seeing more significant health challenges for our people, increases in unemployment, greater usage of food banks, and a rise in loneliness and mental health concerns.
- 2.3 In this context, the Better Outcomes Better Lives has continued to focus on embedding a strengths-based approach alongside work to develop our short-term offer, work to improve and develop our operating model, work on how and what we commission and embedding a performance approach across all of our services. Collectively these interventions have been intentionally designed to help our people achieve independence and better outcomes wherever possible, whilst preventing, reducing and delaying demand into adult social care services.
- 2.4 The programme has six areas of focus:
  - **Maximising independence** – practice led work with teams across the city, embedding strength-based approaches to assessment and review including via 'Communities of Practice' being rolled out across teams
  - **Short-term offer to support independence** – building reablement capacity, embedding technology and digitally enabled care and ensuring opportunities to maximise independence through hospital discharge

- **Responsive Commissioning** – ensuring that our commissioning approaches are responsive to need and demand
- **Performance Framework** – embedding a learning and performance approach across the service at all levels
- **Early Help** – developing our Early Help offer so that people can receive the right support and guidance at the right time. Including providing a robust online information, advice and guidance offer and developing a strengths-based conversation approach with our Contact Centre staff.
- **See and Solve** – This workstream works on specific challenges that impact on staff working in a strengths-based way.

### 3.0 Impact

3.1 Now that we are more than 18 months into the programme we know that we are having an impact:

- The **number of Older People's residential and nursing placements has reduced to 740** (June 2022). This represents a **net reduction of 25 placements** since March 2022, evidencing that people's independence is being supported in less restrictive settings
- A **reduction of 6 residential Learning Disability placements** in 21/22. Exceeding the modelled reduced of 4.
- **Around 4% reduction** in the proportion of reviews resulting in an **increase to a package of care** in comparison to this time last year. Indicating a shift in focus to increasing independence.
- **10% increase in monthly TEC applications**, compared to last 12 months. Indicating greater knowledge and awareness of using TEC to support people.
- **58% of people requiring no package of care at the end of period of reablement** (June 2022), exceeding the service target of 54%
- Our all-staff survey results for 2021 have shown an improvement across a number of questions from 2020 with **92% of colleagues understanding the organisation's values and behaviours** (strongly agree or agree).
- **Over 900** survey responses in the first year of the programme, from staff saying that the programme had supported them to develop strength-based approaches in their practice.
- **Over 400** survey responses in the first year of the programme, from staff saying that their involvement in a Community of Practice had supported them to further develop their strengths-based practice, improving the impact of their work

3.2 The following feedback has been shared about what this feels like for the people that we are working with:

- **Strengths, passions and interests are part of the conversation:** "I asked Diane what she used to enjoy doing. She started to talk about knitting, her art, walking to the shops. As she spoke, her face lit-up for the first time!"

- **Focusing on supporting independence can improve wellbeing for the person and their family:** “We have seen a change in grandma. She sits outside in the sun, watching people pass by. I don’t have to worry now”
- **Listening to what matters, adapting approaches and providing choice** “I hope you know what a gem you have in Vanessa. In my time I have only come across a handful of people who can advise, and help disabled people with compassion”

3.3 The following feedback is from our staff about the impact they see day to day:

- **Practitioners are sharing really strong case studies about working in a strengths-based way to support people’s independence:** “It’s too easy to ask people what their needs are and want to fix it. Better Outcomes Better Lives makes me more aware of working with people and not doing to them. It keeps that at the forefront of your mind”
- **Awareness is increasing of using TEC to support independence.** “I don’t feel like an expert but becoming a TEC Champion has given me the confidence to try new things. We’re really seeing the impact on TEC keeping people independent”
- **Communities of Practice are supporting greater awareness of the local offer in neighbourhoods:** “The past few themed weeks have opened up and developed knowledge and relationships with 3rd party services. The impact is incredibly positive and empowering”
- **Practitioners’ views are shaping priorities on the programme:** “I felt better getting it off my chest. I was then invited to a senior manager’s meeting to provide more feedback. This impact its now had – just from completing My VIEWS”.
- **Stronger relationships are being built between Commissioning and frontline Social Care.** “In my 20-year career as a social worker, it was the first time I’ve sat with a group of commissioners and been able to articulate some of the front-line challenges. It felt that people were engaged”

3.4 The impact of the work delivered so far was recently highlighted through the programme being shortlisted for an LCG award in innovation in health and social care. While this acknowledges the work delivered to date, we know there are still challenges to be tackled. The following provides an update on key work and priorities in achieving our aims and delivering better outcomes for the people of Manchester.

#### 4.0 **Maximising the independence of our people through improving our social work practice**

4.1 Supporting our staff to work in a strengths-based way is fundamental to the programme. This means that Social Workers and Assessors will work with people to identify what they can do, what they love, and what makes a good life for them. This helps to support individual wellbeing and is regarded as best practice. Some people may benefit from TEC, equipment or other support and services to maintain their independence and achieve the outcomes that they want to achieve. This support is planned around being as least restrictive as

possible so that people can live as independently as possible. It's about ensuring the right support is provided, at the right time for that person.

- 4.2 To illustrate the difference that this approach can make for people, see the case studies below:

### **Maximising Independence: Case study 1** **Jane Reck – Social Work Apprentice**

Ken and his wife were living in private rented property. The accommodation was in his wife's name, and when she recently passed away, he was forced to move. Jane told us "Ken chose to move to a new area to make a fresh start. When I met with him, he had just moved into extra-care housing. In his new accommodation, Ken has a lovely large wet room, however he felt intimidated by the size and space, and insecure while showering. I ordered Ken a shower seat and rails, so he'd feel more secure. **As a trusted assessor, I am able to confidently identify, order equipment and return to fit the items as required.** I used their in-house fitter for the rails - to make the process faster."

Jane focused first on what Ken was able to do himself. **"We talked about the pros and cons so that he can make an informed decision.** Despite health conditions that impact his ability to do things, Ken loves his independence and is keen to not lose it." **Ken had been offered assistance with his laundry,** however because there's a lift, Jane ordered him a four-wheel walker - so he can continue to do this himself. He also bought a small plastic four-draw container so that he can organise his medication for the following week. Jane continues **"It's about giving him control and independence.** We're sometimes preoccupied with TEC and can be intrusive in offering too much." Staff helped Ken register with a GP, so in under a week, he had an equipment assessment, his needs identified, and everything ordered including his medication.

Ken enjoyed socialising throughout his life, however since lockdown has become much more apprehensive. The purpose-built extra care housing has a café, so he's not isolated now, and can socialise again once he's ready.

Jane concludes, "I really enjoyed spending time with Ken. **My strength-based toolkit has enabled me to identify that care is not always required - by being proactive with the person's abilities.** Ken has a good outlook and wants to remain independent. Low-level equipment will enable him to complete personal care independently and be in control of his day-to-day activities. I naturally take a holistic approach and I'm also a big believer in reflection. I try to make sure people have all the information they need to make an informed decision. **Better Outcomes Better Lives just reminds me to always see the person - not a situation or referral.**

**And Ken? Jane saw him again this week. Reflecting on his new equipment, he said "It's very handy, just the job to keep me going so I don't need to ask for help".**

## Maximising Independence Case Study 2: Think Strengths, Think Community

**Adele Hooper (Primary Assessment Officer) & Debbie Baxter (Direct Payments Coordinator)**

**Paul is a high-functioning autistic adult.** He is 27, attends college and is currently living with his parents. Adele first met with Paul when his advocate from Gaddum got in touch to say that **Paul is keen to live independently**. When Adele first met with Paul, they talked about him having a **direct payment** as one of the **first steps towards his independent living**. Unfortunately, Paul previously had a bad experience with his benefits being over-paid – which he'd then had to pay back. Adele discussed these concerns and put him in touch with Debbie, so that they could discuss his options.

Debbie tells us “I always read case notes - the assessment and support plan – before contacting the person. I saw Paul is an adult with autism, so when during our first telephone conversation I found myself going over and over the same thing, I asked Paul if he'd rather we meet in person – and if so where. Paul chose Costa Coffee in Withington, so we met there, along with his advocate, Maureen.

**Paul told me he'd like to be able to socialise more with other autistic people his age.** I contacted I AM Autism (a UK charity specialising in supporting people 10yrs and above, who have a diagnosis of autistic spectrum condition). I then told Paul about their activities, and how he could manage his budget to decide which activities he'd like to attend. Following his previous experience with benefits, I was keen that Paul didn't have ongoing concerns in this area, so we discussed this together with I AM AUTISM, and they set up a process **whereby they provide Paul with a weekly invoice, and support him to pay this, so that he feels in control and knows where he's up to. It was important for Paul to manage this without the support of his parents.**

**"I asked Paul for his preferred method of communication going forward.** He advised his preference would be a telephone call, followed up by bullets in an email. Our Direct Payments information letter is six pages long, so I adapted it into an easy-read version that sets out – this is what you have, how you can top up, and that it's flexible. This is working really well!"

Adele reflects, **"In Manchester we always want the best for people and will go out of our way to achieve that.** When I first spoke to Paul, he was very anxious. I followed-up with I AM Autism to see how he is getting on and they said it's all going really well.

- 4.3 Working in this way isn't without challenges, however, and we know that sometimes processes, forms and policies aren't always set up in a way that supports our teams to work in this person-centred way. To really change how practice works and support a change in culture we also need to address some of these barriers and challenges that can drive different behaviours. To support this change in practice we have developed regular forums for front line teams to come together and share their experiences and reflections. Routine,

group reflection is also part of professional development for Social Workers and is recognised as supporting practice development.

### **Community of Practice**

- 4.4 Community of Practice meetings provide weekly space for front line teams to come together, learn and reflect on their experiences of working in a strengths-based way. They provide peer-to-peer learning, support and challenge in a safe and constructive space. They are hosted in each Integrated Neighbourhood Team and Learning Disability Teams and are facilitated by the Senior Social Worker or Practice Supervisor.
- 4.5 Practitioners have routinely fed back that attending a Community of Practice has supported them to work in a strengths-based way, 96%, or, just over 400 responses recorded in Learning Logs stated that Communities of Practice had helped practitioners to develop their Strengths Based working in the first year of the programme. Feedback is also regularly sought from facilitators and attendees through our Community of Practice Self-Assessment process, this has highlighted an:
- Increase in practitioner knowledge of resources available in the local community
  - Better information sharing on cases as a result of attending CoPs
  - Assessments becoming more analytical as a result of CoPs
  - Strengthened networking & relationship building with wider colleagues
  - Impactful learning and peer reflection -particularly for newly qualified staff
  - Positive impact on team building and wellbeing
- 4.6 As well as providing space for positive connections with colleagues and increasing knowledge, these forums also enable reflection on topics that are more challenging. This means barriers to working in a strengths-based way can be discussed, and ideas shared for how to approach these. Where there are issues that cannot be resolved by the group, these are fed back into the rest of the programme.
- 4.7 Providing more time for practitioners to reflect and learn is widely regarded as good practice and has been acknowledged in a visit from Lynn Romeo, Chief Social Worker for England.
- 4.8 To expand the reach and scale of these forums work has started to introduce other services to the approach. Introductory sessions have now been run with wider Adults Services including: Reablement, Equipment and Adaptations, Short Breaks and the Multi-Agency Adults Safeguarding Hub.

### **My VIEWS**

- 4.9 To support further support individual reflection and help to ensure that the programme is tackling the barriers faced by front line staff, we have also established an engagement tool called 'My VIEWS', previously named Learning Logs. My VIEWS stands for 'My Views, Ideas, Experience, Wisdom

and Skills' and is a survey completed by staff to reflect on how they have worked in a strengths-based way and to highlight what they think has worked or what might have got in the way of this. The most frequent themes highlighted in My VIEWS since March 2022 are:

- **The importance of informal care relationships** – highlighting the significant role that these relationships play, even when people are receiving formal care and support
- **Positive examples of using TEC to support people's independence** – demonstrating the growing awareness and confidence in use of TEC

- 4.10 Themes around barriers faced by practitioners to working in a strengths-based way have highlighted issues and concerns where there has been a lack of support or input from services. This demonstrates the need to influence and introduce more partners to the ambitions of the programme and strengths-based working.
- 4.11 Information, ideas and feedback is collected from survey responses and is included in programme reporting and supports key activity. A recent example of feedback from My VIEWS has been the challenges highlighted by practitioners around finding the right support for people with Autism. Following this feedback there is now a priority focus on Autism in our commissioning work.

### **Strengths Based, Focused Reviews**

- 4.12 Reviews help to identify if a person's needs have changed and if the support being provided might need to be altered as a result. Strengths based tools have been developed with practitioners to support review conversations to focus on independence and choice. These tools are being used alongside a more proactive approach to reviews that have been launched. These reviews focus on opportunities that might lead to greater independence. For example, when someone might have been discharged from hospital and are getting well faster at home than initially expected.
- 4.13 Over a 12-month period just over a third of these focused reviews are showing a reduction in the size of the support package. This represents a higher proportion than those in annual reviews, around 17%. The impact of this work continues to be monitored to ensure it supports greater independence and improved outcomes.

### **Communities of Practice Case Study – Strengths Based Reviews**

#### **Albert Ndhlovu - Primary Assessment Officer**

When Albert met with Diane for her Strengths-Based Review, she was struggling with her mental health. Diane was finding it hard to get motivated to leave her property or prepare food for herself. Albert tells us:

**"I asked Diane what she used to enjoy doing. She started to talk about knitting, her art, walking to the shops. As she spoke, her face lit-up for the first time! I could see these things made her happy.** I queried what was stopping her now, and she stated her friend had moved away, and since she'd become depressed, she struggled to meet with new people".

Diane's daughter stated that Diane "never listened" to her, and Diane felt her daughter was "pushing too much". Albert knew that an ongoing care package would take any independence away and would be a barrier to improving Diane's mental health. Instead, he suggested mother and daughter start afresh and just do one thing together.

Albert continued, "Next time I saw them they'd walked to the shops instead of taking the car. 20 minutes there and 20 minutes back, and they enjoyed spending time together, walking and chatting. **I introduced them to a Good Neighbours Befriending Service** and Diane started to attend a regular coffee morning! She told me afterwards "I realised some people are like me, they have the same feelings and fears." Diane also now wants to join a knitting group but is nervous meeting new people. I've suggested her daughter attends with her the first few times to introduce her to the group. They're going for the first time 1st April. I also spoke to her grandson who told me, **"We have seen a change in grandma. She sits outside in the sun, watching people pass by. I don't have to worry now."**

What made the difference for Albert? **"I heard about strengths-based approaches before, but sometimes due to the pressures of work we don't always see the options available. The application of a strengths-based approach in real life, has changed the teams view of assessment. We're really seeing a difference."**

## 5.0 Improving our short-term offer

- 5.1 The programme is also making significant improvements to the short term offer that people receive for temporary, intensive care and support, in order to ensure this service is as good as it can be. If we get this part of our offer right, it will mean people only go on to receive longer term care when it's right for them. Before embarking on the Better Outcomes, Better Lives programme, we knew that too many of the people who receive the short-term support go onto longer term care, or larger care packages than needed. An important part of ensuring that people have the right type and level of care for them is ensuring that when they're in crisis, the support they get helps them and makes things better. There are two main ways in which we are improving this.

### **Better use of Technology Enabled Care (TEC)**

- 5.2 To support our "TEC first" approach and increase the knowledge and awareness of the different TEC items predominantly used in Manchester we have been delivering TEC equipment briefing sessions to the TEC Champion Network. Our TEC Champion Network in turn receives their own briefing packs and have started to deliver briefing sessions directly to their teams, increasing and sharing their knowledge and experience across the Directorate. A



centralised Teams Channel has also been developed for the Network. This has a number of benefits: we have an improved centralised communication channel that reaches each and every team with a TEC Champion; this is directly connected with our in-house experts at Community Alarms and Technology Enabled Care Team (CATEC) who are always on hand to answer any technical questions; enables us to develop a directory of knowledge and a rich source of learning and information for our teams.

- 5.3 Although it is a long-term journey to truly embed the TEC first approach we have progressed significant work on the path towards achieving delivery of the agreed TEC vision to improve peoples' outcomes by enabling them to maintain their independence, dignity and quality of life at home and that their loved ones remain safe at home. A key element of this is the ongoing work with practitioners to identify, create and circulate materials, such as the MLCO Extranet web page and demonstration videos, to promote and educate to increase awareness and knowledge on TEC and the positive impact it can have upon peoples' outcomes.
- 5.4 As well as the progress on the development of materials to promote, educate and raise awareness on TEC both internally and externally the workstream has focused capacity upon the delivery of prototypes to test new TEC devices or kit to understand their impact and the potential for them to be included within the TEC offer. Examples of these prototypes are:
  - ARMED – falls early detection system
  - Just Checking – sensor system to enable improved assessment for potential ongoing care needs
- 5.5 The outcomes and learning from the existing and any future prototypes combined with the developing metrics will help increase our understanding of how TEC can best support people to maintain independence. With this knowledge we aspire to achieve the development of a TEC offer that is proactive in providing the right support at the right time.
- 5.6 Recent data demonstrates that from July 2021 to June 2022 the monthly average number of installations was 318, this is a 58% increase on the average number of installations for the previous 11 months, The Community Alarm Base Unit and Pendant, Key Safe and Falls Detector continue to be the highest issued TEC devices though the rising number of sensors being installed indicates a variation in approach from front line practitioners. Our Performance, Research & Intelligence service have provided considerable support on the development of TEC metrics which is enabling the workstream to identify targeted activity with services or localities to increase the issuing of TEC, where appropriate. The data in this report has also enabled us to identify areas of good practice and understand the reasons for this. From this analysis we have developed proposals for key roles in the system particularly around the customer journey and currently exploring opportunities with the service to deliver targeted training to support our TEC first approach. Our ambition doesn't end here either, we are exploring using our Network of TEC

Champions to share their knowledge and experience right across the Manchester Local Care Organisation so everyone thinks TEC.

### Communities of Practice and TEC Case Study

**Bianca Kelly, Social Worker in Ancoats, Clayton & Bradford.**

**Edna is a spritely older lady and loves living in the sheltered accommodation where she's been for 13 years.** She is sociable, enjoys chatting to her neighbours, gets on well with her carers and has a good sense of humour! Edna has informal support from her daughter, and four daily care calls.

**Edna has been diagnosed with dementia** and whilst in the early stages of the disease, and still very aware of her surroundings, there have been times late in the evening when she will put on her coat and go to look for her mum. **Edna ventured outside the perimeter of her city centre Ancoats accommodation,** with train tracks nearby.

Bianca tells us, "Her daughter raised concerns and I visited Edna to reassess her support. **Following reflections in Communities of Practice, I'd seen how positive Technology Enabled Care (TEC) can be,** and as a least restrictive option, the resident and family were in agreement to give it a try.

Because Edna lives in sheltered housing, she was used to wearing a pendant but that was connected to their on-call, which didn't work outside the flat. **I worked with the Scheme Manager and Community Alarm Team** and was able to map the nearby streets to **provide a geofence and GPS tracker for the perimeter of the accommodation.** The MCC pendant is a much better option which also has an inbuilt falls detector."

Bianca continues, "This has meant that Edna can still sit in the gardens, go to her neighbours address and enjoy a cup of tea on the patio without the tracker sounding. Door sensors are also now used overnight, when she wouldn't expect visitors and shouldn't be leaving the flat. **This is working very well and has allowed Edna to remain independent and happy in the home she's familiar with and loves.**"

TEC also gave Edna's daughter peace of mind, so that she knows her mother is safe.

### Improvements to reablement

- 5.7 Reablement is way of helping a person remain independent, by giving them the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. A reablement service may be offered for a limited period in a person's own home and can include personal care, help with activities of daily living, and practical tasks around the home. When reablement goes well for someone, it can help them get back to normal quickly, or adjust to changes in their circumstances. It can also mean that someone doesn't need to have longer term care, or will need a

less intensive care package than they otherwise would. This is why we have invested more into our reablement service through the Better Outcomes, Better Lives programme. This will mean that it is well resourced and available when needed, and our staff are qualified and highly skilled.

- 5.8 Since we last reported in November, the Reablement service has been working closely with Integrated Neighbourhood Teams to increase the number of community referrals from practitioners. Following a successful pilot in North, the service is currently working with colleagues across Central INTs to increase community referrals, and this work is evident in the significant rise in new referrals between April and May.
- 5.9 More generally, our Reablement service has demonstrated very positive outcomes during 2021/22. This is evidenced by an average of 275 people entering into a Reablement intervention per month, this figure increased over the course of the year, peaking at 303 in October. The outcomes of people leaving the service at the end of their intervention in 2021/22 were higher than the agreed target metric of 64% leaving with either independent or with reduced ongoing care. With 58% leaving fully independent with no ongoing care and 9% leaving with reduced ongoing care needs; a total of 67%, higher than the target metric.

### Testing small scale pilots

- 5.10 **Anywhere Care:** This pilot is testing the use of a number of technologies (including falls sensor, GPS monitoring and YourMeds alerts), into one monitoring device which alerts families/carers when triggered. The device is being tested in partnership with the South Discharge to Assess Team, to support hospital discharge and improve outcomes. 30 devices have been issued to adults discharged from hospital over summer and the evaluation of this pilot is due to start in November.
- 5.11 **Occupational Therapy (OT) trial:** Testing the impact at scale of using an OT to improve the quality of reablement goal setting, focus on independence and reduce demand for long-term care. Following a successful short-term, first phase of the trial, which proved the proof of concept by evidencing improved outcomes for people and demand management through the implementation of time-specific therapy led goals in a support plan a second phase of the trial was undertaken. This involved the scaling up the OT capacity to cover a whole locality for a longer time period. This second phase reinforced the outcomes from the first phase with an evaluation identifying significant impact for people who participated in the trial. These included the reduction in the average length of stay in Reablement by 5 days, from 23 to 18 and the percentage of people leaving the service after an intervention independent with no ongoing care needs increasing from 51% to 68%. Now onto its third phase, the OT capacity has been increased to three OTs with the scope extended too citywide.

## 6.0 Improving how and what we commission

- 6.1 Historically, 'commissioning' has been how we work to arrange and buy services for people who need adult social care in Manchester. In the MLCO, we want commissioning to be much more than that. Effective, strategic, compassionate and collaborative commissioning will be how we work with system-wide partners to respond to local needs. Above all, we want our commissioning to be responsive to what people need and want and much better connected to what front-line practitioners are telling us is required.
- 6.2 Within Better Outcomes, Better Lives, we have developed a Commissioning Plan which sets out how our approach to commissioning will support integration between health and social care services in the coming year. The plan sets out how we will innovate with providers and shape local markets to respond to the short, medium and long-term challenges that we collectively face as we recover from the Covid-19 pandemic. Our approach will help us grapple with an ever-complex landscape, where we increasingly recognise that social determinants of health will be crucial not just to social care, but also to health services.
- 6.3 There are eight priorities in the commissioning plan which will help us achieve this. Updates since November are outlined against the priorities:
- **Putting prevention into practice** – *Create an environment with more choice and control for people, with support closer to home that enhances peoples' wellbeing and independence in a way that is right for them.* Since November, we have worked with practitioners and identified requirements that will support people to have more choice and control over their support utilising low level VCSE services. A prevention strategy is being produced as a result of this. We are trialling new services at a small scale which are designed to stop people escalating into more restrictive, higher cost services at a point of crisis. Examples include outreach work with Learning Disabled people and people with an 'autism-only' diagnosis.
  - **Market development** – Plan to support the adults social care market to be innovative, improve outcomes, align to LCO's strategic objectives & ensuring adequate supply of future support. Quarterly Innovation labs have now been established to provide forums to collaborate with partners and providers and ensure support is efficient and outcomes focused. In addition, two specialist Innovation Labs are in the pipeline with one for the VCSE Sector early September and a Housing Innovation Lab taking place in November.
  - **Citizen Commissioning** – Making sure that commissioners have the tools and knowledge to meaningfully involve residents when developing support models, and to make sure that our people's voices are heard when things aren't right. We have developed approaches led by people to make sure that our residents are part of decision-making. Using the Think Local, Act Personal Coproduction Ladder as an exemplar, we have set out our coproduction pledges to work more with residents and people who use adult social care services. Through a small 'test of change' a grant competition to the VCSE enabled Gaddum to be selected to host our

Citizen Commissioner concept. This has resulted in a dedicated Coproduction Lead working directly to the Head of Commissioning and leading the campaign citywide to recruit volunteers. So far, the small group has designed the approach they wish to take with officers of MLCO and created the 'Citizen Commissioner Committee'. These foundation steps will enable both the Better Outcomes Better Lives officers as well as Commissioners to proactively engage with the Committee and seek out their independent views.

- **Community led commissioning** – *Creating and using flexible purchasing models for community-led solutions that are more personalised, strengths-based and build resilience.* An example is work with Greater Manchester Integrated Care, Greater Manchester Mental Health Trust and VCSE partners to develop, co-design and co-produce models to shape community mental health services.
- **Flagship commissioning activities** – *Identifying the highest impact projects in adult social care to make them more than the sum of their parts.* Since November, we have been able to assess and identify the high impact projects and embed a strengths-based approach to ensure a consistent way of working. The flagships are currently being transitioned into Business as Usual activity to ensure monitoring of benefits. One example is a review of day services which has looked at our in-house and externally commissioned services. We have had input from 175 people and directly engaged day service users in a series of workshops. We are drawing together the conclusions of this work and will make firm proposals for the future shortly. A further example includes the consolidation of the Unpaid Carers pathway, with the 18 VCSE organisation in the Carers Network working together with Commissioners to help Carers early in their caring journey, offering timely interventions and support and reducing levels of carer 'crisis'.
- **Building Local Good Practice into Business as Usual** – *Taking stock of current arrangements to make sure they are the best they can be.* We have produced a data template for commissioners, PRI and finance to use as part of the commissioning process and a standard set of KPIs, both will help improve our use of data and ensure we are commissioning based on evidence. We are improving our tracking of existing contracts to make sure we have a co-ordinated approach to commissioning activity.
- **Contract management** – *Driving better outcomes for people through robust performance management of existing support delivery, evolution of measuring outcomes and better relationships with providers.* Substantial work has taken place to stabilise the contract management function, including the appointment of a dedicated Head of Contracts and more rigorous approaches to the Contracts Register, working closely with corporate colleagues to embed best practice.
- **Skills for strengths-based commissioning** – *Equipping our commissioning workforce and stakeholders with a strength-based*

*approach is key.* Working with our HROD colleagues, a range of commissioning training course and qualifications is being finalised; this will ensure that commissioners have the formal skills and knowledge to deliver innovative, collaborative commissioning going forward. Following engagement with staff, a range of learning opportunities were identified, including learning lunches, which is now a well-embedded approach to share information across the various commissioning teams and specialisms.

## **7.0 Better use of data**

- 7.1 Improving our use of data is a priority in Better Outcomes, Better Lives. This supports us to understand the impact that we having both in terms of the programme and as a service.

### **Adults Strategic Performance Report (ASPR)**

- 7.2 The Finance and Performance Framework workstream developed a strategic performance and finance report, which reflects demand, budget trajectories and cost. We recognise that is important to monitor performance so we can identify areas of improvement but also celebrate success where its due. It is produced by the Council's Performance, Research and Intelligence (PRI) service, and owned by the Adults Directorate Management Team. The purpose of the ASPR is to give an overarching view of performance across the directorate, to:

- provide assurance and visibility
- enable senior leaders to set priorities and actions
- understand the impact of performance and demand measures on spend
- show what impact Better Outcomes, Better Lives interventions are having on business as usual

- 7.3 The Adults Strategic Performance Report is now in regular monthly production and has received very positive feedback from senior leaders in the LCO and Council. It is reviewed on a monthly basis by the MLCO Executive, contributes to the Council's integrated monitoring report and is reported into the MLCO Accountability Board, co-chaired by the Executive Member for Healthy Manchester and Social Care. The report will evolve over time to ensure that it remains a useful tool which enables taking decisions and actions that lead to improvement.

### **Team Level Framework (TLF)**

- 7.4 We want teams to understand and own their own performance and how their actions, behaviours and culture have an impact on measurable outcomes. We know that understanding and owning performance is a key part of owning change at a team level.
- 7.5 As set out earlier in the report, there are new approaches, structures and practices being put in place for practitioners and teams. Teams need to be

able to understand what tangible difference these practices make. This will reinforce good practice, but also enable managers to tackle poor practice. With this goal in mind, the programme, led by PRI, have developed a Team Level Framework which is essentially a list of metrics distilled from the ASPR for Team Managers to manage their performance. The tool is adapted to provide only the data that teams need to support constructive improvement. A series of workshops were delivered to support managers to interpret data and compose a narrative that articulates levels of performance. The workstream have successfully delivered these sessions across all localities.

- 7.6 We recognise that using data effectively requires skills and knowledge that are new to some staff, so we will be undertaking a review of skills and providing support and development for those who need it. Our guiding principle is that performance shouldn't be punitive, but constructively support improvement.

### **Data Quality**

- 7.7 Through the Programme and Finance and Performance Framework Workstream, the programme has developed a Data Quality Approach to ensure that our data is right. We recognise that it is important that the data we are reporting is accurate and available at the right time, at the right place. This is so our decisions are evidence based and correct.

### **8.0 Early Help**

- 8.1 Providing the right advice, support and guidance to people at the right time can make a significant impact in supporting people to stay well. This workstream was launched in April and is making progress on its original aims, which were to:

- Create a cohesive initial contact
- An improved online offer which supports independence
- Maximise use of the community offer

- 8.2 There are four key areas that are being prioritised to support the aims outlined above.

- **The development of an online information, advice and guidance offer.** A key facet of a preventative early help offer to enable effective signposting and resolution. A framework for this has been established on Help & Support Manchester with approval recently granted for a role for 6 months to provide capacity to work with internal and external stakeholders to map, review, refresh the required content for the offer.
- **Establishing a Strengths-Based style of conversation when people contact the** Contact Centre. A 'Pioneer Group' of Contact Officers have been testing new tools and conversation prompts to support a more open, strengths-based conversation. This will be expanded across the Contact Centre supported by a Community of Practice approach for Contact Officers as well as a Team Leader Community of Practice. This activity will

start from early September led by colleagues from the Maximising Independence workstream.

- **Developing a standardised contact form to improve the quality of contacts and referrals from partners and professionals.** A first draft has been created with revision underway after the review at the workstream steering group. Engagement with internal and external partners to test the form will start in late August, before implementation and launch.
- **Testing the impact of increased professional input into duty.** A pilot site within one of the Integrated Neighbourhood Teams is being launched in September. The INT team is being supported by the new Early Help & Targeted Support team to support decision making and better triaging within their duty. A 6 week review will be completed to understand impact on support discussions and potential expansion of the prototype.

8.3 In terms of impact, there are early indications that the different strengths-based approach being taken by the Pioneer Group is having a positive impact, with fewer repeat calls being made to the Pioneers, lower numbers of duplicate records being created, and an increase in the percentage of new contacts being successfully resolved at the first call. These trends are only taken from a small sample size of the Pioneer Group and will be monitored closely as the approach expands.

8.4 To support with the development of the future front door operating model Impower have been commissioned to deliver a short-term piece of work, for 6 weeks, to support the workstream. This work will review the activity completed by the workstream to understand what's working well and identify potential future opportunities. The learning from this review will be used to develop and design a business case outlining options and requirements for a truly integrated front door operating model to support people to achieve the best possible outcomes and provide timely and effective management of demand.

## 9.0 See and Solve

9.1 The focus of See and Solve is to address entrenched system barriers that get in the way of practitioners taking decisions which empower people and build on their strengths. This work is practitioner focused and uses their experiences to unlock opportunities for different ways of working. This means that the outcomes are more likely to be owned by the teams and therefore embedded.

9.2 This workstream launched in April with an initial focus on the Learning Disability service. Working with teams, an opportunity was identified around how duty operates, in particular how staff could work better together and how frequent callers were handled.

9.3 Data and perspectives from the teams evidenced that if duty staff were empowered to work in a more strengths-based way, underlying issues could



be identified and resolved earlier. This could result in a better experience for the caller as well as more impactful use of staff time. This activity was prioritised by See and Solve because of the potential significant opportunity it presented to improving outcomes for people while also improving strengths-based practice for staff.

- 9.4 Work initially started with teams to define a collective understanding of what an integrated duty offer looks like. This was developed with teams through the Learning Disability Community of Practice exploring ‘what makes a good experience of duty?’. We have captured shared learning on what the right response, at the right time looks like including collecting example case studies that evidence the impact of a more joined-up initial conversation. It has also identified opportunities to test something new and the barriers that practitioners face to working in a more joined up way.
- 9.5 To support a different conversation, South Learning Disability Team has tested out strengths-based tools and prompts as well as closer working between duty, health and social care. The tools have been impactful and supported duty staff to provide a more meaningful outcome for the person ringing. In addition to this, closer working across teams has provided a more holistic offer and reduced the number of referrals across services, meaning that staff time is spent more effectively, and the person receives a more joined up outcome.
- 9.6 Rolling out this work out further will however need to be supported by the following activity. This responds to the challenges identified by staff around what can get in the way of them working together:
- **Communicating the role of the offer to frequent referrers** – embedding the offer so providers and discharge teams are aware of the Duty Offer and promote this where possible.
  - **Increase access and use of the Universal/Community Offer** – Strengthen access the universal and community offer including developing guidance and prompts. Greater access to local support and services provide an opportunity to increase independence and choice so that people can access activities that they are interested in in their community and not in specialist support that they might not be the best fit for them.
  - **Route of Access** – Maximising our use of technology where possible and identifying system barriers, so that these can be resolved. Different recording systems has been frequently mentioned by staff as a barrier to working in a more joined up way. We want to explore what the opportunities are to join up systems to support staff.
  - **LD Offer** – Develop an offer that supports a specialist LD services
- 9.7 The next steps will be to roll out this work in North and Central teams to embed across the city. Once rolled out another area of focus for See and Solve will be identified.

## 10.0 Equality Impact Assessment

- 10.1 A key priority of the Our Manchester Strategy is to ensure Manchester is an equitable city. To evidence that the Better Outcomes, Better Lives programme contributes towards this ambition, work on an Equality Impact Assessment has been progressed. This will identify any unintended, disproportionate impacts that changes the programme is implementing have on people who are part of a protected characteristic group.
- 10.2 The Better Outcomes, Better Lives programme is changing how front-line teams are working and this will change the conversations that our staff have with people. This focuses on firstly identifying what strengths a person has and what outcome they want from support. This does not mean removing all formal packages of care, but working with people to understand what their desired outcomes are and what different kinds of support can enable someone to achieve these outcomes.
- 10.3 For people, this will feel like their strengths are recognised. They might benefit from a small piece of equipment or TEC to maintain their independence. Or from accessing groups in their local neighbourhood that help them to explore their interests and support their wellbeing. Support planning will focus on choice and independence by using the least restrictive or intrusive method of support.

#### **Equality Impact Assessment – Better Outcomes, Better Lives Programme approach**

- 10.4 Initial work undertaken in December 2022 highlighted that focusing EqIAs onto individual workstreams did not capture the interconnectedness of work across the programme. Working with the Equalities, Inclusion and Diversity Lead, a programme-wide approach has been developed. This focuses our approach on understanding the impact of activity that will directly affect people.
- 10.5 The programme team with the Equality, Diversity and Inclusion Lead has identified six key areas of programme activity that will likely have the greatest direct impact on people. A combination of workstream activity might contribute towards these changes, meaning that data and insight from more than one workstream might be needed to understand the impact of the work on people. However, one lead workstream has been identified for each to support the development of the EqIA for each area of focus:

<b>Area of focus / impact</b>	<b>Lead Workstream</b>	<b>Anticipated impact on people</b>
Strengths based practices; including Community of Practice approach; and the Pioneer Group Community of Practice in Contact Centre	Maximising Independence and Early Help	Direct impact for people, in terms of how practitioners and staff interact with them – greater focus on independence and what the person can do, what their strengths might be and what the appropriate type of support might be available that enables them to live as independently as possible.

Focused Reviews	Maximising Independence	Direct impact on people currently receiving a package of care who might have their annual review earlier than statutory timescales with a focus on maximising independence and using the least restrictive option.
Increasing use of TEC	Short Term Offer	Direct impact – seen on the kinds of support that people might be offered as part of their support plan with more people being offered and accessing TEC to stay well and independent for as long as possible.
Increasing use of reablement	Short Term Offer	Direct impact – seen on the kinds of support that people might be offered as part of their support plan, with more people accessing reablement support to improve their independence at home.
Improving the online offer and promoting self-help	Early Help and Responsive Commissioning	Direct impact on how people find out about groups and support that might be available
Increasing professional capacity tested by a pilot INT team and the new Early Help & Targeted Support team	Early Help	Direct impact - as greater professional input will be available for contacts providing increased knowledge and support with decision making around advice, guidance, offer.

- 10.6 In addition to workstream activity listed above, the programme has also been using approaches to test, on a small scale, services and interventions that might address gaps identified in provision. Testing in this way with a small-scale prototype helps to provide learning and evidence for what might needed on a greater scale. Additional EqlAs may also need to be undertaken to the above six areas, to understand the impact of individual prototypes and to support their evaluation.

### **Progress to date**

- 10.7 A workshop facilitated by the Equalities, Diversity and Inclusion Lead has been delivered and relevant data has been identified to support the work. Within the Early Help workstream, work has started to build upon the information provided within an earlier EqlA developed by the Customer Service Organisation to support changes to the service made during covid.
- 10.8 This work has included working with the Performance, Research & Intelligence Service to develop a deeper understanding of the demographics of people who are either contacting or being referred into the Contact Centre. The data will provide the workstream with an improved understanding of the

characteristics of these adults to enable the identification of gaps, challenges or opportunities to be included within an EqIA on increasing professional capacity.

- 10.9 Within the Maximising Independence workstream relevant data and appropriate actions that might be needed to mitigate any unintended consequences of Focused Review activity are being identified.
- 10.10 Once actions within each of the six EqIA focus areas have been identified these will be included within programme governance for reporting and accountability.

## **11.0 Conclusion**

- 11.1 Embedding real, sustainable change in how we work across the whole service takes a lot of time. This report sets out the amount of work that has been completed since we last provided a report and there remains a lot to do over the course of the rest of the programme. The Better Outcomes, Better Lives is an ambitious transformation programme, however we are committed to delivering on our ambitions for the people of Manchester.

## **12.0 Recommendations**

- 12.1 The Committee is asked to consider and make comments on the content of this report.

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 7 September 2022

**Subject:** Overview Report

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

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**Summary**

This report provides the following information:

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

**Recommendation**

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

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**Wards Affected:** All

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**Contact Officers:**

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**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.

There are no outstanding previous recommendations.

## 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 **26 August 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
Oakfield Psychological Services Ltd	23 Wellfield Road Baguley Manchester M23 1BG	<a href="https://www.cqc.org.uk/location/1-7613423304">https://www.cqc.org.uk/location/1-7613423304</a>	16 July 2022	Care Home	<b>Overall: Requires Improvement</b> Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Centre for Men's Health Ltd	10 St John Street Manchester M3 4DY	<a href="https://www.cqc.org.uk/location/1-2293776743">https://www.cqc.org.uk/location/1-2293776743</a>	14 July 2022	Independent Doctor	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Making Space	Beyer Lodge Nursing Home 65 Taylor Street Manchester M18 8DF	<a href="https://www.cqc.org.uk/location/1-1298685547">https://www.cqc.org.uk/location/1-1298685547</a>	30 July 2022	Care Home	<b>Overall: Good</b> Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good

The Bodyline Clinic Ltd	The Bodyline Clinic Ltd Unit 1, 1119 Ashton Old Road Manchester M11 1AA	<a href="https://www.cqc.org.uk/location/1-4554586143">https://www.cqc.org.uk/location/1-4554586143</a>	25 July 2022	Slimming Clinic	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Mr Bradley Scott Jones & Mr Russell Scott Jones	Brownlow House 142 North Road Clayton Manchester M11 4LE	<a href="https://www.cqc.org.uk/location/1-131420845">https://www.cqc.org.uk/location/1-131420845</a>	3 August 2022	Care Home	<b>Overall: Good</b> Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good
Voyage 1 Ltd	Devonshire House 2 Devonshire Street Manchester M12 4BB	<a href="https://www.cqc.org.uk/location/1-9943565245">https://www.cqc.org.uk/location/1-9943565245</a>	3 August 2022	Care Home	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Dr GB Wilson	The Wilbraham Surgery 515 Wilbraham Road Manchester M21 0UF	<a href="https://www.cqc.org.uk/location/1-6825002898">https://www.cqc.org.uk/location/1-6825002898</a>	4 August 2022	GP Practice	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
GoToDoc Ltd	Droylsden Road Family Practice 125 Droylsden Road Manchester M40 1NT	<a href="https://www.cqc.org.uk/location/1-8502740799">https://www.cqc.org.uk/location/1-8502740799</a>	3 August 2022	GP Practice	<b>Overall: Requires Improvement</b> Safe: Good Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Good



Valour Private Ltd	Valour Healthcare Services 3000 Aviator Way Manchester Business Park Manchester M22 5TG	<a href="https://www.cqc.org.uk/location/1-10111022181">https://www.cqc.org.uk/location/1-10111022181</a>	13 August 2022	Homecare Service	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Arielle's Care Ltd	Arielle's Care Ltd 3000 Aviator Way Manchester Business Park Manchester M22 5TG	<a href="https://www.cqc.org.uk/location/1-11701632484">https://www.cqc.org.uk/location/1-11701632484</a>	13 August 2022	Homecare Service	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Premier Care Ltd	Elmswood Park Bowes Street The Depot Moss Side Manchester M14 4UZ	<a href="https://www.cqc.org.uk/location/1-5295658700">https://www.cqc.org.uk/location/1-5295658700</a>	13 August 2022	Homecare Service	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Optegra UK Ltd	Optegra Manchester Eye Hospital The Boulevard Didsbury Manchester M20 2EU	<a href="https://www.cqc.org.uk/location/1-201561085">https://www.cqc.org.uk/location/1-201561085</a>	15 August 2022	Independent Hospital	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Transform Hospital Group Ltd	Pines Hospital 192 Altrincham Road Manchester M22 4RZ	<a href="https://www.cqc.org.uk/location/1-7464683657">https://www.cqc.org.uk/location/1-7464683657</a>	15 August 2022	Independent Hospital	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Dr Khawaja Munir	Deansgate Surgery 2 <sup>nd</sup> and 4 <sup>th</sup> Floor Speakers House 39 Deansgate Manchester M3 2BA	<a href="https://www.cqc.org.uk/location/1-8491940689">https://www.cqc.org.uk/location/1-8491940689</a>	18 August 2022	Independent Hospital	<b>Overall: Inadequate</b> Safe: Inadequate Effective: Inadequate Caring: Good Responsive: Requires Improvement Well-led: Inadequate
Alternative Futures Group	Millbrook 57 Wastdale Road Newall Green Wythenshawe Manchester M23 2RX	<a href="https://www.cqc.org.uk/location/1-145103731">https://www.cqc.org.uk/location/1-145103731</a>	16 August 2022	Independent Mental Health Service	<b>Overall: Good</b> Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good
Primary Care Manchester Ltd	Primary Care Manchester Ltd Victoria Mill 10 Lower Vickers St Manchester M40 7LH	<a href="https://www.cqc.org.uk/location/1-8856855518">https://www.cqc.org.uk/location/1-8856855518</a>	15 August 2022	Urgent Care Service / Mobile Doctor	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

### 3. Vaccination and COVID-19 Update

#### Contact Officers:

Name: David Regan  
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Cases of Covid-19, driven by the Omicron variants BA.4 and BA.5, have continued to decline in the most recent reporting period according to the Office of National Statistics (ONS). As a result of this routine asymptomatic testing in health and care settings has been paused, however, patients being discharged from hospitals to care homes and other settings (e.g. hospices) will continue to be tested. Finally in Manchester plans are well underway for the delivery of the autumn/winter Covid booster alongside the annual flu vaccine.

In advance of Manchester Pride a Monkeypox vaccination programme was successfully delivered, despite limited national supplies. The programme included a number of weekend clinics throughout August and on Thursday 25<sup>th</sup> August a pilot clinic delivered the vaccine through intradermal injections to over 120 people. This means that over 2200 people eligible in Greater Manchester have received their vaccine and the Northern Sexual Health Service and Vaccination Team at Manchester Hospitals NHS Foundation Trust (MFT) have delivered the majority of these. The pilot enabled the limited supply to be maximised with one vial able to be used for four people instead of one. A further clinic will take place using this method. It is hoped that national supplies will be available at the end of September to allow the programme to be completed.

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

**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	<p>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.</p> <p>The report will also contain information previously requested by the Committee on the Equalities Impact Assessment of the Better Outcomes, Better Lives programme.</p>	Councillor T. Robinson	Bernadette Enright Sarah Broad	
Adverse Childhood Experiences & 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 Manchester Mental Health Update	To receive an update report that describes the activity of the 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.	Councillor T. Robinson	Chris Gaffey 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	-	Lee Walker	

	information including details of those organisations that have been inspected by the Care Quality Commission.			
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**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	Sir Michael Marmot will be participating virtually at this meeting.
Climate Change – Impact of the recent heatwave	To consider a report that discusses the impact of the recent heatwave, both in terms of physical and mental health and resilience building across the system.	Councillor T. Robinson	David Regan	Invitation to Cllr Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee
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	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

**Wednesday 9 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	-	Lee Walker	

	been inspected by the Care Quality Commission.			
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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	<p>This report will provide and update on development at the North Manchester General Hospital.</p> <p>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)</p>	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	This will be incorporated into the Marmot Themed meeting scheduled for October 2022.
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"> <li>• Bring together a group of people that can act as a voice for their communities.</li> <li>• Give the communities they represent a voice in the development and delivery of CHEM's programme of work.</li> <li>• Identify and share what the priority issues and concerns are for the communities they represent.</li> <li>• Share their views on how statutory sector initiatives and</li> </ul>	Councillor T. Robinson	David Regan Cordelle Ofori	

	activities might inadvertently impact adversely on different 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	<p>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).</p> <p>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.</p>	Councillor T. Robinson	Chris Gaffey Kate Provan	Update on the report considered 22 June 2022.

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