



Health Scrutiny Committee

Date: Wednesday, 12 October 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 Committee Members only at 2:30 pm on Monday 10 October 2022 via MS Teams. A separate invite will be sent to Committee Members.

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

Meetings of the Scrutiny Committee are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

Membership of the Health Scrutiny Committee

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

Agenda

1. Urgent Business

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

2. Appeals

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

3. Interests

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

4. [10.00-10.05] Minutes

To approve as a correct record the minutes of the meeting held on 7 September 2022.

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5. [10.05-11.00] Making Manchester Fairer - To Follow

6. [11.00-11.30] Update on Edenfield

A senior representative from Greater Manchester Mental Health Trust will attend to update the Committee on the Trust's response to the recent Panorama programme. The Executive Director of Adult Social Services will provide additional information on the ongoing involvement of the Council's Social Work Safeguarding Team, working with other partners to support Manchester residents. Finally the Interim Deputy Place Based Lead (Manchester Locality) will provide an overview on how the local Manchester health and care system will interface with the Greater Manchester and regional systems and processes.

7. [11.30-11.50] Climate Change - Impact Of The Recent Heatwave

Report of the Director of Public Health

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This report provides an overview of the impact that heatwaves will have on the city and details the activity underway to adapt to a changing climate and reduce the health impacts of future heatwaves in the city.

8. **[11.50-12.10] Enabling Independence Accommodation Strategy (2022-2032)** Page
33 - 56
Report of the Executive Director of Adult Social Services, the Strategic Director Growth & Development, the Strategic Lead for Commissioning, Children and Education and the Strategic Lead for Homelessness
- This report provides an update on the development of an Enabling Independence Accommodation Strategy for Manchester (2022-2032).
9. **[12.10-12.20] Overview Report** Page
57 - 78
Report of the Governance and Scrutiny Support Unit
- This 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.

Joanne Roney OBE
Chief Executive
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Further Information

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

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This agenda was issued on **Tuesday, 4 October 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 7 September 2022

Present:

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

Apologies: Councillors Appleby, McHale and Newman

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Councillor Collins, Deputy Executive Member for Healthy Manchester and Adult Social Care
Councillor Doswell, Trauma Informed Lead Member
Adam Young, Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust
Nishan Bhandary, Associate Medical Director, Greater Manchester Mental Health NHS Foundation Trust
Dr Lucie Donlan, GP partner, West Gorton Medical Centre
Juanita Margerison, Director, The Resonance Centre

HSC/22/34 Minutes

Decision

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

HSC/22/35 Greater Manchester Mental Health Update

The Committee considered the report of the Associate Director of Operations, Greater Manchester Mental Health, NHS Foundation Trust that provided a summary of the services provided by Greater Manchester Mental Health and provided an overview of the activity across the footprint in Manchester.

Key points and themes in the report included:

- An overview of Mental Health Crisis Services;
- An overview of Community Services, including the actions taken from a recent CQC inspection and regulation 29a notice within two Community Mental Health Teams.
- Inpatient Service provision; and
- An update on the Healthier Patient Pathways Programme.

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

- What work was being done with Greater Manchester Police (GMP) to support people who were experiencing a mental health crisis;

- Was the 24/7 Helpline monitored and what was done to ensure any missed calls were responded to;
- Was the Helpline available for family and carers to access;
- What support was offered to families and carers of residents experiencing mental health issues;
- Noting that the building was to commence at South Manchester, Wythenshawe Hospital Site to support replication of the North Manchester General Hospital (NMGH) site Mental Health urgent care area with completion expected December 2022;
- Would there be a bespoke 'Green Room' at the Wythenshawe site, similar to that at North Manchester General Hospital;
- Calling for an appropriate urgent care "Green Room" to be initiated at the Manchester Royal Infirmary site as a priority;
- Where would Wythenshawe residents experiencing a mental health episode currently receive treatment, adding that transferring patients to North Manchester General Hospital was not appropriate for patients and their families;
- What quality assurance measures were undertaken of those Voluntary Community and Social Enterprise (VCSE) groups working in community settings;
- What was being done in regard to staff recruitment and retention;
- What was being done to address barriers arising across services in relation to data sharing; and
- Who were responsible for arranging who accessed the crisis beds for Manchester residents.

In response the Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust advised that the Trust remained committed to working with GMP to offer the most appropriate response to an individual in crisis. He stated that a pilot scheme with staff seconded to support GMP was currently underway over the winter period and this pilot would be evaluated in March 2023. He advised that this approach was a demonstrable commitment to delivering the Long Term NHS Plan. He stated that in addition to this pilot regular meetings were convened with GMP and there were mechanisms established for escalating issues.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust stated that, contrary to national figures, Manchester had witnessed a reduction in the numbers of people attending A&E when experiencing a mental health crisis. He advised that Wythenshawe patients would be treated at Wythenshawe Hospital as they had an inpatient facility, however on the occasions beds were full they would be transferred to NMGH. He advised that at the time of addressing the Committee there were no patients outside of their locality. The Associate Medical Director, Greater Manchester Mental Health NHS Foundation Trust added that this situation was reviewed on a daily basis and every effort was made to relocate a patient closer to their home address when it was appropriate to do so. He added that partners worked closely across all systems to improve the patient experience and reduce system created barriers.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust stated that the Helpline answer machine was routinely monitored. He added that the Helpline had been audited by the NHS and the Trust had received very positive feedback on this provision. He stated that friends and carers could also

use the Helpline and if appropriate people would be signposted to other sources of appropriate support and advice. He noted the comment regarding additional support for families and carers and added that it was recognised that more needed to be done in regard to this. He noted the issues experienced by some Members in relation to the Helpline and commented that if they contacted him outside of the meeting he would look into the specific cases.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust advised that the monitoring of VCSE groups in communities was achieved through the standard contract management arrangements, and these were complemented by visits and regular meetings with providers.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust commented that the issue of staff recruitment and retention was a national issue, however work was ongoing with their Human Resources department and a working group had been established to address this. In addition, work was underway with Health Education England to encourage students and existing health professionals to consider alternative roles in the health service. He further referred to the recent Staff Survey that had improved significantly since previously reported to the Committee, and the intention was to build upon this to support staff retention. The Associate Medical Director, Greater Manchester Mental Health NHS Foundation Trust stated that five Consultants had recently been recruited and there were a range of initiatives to support retention of staff.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust informed the Members that the Home Based Treatment Teams would make referrals to the crisis beds. He stated that the Home Based Treatment Teams were important as they prevented hospital admissions and supported people to leave acute settings in a managed way with the appropriate planning and support. He advised that people could self refer to the Crisis Cafes, noting that there was one in Harpurhey and another in the city centre, adding that these were staffed by VCSE groups and a Mental Health Practitioner.

In response to a question regarding managing demand he reiterated that delivery of both the NHS Long Term Plan and Living Well models of care across all GMMH localities was key to managing demand. He further advised that a business case had been prepared to support the Primary Care Network, again adding that this partnership approach was key to managing demand. In response to comments from the Chair he stated that Trauma Informed Practice was embedded in the Living Well models of care and was also included in staff training.

The Executive Member for Healthy Manchester and Adult Social Care noted that the report and answers provided had been honest and open and had contributed to a constructive conversation with the Committee. He made reference to the point raised by the need for a partnership approach and made reference to the support offered by Manchester City Council following the CQC inspection.

The Committee requested that, following the meeting, information be circulated that described the referral system to Crisis Cafes and analysis by ward and ethnicity of those accessing the service; information in relation to the cultural diversity training

provided to the Home Based Treatment Teams; that the Community Mental Health Team resilience plan agreed in September 2022 in response to the CQC inspection be shared; the terms of reference for the Clinical Risk Assessment workshop and any outcomes be shared; the terms of reference of the task and finish group that had been established to progress further areas identified for improvement in telephony systems and processes within Manchester be shared, and information on the recruitment and role of admiral nurses be provided.

Decisions

1. The Committee support the call for an appropriate urgent care “Green Room” to be initiated at the Manchester Royal Infirmary site as a priority.
2. The Committee recommend that the additional supplementary information requested at the meeting is provided to the Scrutiny Support Officer so this can be circulated to all Members of the Committee.

HSC/22/36 Adverse Childhood Experiences & Trauma Informed Practice

The Committee considered the report of the Director of Public Health that updated the Members to the report considered at the meeting of the Committee on 21 July 2021 on Adverse Childhood Experiences (ACEs) and Trauma Informed Practice. The report covered the wide range of activities to deliver the stated ambition of Manchester being an ACE aware, trauma informed and trauma responsive City.

Key points and themes in the report included:

- Providing an introduction and background;
- An update on progress and initiatives across a range of settings;
- Case studies;
- Responses to the strategy consultation; and
- Next steps.

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

- Welcoming the progress reported, noting the importance and value of Trauma Informed Practice;
- Noting that the report was very accessible and well presented;
- What more could the Council do to support this programme;
- Those Members who had undertaken the training spoke positively of their experience and the benefits realised as a result;
- How could Members support the establishment of Community Hubs in their respective wards;
- The need to represent the diversity of all Manchester residents in the strategy refresh consultation; especially BAME communities;
- The Children and Young People Scrutiny Committee should consider an item on Adverse Childhood Experiences & Trauma Informed Practice and Education;
- All Councillors should undertake the ACE Training;
- How would progress and outcomes of the programme be measured and reported;

- Training should be delivered as widely as possible; and
- A break down by ward and ethnicity of the training delivered to date was requested.

The Programme Lead responded by saying that Members could support the programme by keeping this subject on their agenda, keep talking about the programme and continue the conversations on the subject. He advised that they were keen to increase the number of Community Hubs and would pick up the offer of support from the Member outside of the meeting, adding that the intention was to have one in each neighbourhood. In terms of groups to be included in the consultation exercise again he would speak with the Member outside of the meeting.

The Programme Lead advised that they did engage with the Healthy Schools Programme and this activity was regularly reported to the Children and Young People Scrutiny Committee. He commented that the programme had been well received in Primary Schools settings; however, he acknowledged the challenges and pressures experienced in Secondary School settings.

In terms of measuring the impact of the work, both quantitative and qualitative, the Programme Lead advised that resource has been acquired from the City Council research team to support this and an outcomes framework was being developed. He added that Liverpool John Moores University were also assisting with the agreeing of the metrics for this purpose. The Director of Public Health added that outcomes would also be captured in the Build Back Fairer reports that were considered by the Committee.

The Committee then heard from Dr Lucie Donlan, GP partner, West Gorton Medical Centre and Juanita Margerison, Director, the Resonance Centre who both spoke of how they used Trauma Informed Practice in their respective settings and the many benefits that this achieved for residents.

The Committee then heard from Councillor Doswell, Trauma Informed Lead Member who described her personal experience of ACE and the importance of Trauma Informed Practice. She described the actions she had taken since being recently appointed as Lead Member, including attending workshops and reading extensively on this subject area. She stated that she would be calling for all Council Youth and Play commissioned services to be trained in Adverse Childhood Experiences & Trauma Informed Practice, all Neighbourhood Teams staff to be fully trained and she supported the call for all Councillors to be fully trained. She concluded by paying tribute to all staff working on this important programme.

The Executive Member for Healthy Manchester and Adult Social Care supported the call for all Councillors to undertake the Adverse Childhood Experiences & Trauma Informed Practice training. He further thanked the Committee for championing this programme.

Decision

Recommend that the Adverse Childhood Experiences & Trauma Informed Practice training is mandatory for all Councillors.

SC/22/37

Better Outcomes Better Lives

The Committee considered the report of the Executive Director of Adult Social Services that provided an update on progress and the impact of the programme since November 2021, when the Committee last had an update.

Key points and themes in the report included:

- Providing an introduction and background to the programme;
- Examples of the impact of this programme, including feedback from people it was working with and staff;
- Noting that the impact of the work delivered had been shortlisted for an LCG award in recognition of the innovation in health and social care;
- How the independence of our people through improving the social work practice was being achieved, including case studies;
- Information on Community Practice, the weekly meetings that provided space for front line teams to come together, learn and reflect on their experiences of working in a strengths-based way;
- Describing the My VIEWS engagement tool to support front line staff;
- Information in relation to Strengths Based, Focused Reviews, designed to support review conversations to focus on independence and choice;
- The approach to improving our short-term offer;
- Better use of Technology Enabled Care;
- Improvements to reablement;
- An update on the testing of small scale pilots;
- Improving how and what was commissioned, including how the Commissioning Plan would set out how the approach to commissioning would support integration between health and social care services in the coming year;
- The approach to improving the use of data, noting this was a priority in Better Outcomes, Better Lives and this supports the understanding of the impact both in terms of the programme and as a service;
- Early help;
- Information on the Equality Impact Assessment of the programme; and
- Conclusions.

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

- An update on the Adaptations service was requested;
- Would there be specific commissioned services for autistic women;
- Any future update report should include the voice of the Citizen Commissioning Committee, with representatives invited to contribute to the meeting;
- Welcoming the approach to commissioning;
- Welcoming the front line workers who had attended the meeting to provide examples of this work in practice; and
- What work was being done to support front line workers in the context of the Cost of Living Crisis.

The Committee then heard from front line staff who had been invited to speak of their experience of delivering services and the methods of working using this improved delivery model. They spoke of the benefits and improved outcomes for residents and the satisfaction from a professional perspective. The Committee welcomed the voice of the practitioner at the meeting.

The Executive Director of Adult Social Services opened her response by placing on record her continued appreciation to all her staff delivering services on behalf of Manchester residents. She stated that despite the challenges presented by COVID, the adult social care transformation programme had been launched successfully and that had resulted in improved outcomes for residents and better working practices for staff, making further reference to the shortlisting for an LCG award and the positive feedback from the staff satisfaction survey.

The Executive Director of Adult Social Services commented that the adaptations service had experienced challenges as a result of COVID and the recruitment of Occupational Therapists; however, work was underway to address these and she proposed an update report to that which was considered at the 22 June 2022 meeting be provided to the Committee for consideration at an appropriate time.

The Executive Director of Adult Social Services acknowledged the concerns expressed by the Committee regarding the impact of the Cost of Living Crisis on front line workers. She stated Management Teams were discussing this and how this could be mitigated, supplemented by regular supervision and communication with all staff.

The Head of Commissioning advised the Committee that the Autism service would be an inclusive service and the business case that had been used to secure the funding for this would be circulated for information.

The Executive Member for Healthy Manchester and Adult Social Care reiterated the importance of the staff delivering Adult Social Care and paid tribute to the positive relationships and culture that had been developed by the Executive Director of Adult Social Services within the Directorate. He further highlighted the positive impact the programme was achieving for Manchester residents, with particular reference to sections 3.1, 4.1, 5.7 and 6.3 of the report.

Decision

To note the report.

HSC/22/38 Overview Report

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

Decision

The Committee notes the report and agrees the work programme.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 12 October 2022

Subject: The impact of the recent heatwave, both in terms of physical and mental health and resilience building across the system

Report of: Director of Public Health

Summary

Health and climate change are intricately connected and it is clear that the effects of climate change, such as heatwaves, flooding, poor air quality and impact on food will directly negatively impact health. We are already seeing the impacts of climate change in Manchester's population, and it is predicted that these impacts will worsen over time.

Climate projections suggest that Manchester will face warmer summers in the future and associated with this there is an increased likelihood that we will face very intense heatwaves. As the recent heatwave demonstrated, high temperatures are a dangerous threat to health and wellbeing and reduce economic productivity and as such tackling this risk needs to be one of the highest priorities for an effective response to climate change.

The purpose of this report is to provide an overview of the impact that heatwaves will have on the city and details the activity underway to adapt to a changing climate and reduce the health impacts of future heatwaves in the city.

Recommendations

The Committee is recommended to:

1. Note the content of the report and in particular the detailed impact on heatwaves on health; and
 2. Consider how the content of this report could inform the future work planning of the Health Scrutiny Committee.
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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

Climate change and health and are intricately connected. Evidence demonstrates that the effects of climate change such as extreme weather events, air quality and food will directly negatively impact health. We are already seeing the impacts of climate change in Manchester's population, and it is predicted that these impacts will worsen over time.
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Undertaking action to both reduce carbon emissions and adapt to the impacts of climate change is essential both for the immediate future and for the longer-term. In addition, the city may be impacted by longer-term international events such as waves of new migration resulting from people being forced to move from areas most prone to climate change impacts.

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

This report is for information.

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

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Background documents (available for public inspection):

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

Health Scrutiny, 6th February 2022: [An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester](#)

[Manchester Climate Change Framework: 2022 Update](#)

[Manchester Climate Risk: A framework for understanding hazards & vulnerabilities](#)

Government Guidance, 28 July 2022: [Supporting vulnerable people before and during a heatwave: for health and social care professionals](#)

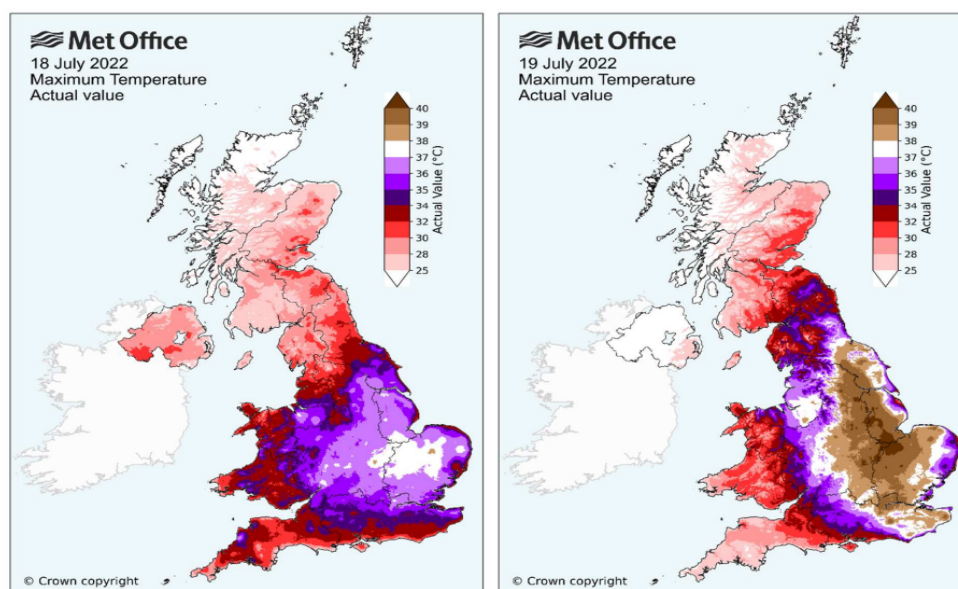
1.0 Introduction

- 1.1 There is a growing body of evidence that demonstrates that climate change is one of the biggest public health threats and challenges we face. The World Health Organisation (WHO) recognises that the climate crisis is upon us and that the consequences of this for our health are real and often devastating.
- 1.2 The Paris Agreement is a legally binding international treaty on climate change adopted by 196 Parties at COP21 (Conference of the Parties) in Paris in 2015. Its goal is to limit global warming to well below 2, preferably to 1.5 degrees Celsius (°C), compared to pre-industrial levels. However, current climate policies would not deliver close to these targets and consequently the world is currently on track to an expected temperature rise of approximately 2.7°C. Even at 1.5°C warming essential systems will be affected, such as housing, transport, healthcare, food and water supplies, with more significant effects on already vulnerable communities.
- 1.3 In July 2019, Manchester City Council declared a Climate Emergency which recognised the need for the Council, and the city as a whole, to do more to reduce carbon dioxide (CO₂) emissions and mitigate the negative impacts of climate change. The Council had already adopted a science-based carbon budget for Manchester of 15 million tonnes of CO₂ between 2018 and 2100 following analysis by the Tyndall Centre for Climate Change Research. This also committed the city to become zero-carbon by 2038 at the latest.
- 1.4 A recent report produced by the Committee on Climate Change (CCC) stated that recent heatwaves have demonstrated, high temperatures are a dangerous threat to health and wellbeing and reduce economic productivity. It states that tackling this risk is one of the highest priorities for an effective response to climate change in the UK.
- 1.5 Key points raised by the CCC were:
 - Impacts from periods of high temperature are already being felt in the UK today.
 - Increasingly hot summers could lead to a trebling of health and productivity impacts without additional adaptation.
 - There are multiple effective strategies to help limit the health, wellbeing and productivity impacts of overheating which can be implemented today.
 - Government has a critical role in encouraging proactive adaptation to limit overheating health and wellbeing impacts.

2.0 Background

- 2.1 The UK experienced a brief but unprecedented extreme heatwave from 16 to 19 July 2022, as hot air moved north from the near continent. During this period, the temperature records of many long-running stations were exceeded by wide margins and regional maximum temperature records were also set across all UK climate districts (except western and northern Scotland), again for many by wide margins.

- 2.2 At this time, the Met Office issued its first red warning for extreme heat since the Extreme Heat National Weather Warning Service was introduced in June 2021. The UK Health Security Agency and Met Office also issued a level 4 alert for the first time since the heatwave plan was introduced for England in 2004, resulting in the government declaring a national emergency. A red warning means adverse health effects are expected not just to those most vulnerable.



Maximum temperatures experiences in July 2022

- 2.3 Nationally the heat brought challenging conditions for the NHS with a spike in 999 calls, and care services supporting the elderly and vulnerable were put under increased stress, with a likely increase in heat related deaths. Many schools remained open but ran a shorter day in parts of the country. There were several fatalities associated with open water swimming. Several fire services declared major incidents after multiple fires broke out. There were some problems with power cuts in parts of Yorkshire, Lincolnshire and the North East. In some areas gritters spread sand on some roads after surfaces began to melt.
- 2.4 The purpose of this report is to outline the general health impacts that heatwaves will have on residents in Manchester. At this time there is not data available to be able to provide a detailed description of the impact of the most recent heatwave on residents. The Office for National Statistics (ONS) and UK Health Security Agency (UKHSA) will shortly be publishing some joint analysis of deaths during heat-periods in 2022 and we will explore the feasibility of adopting the methodological approaches used in this analysis to understand better the impact of heat-periods on excess mortality and heat-related mortality in Manchester.
- 2.5 The report also outlines actions that are being undertaken to better prepare and reduce the impact of future heatwave events.

3.0 The Impact of Heat on Health

3.1 The body normally cools itself in four ways:

- Radiation in the form of infrared rays
- Convection via water or air crossing the skin
- Conduction via a cooler object being in contact with the skin
- Evaporation of sweat

3.2 When the ambient temperature is higher than skin temperature, the only effective heat-loss mechanism is sweating. Therefore, any factor that reduces the effectiveness of sweating such as dehydration, lack of breeze, tight-fitting clothes or certain medications can cause the body to overheat. In addition to this, thermoregulation, can be impaired in the elderly and the chronically ill, and potentially in those taking certain medications, rendering the body more vulnerable to overheating. Young children produce more metabolic heat, have a decreased ability to sweat and have core temperatures that rise faster during dehydration. Older people appear to be more vulnerable to heat possibly due to having fewer sweat glands, but also because of living alone and at risk of social isolation.

3.3 The main causes of illness and death during a heatwave are respiratory and cardiovascular diseases. A clear relationship between temperature and mortality was observed in England in summer 2006, with an estimated 75 extra deaths per week for each degree of increase in temperature. Part of this rise in mortality may be attributable to air pollution, which makes respiratory symptoms worse. The other main contributor is the effect of heat on the cardiovascular system. To keep cool, large quantities of extra blood are circulated to the skin. This causes strain on the heart, which for elderly people and those with chronic health problems can be enough to precipitate a cardiac event.

3.4 In addition to this, there are specific heat-related illnesses including:

- Heat cramps caused by dehydration and loss of electrolytes, often following exercise
- Heat rash (small, red, itchy papules)
- Heat oedema (swelling of the hands and legs) due to vasodilatation and retention of fluid
- Heat syncope (dizziness and fainting) due to dehydration, vasodilatation, cardiovascular disease and certain medications
- Heat exhaustion because of water or sodium depletion, with non-specific features of malaise, vomiting and circulatory collapse. This is present when the body temperature is between 37°C and 40°C. Left untreated, heat exhaustion may evolve into heatstroke
- Heatstroke can become a point of no return whereby the body's thermoregulation mechanism fails. This leads to a medical emergency, with symptoms of:
 - confusion
 - disorientation

- convulsions
- unconsciousness
- hot dry skin, and
- core body temperature exceeding 40°C for between 45 minutes and 8 hours, which can result in cell death, organ failure, brain damage or death.

4.0 Who is at risk?

4.1 Evidence shows that there is a clear and strong link between climate vulnerability and health inequality. Whilst this is evident in the impact that we are seeing in the city today, future vulnerabilities and inequalities are predicted to be much worse having a potentially devastating impact on the lives of our communities

4.2 There are certain factors that increase an individual's risk during a heatwave. These include:

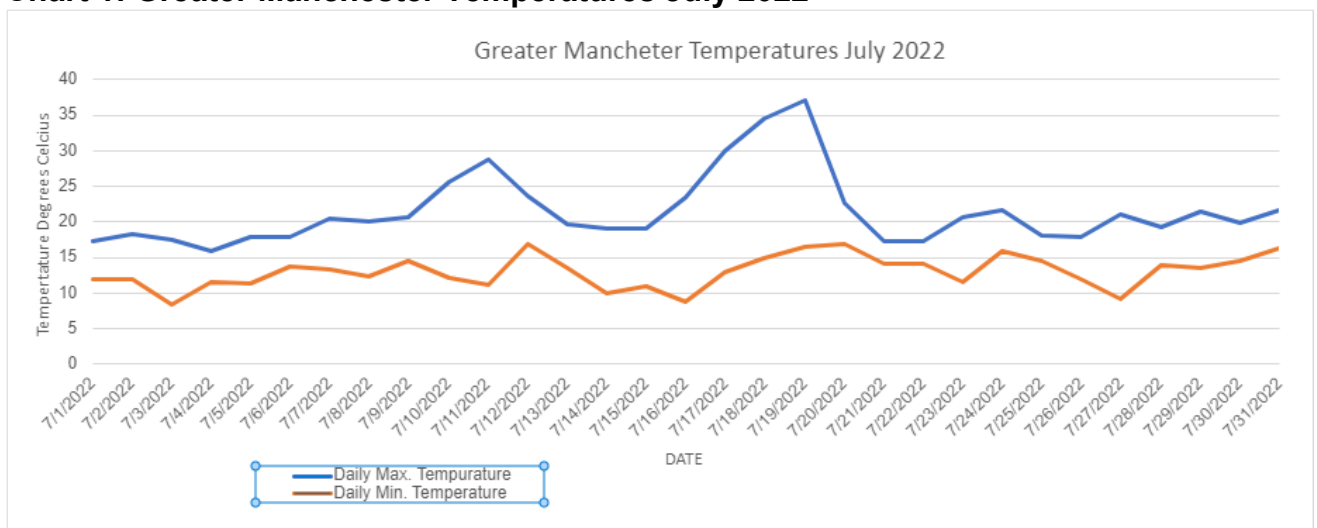
- **Older age:** especially those over 75 years old, or those living on their own and who are socially isolated, or in a care home
- People with **long-term and severe illness**, including the following conditions:
 - respiratory disease
 - cardiovascular and cerebrovascular conditions
 - peripheral vascular disease
 - diabetes and obesity
 - severe mental illness
 - renal insufficiency
- **People on medications** that control electrolyte balance or cardiac function: medicines that potentially affect thermoregulation and the ability to sweat or maintain electrolyte balance can make a person more vulnerable to the effects of heat.
- **Inability to adapt behaviour to keep cool:** having Alzheimer's or related diseases, Parkinson's disease and difficulties with mobility, a disability, being bed bound, too much alcohol, babies and the very young
- **Environmental factors and overexposure:** living in a top floor flat, being homeless, activities or jobs that are in hot places or outdoors and include high levels of physical exertion

4.3 During severe hot weather, there is a risk of development of heat exhaustion, heatstroke and other heat-related illnesses including respiratory and heart problems. In a moderate heatwave, it is mainly the above high-risk groups that are affected. However, during an extreme heatwave, fit and healthy people can also be affected.

5.0 Manchester Context

- 5.1 Climate projections suggest that Manchester will face warmer summers in the future. Associated with this there is an increased likelihood that we will face very intense heatwaves. This could be a particular problem in the city centre where buildings (particularly high-rise apartments) retain their heat overnight and could cause an increased frequency and intensity of convectional rainfall, which in turn can cause issue with flooding. Manchester is also at risk of reduced air quality due to an increase in moorland fires in the surrounding areas.
- 5.2 In General heatwaves can have a significant impact on health causing an increased death rate for the elderly, very young and those with underlying health conditions. However, in very intense heatwaves (such as that experience in July 2022) it is not just those who are the most vulnerable who will suffer the negative impacts but the general population more widely. Thermal comfort will be negatively impacted producing consequences for people’s ability to rest and sleep impacting health and productivity. There is an increased likelihood of moorland fires beyond the city with implications for air quality and residents' health.
- 5.3 Climate change predictions in the UK by 2050 are as follows:
- Hotter, drier summers with +5.6°C summer mean daily maximum temperature
 - Warmer wetter winters with +28% winter mean precipitation
 - More frequent and intense weather extremes
- 5.4 In July 2022 the UK saw unprecedented temperatures during a two-day heatwave. Data from the Met Office for Greater Manchester show that the highest recorded day time temperature was 37.2 on 19th July. Temperatures were also extremely high on 18th July 2022 at 34.5. On the 18th, 19th and 20th July night-time highest temperatures were 15, 16.5 and 17 respectively (Appendix 1).

Chart 1: Greater Manchester Temperatures July 2022



Source: Met Office

5.5 The table below shows the maximum daily temperature in Greater Manchester. Before the 2022 heatwave the most recent high daily temperatures were experienced in July 2019.

Table 1: Greater Manchester Highest Daily Maximum Temperatures

Date	Daily Max. Temp (°C)
7/19/2022	37.2
7/18/2022	34.5
7/25/2019	33.9
8/2/1990	33.7
8/3/1990	33.4
7/3/1976	32.2
8/3/1990	32.1
7/31/2020	32
8/2/1990	32

Source: Met Office

5.6 The table below shows long term summer temperature averages and demonstrates an increase in temperatures experience in Manchester overtime.

Table 2: Annual Summer Long Term Averages

GREATER MANCHESTER SUMMER LONG TERM AVERAGES				
30 YEAR LTA	1961-1990	1971-2000	1981-2010	1991-2020
Average Maximum temperature (°C)	18.6	19.0	19.3	19.5
Average Minimum temperature (°C)	10.9	11.1	11.4	11.6
Average temperature (°C)	14.7	15.0	15.3	15.5 The NHS prepares and plans for the impact of heatwaves on health, as effective action will reduce the associated health impacts on the population. During the heatwave in July 2022, there was no

				<p>increase in A&E attendances or emergency admissions, potentially due to the relatively short duration of the heatwave, combined with adherence to public health advice. Work needs to be undertaken to develop a more sophisticated set of indicators to monitor the health impacts of future heatwaves, as they become longer, more frequent and more intense as a result of climate change.</p>
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Source: Met Office

- 5.7 The NHS prepares and plans for the impact of heatwaves on health, as effective action will reduce the associated health impacts on the population. During the heatwave in July 2022, there was no increase in A&E attendances or emergency admissions, potentially due to the relatively short duration of the heatwave, combined with adherence to public health advice. In primary care there was definitely a spike in demand between 16th – 19th July and an increase in activity when compared to the same period in 2021 and 2022 (Appendix 2). However, due to the small numbers, it is difficult to attribute this to the heatwave.
- 5.8 The Public Health Team worked closely with UK Health Security Agency colleagues and local partners to prepare and respond to the heatwave. The response was successful and services across health and social care were able to provide as close to business as usual as possible. There were regularly scheduled messages to staff on measures to keep patients and residents safe, particularly the most vulnerable. There was amplification of

national messaging, particularly in relation to hydration, sun screen and the importance of essential travel only. Residents in the city took self-management advice, following easy read local messaging and checked on vulnerable family, friends and neighbours.

- 5.9 Due to a variety of confounding factors local data, such as hospital attendees, admission and mortality, is unable to demonstrate a measurable impact of the heatwave on health of Manchester residents. In addition to this, many deaths that occurred during July 2022 are still awaiting a death certificate and are therefore not yet included in mortality data.
- 5.10 Work needs to be undertaken to develop a more sophisticated set of indicators to monitor the health impacts of future heatwaves, as they become longer, more frequent and more intense as a result of climate change.

6.0 Activity in Manchester to reduce the impact of future heatwaves

6.1 Met Office Heat Service

6.1.1 Manchester City Council and the Manchester Climate Change Agency are working closely with the Met office on two projects.

6.1.2 The first is the production of a **City Heat Pack** which are high level, non-technical local summaries of city future climate. The city pack contains graphs and tables designed to communicate scientific research in an accessible way. This information can support the city decision makers to plan for the future to enable Manchester to become more resilient to climate change. A copy of the city pack for Manchester can be found here [SPF City Pack editable template \(metoffice.gov.uk\)](https://www.metoffice.gov.uk/city-heat-packs/Manchester).

Met Office MANCHESTER CLIMATE PACK

INTRODUCTION

This City Pack provides high level, non-technical summaries of climate change projections for an individual city or town. It uses scientific research to provide robust climate information to help decision makers plan for the future, enabling cities and towns to become more resilient to climate change.

Urban areas experience unique challenges from climate change. For example, urban environments contain surfaces which don't soak up and store rainfall, such as tarmac and paving, which might increase flood risk. Urban areas are also affected by the urban heat island effect, which results in higher urban temperatures compared with surrounding rural areas.

WHAT AFFECTS THE REGION'S WEATHER?

Manchester is located within the 'North West' region of the UK, which includes Cheshire, Merseyside, Greater Manchester, Lancashire and Cumbria. Here are some of the types of weather that the region experiences across a year:

- Topography and Altitude:** The range of topography and altitude in North West England provides a varied climate, which includes both the coldest (Cross Fell) and wettest (Lakeland fells) locations in England. In low-lying areas where most urban areas are found, mean annual temperatures are around 10°C.
- Sunshine Hours:** Sunshine hours in North West England range from around 1200 hours in the higher Pennines to around 1500 hours at the coast, with values up to 1550 reached on the Isle of Man.
- Wetter Conditions:** North West England includes some of the wettest places in the UK, although this is localised to upland areas which are exposed to westerly maritime air masses. Areas in the lee of these uplands receive significantly less rainfall, including the large urban areas of Manchester, which receive around 800 mm per year.
- Strong Winds:** North West England is one of the more exposed parts of the UK and may experience strong winds associated with the passage of deep lows. The frequency and strength of these depressions is greatest in the winter half of the year, with the strongest winds coming in off the Irish Sea from the SW to WNW.

HOW HAS THE CITY'S CLIMATE CHANGED?

The stripes show how temperatures in Manchester have increased from 1884-2020, with many of the hottest years occurring in the last few decades.

Temperature Difference (°C)
Data: HadUK-Grid
Concept: Ed Hawkins

Page 1 of 7

City Heat Pack for Manchester

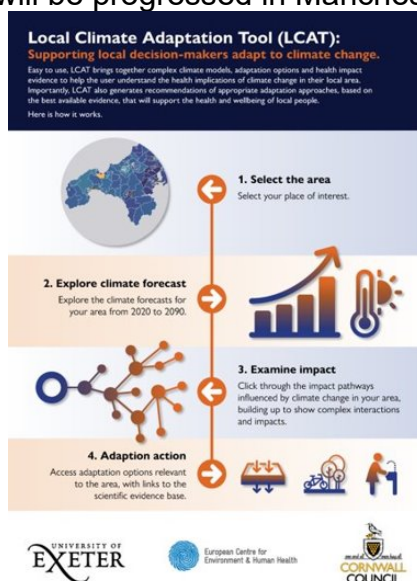
6.1.3 The second is a **Heat Vulnerability Index for Manchester** which will look at risk to heat across the city for both people and systems. This interactive tool will provide areas (Middle Super Output Areas / wards) with vulnerability scores based on hazard exposure, sensitivity and adaptability. The tool will be web based and interactive showing varying projections over time to both inform policy and decision making. The Met Office have funding to develop this tool for Manchester and work should be complete at the end of the calendar year.

6.2 Local Climate Adaptation Tool (LCAT)

6.2.1 The Local Climate Adaptation Tool (LCAT) is a partnership lead by the A partnership between the European Centre for Environment and Human Health at the University of Exeter. It brings together complex climate models, adaptation options and health impact evidence to help the user understand the health implications of climate change in their local area. Importantly, LCAT also generates recommendations of appropriate adaptation approaches, based on the best available evidence that will support the health and wellbeing of local people.

6.2.2 LCAT allows the user to select a local area of interest (starting with areas across Cornwall as a case study) and see the predicted climate for this area over the coming decades. It combines these predictions with evidence on the health impacts of climate change from the scientific literature to support local organisations to plan their adaptation strategies and enable the best possible health and well-being outcomes for local people. For example, planning cycle paths with shade for hotter summer months and protection from stronger cross winds in the winter, ensuring people can continue to gain the health and wellbeing benefits of cycling in a changing climate.

6.2.3 LCAT prototype has been developed for Cornwall Council however there is now funding available to expand the model to different local authority areas and this work will be progressed in Manchester.



LCAT Tool

6.3 Making Manchester Fairer Action Plan

6.3.1 Climate change is a key theme and action within the Making Manchester Fairer Action Plan and as such it contains specific actions that will be carried out to reduce the health impact on climate change to the city. Those specifically related to heat include:

- The production of a **Heatwave Plan for Manchester** including a hot weather warning system to help communicate the effects of heatwaves and what residents can do to reduce them.
- Working with partners to build evidence of the **impact good green space has on Manchester residents' health**, so we can prioritise provision of new or improved green space based on vulnerability to climate change and health inequalities. We will also research how people from different races, cultures and religions access and use green space and how this impacts their health.
- **Mapping risk and vulnerability to climate change and health inequalities**, at both an individual and area level, to better understand their distribution and demonstrate the impact of climate change on health in Manchester.

6.4 Manchester Climate Change Framework Health and Wellbeing Actions

6.4.1 Recognising the direct impact that climate change will have on the health of Manchester's residents the recently updated Manchester Climate Change Framework contains a chapter on health and wellbeing, identifies the health co-benefits of all actions within the framework and outlines specific actions that the city will undertake. These are:

- The city's health sector to work collaboratively to carry out a **vulnerability assessment that maps at hyperlocal level where climate change will exacerbate health inequality** so that action can be prioritised and targeted.
- Manchester Climate Change Agency to work with the Health and Wellbeing Advisory Group to develop **city-scale indicators to track and report the impacts of climate change on health inequalities**.
- Manchester City Council to **incorporate health equity and climate action into its policies and strategies** in a consistent and transparent manner and implement methods to measure their impact.
- **The Making Manchester Fairer Taskforce** to lead implementation of the city's action plan.
- Manchester Climate Change Partnership (MCCP) to support partners across Manchester to **share knowledge and action on decarbonisation and adaptation of the health sector**.
- Health sector partners to maximise uptake of Carbon Literacy courses and toolkits co-produced with the NHS to support climate mitigation and adaptation activities, in line with **Greener NHS and Delivering a Net Zero Health Service**.

- MCCP's **Health and Wellbeing Advisory Group to expand this list of recommended actions** to encompass collaborative action across Greater Manchester and a clear set of asks of national government
- Explore the development of a **predictive heat-related risk score at individual patient level** to support more targeted alert systems and messaging at times of very intense heat.

7.0 Recommendations

The Committee is recommended to:

1. Note the content of the report and in particular the detailed impact on heatwaves on health; and
2. Consider how the content of this report could inform the future work planning of the Health Scrutiny Committee.

Appendix 1: Met Office Data for Daily Maximum and Minimum Daily Temperatures in July 2020

DATE	DAILY MAX	DAILY MIN
1 July 2022	17.3	11.9
2 July 2022	18.2	11.9
3 July 2022	17.5	8.3
4 July 2022	15.9	11.5
5 July 2022	17.8	11.3
6 July 2022	17.8	13.8
7 July 2022	20.5	13.3
8 July 2022	20.1	12.4
9 July 2022	20.7	14.6
10 July 2022	25.6	12.2
11 July 2022	28.7	11.1
12 July 2022	23.7	16.9
13 July 2022	19.6	13.6
14 July 2022	19	10
15 July 2022	19	10.9
16 July 2022	23.4	8.7
17 July 2022	29.9	12.9
18 July 2022	34.5	15
19 July 2022	37.2	16.5
20 July 2022	22.6	17
21 July 2022	17.4	14.2
22 July 2022	17.4	14.2
23 July 2022	20.6	11.5
24 July 2022	21.7	15.9
25 July 2022	18	14.6
26 July 2022	17.8	12
27 July 2022	21	9.1
28 July 2022	19.3	13.9
29 July 2022	21.5	13.5
30 July 2022	19.9	14.5
31 July 2022	21.6	16.4

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CHWIC Comparison

Year Comparison										
Month Name	July			Month Name	July			Month Name	July	
Sum of Appointments		Year	Increase/ Decrease % 2022 vs 2021	Sum of Appointments		Year	Increase/ Decrease % 2022 vs 2020	Sum of Appointments		Year
Day	Day Name	2022		Day	Day Name	2021		Day	Day Name	2020
16	Saturday	105	26.5%	17	Saturday	83	56.7%	18	Saturday	67
17	Sunday	48	-4.0%	18	Sunday	50	14.3%	19	Sunday	42
18	Monday	63	-46.2%	19	Monday	117	-8.7%	20	Monday	69
19	Tuesday	80	-13.0%	20	Tuesday	92	60.0%	21	Tuesday	50
	Total	296	-13.5%		Total	342	29.8%		Total	228
Week Comparison										
Month Name	July			Month Name	July			Month Name	July	
Sum of Appointments		Year	Increase/ Decrease % on previous week	Sum of Appointments		Year	Increase/ Decrease % on following week	Sum of Appointments		Year
Day	Day Name	2022		Day	Day Name	2022		Day	Day Name	2022
16	Saturday	105	28.0%	9	Saturday	82	23.5%	23	Saturday	85
17	Sunday	48	-23.8%	10	Sunday	63	-22.6%	24	Sunday	62
18	Monday	63	-35.1%	11	Monday	97	-41.1%	25	Monday	107
19	Tuesday	80	-28.6%	12	Tuesday	112	-4.8%	26	Tuesday	84
	Total	296	-16.4%		Total	354	-12.4%		Total	338

OOH Comparison

Year Comparison										
Month Name	July			Month Name	July			Month Name	July	
Sum of Appointments		Year	Increase/ Decrease % 2022 v 2021	Sum of Appointments		Year	Increase/ Decrease % 2022 vs 2020	Sum of Appointments		Year
Day	Day Name	2022		Day	Day Name	2021		Day	Day Name	2020
	16 Saturday	233	-0.9%		17 Saturday	235	-2.9%		18 Saturday	240
	17 Sunday	178	-9.6%		18 Sunday	197	-10.1%		19 Sunday	198
	18 Monday	90	7.1%		19 Monday	84	-6.3%		20 Monday	96
	19 Tuesday	83	-23.9%		20 Tuesday	109	-5.7%		21 Tuesday	88
	Total	584	-6.6%		Total	625	-6.1%		Total	622
Week comparison										
Month Name	July			Month Name	July			Month Name	July	
Sum of Appointments		Year	Increase/ Decrease % on previous week	Sum of Appointments		Year	Increase/ Decrease % on following week	Sum of Appointments		Year
Day	Day Name	2022		Day	Day Name	2022		Day	Day Name	2022
	16 Saturday	233	12.0%		9 Saturday	208	2.6%		23 Saturday	227
	17 Sunday	178	12.7%		10 Sunday	158	-11.4%		24 Sunday	201
	18 Monday	90	4.7%		11 Monday	86	36.4%		25 Monday	66
	19 Tuesday	83	33.9%		12 Tuesday	62	1.2%		26 Tuesday	82
	Total	584	13.6%		Total	514	1.4%		Total	576

NHS111 Calls

Year Comparison										
Month Name	July			Month Name	July			Month Name	July	
Sum of Calls		Year	Increase/ Decrease % 2022 v 2021	Sum of Calls		Year	Increase/ Decrease % 2022 vs 2020	Sum of Calls		Year
Day	Day Name	2022		Day	Day Name	2021		Day	Day Name	2020
	16 Saturday	361	-2.7%		17 Saturday	371	-14.0%		18 Saturday	420
	17 Sunday	323	0.3%		18 Sunday	322	-10.5%		19 Sunday	361
	18 Monday	311	9.5%		19 Monday	284	-10.4%		20 Monday	347
	19 Tuesday	289	2.1%		20 Tuesday	283	7.0%		21 Tuesday	270
	Total	1284	1.9%		Total	1260	-8.2%		Total	1398
Week Comparison										
Month Name	July			Month Name	July			Month Name	July	
Sum of Calls		Year	Increase/ Decrease % on previous week	Sum of Calls		Year	Increase/ Decrease % on following week	Sum of Calls		Year
Day	Day Name	2022		Day	Day Name	2022		Day	Day Name	2022
	16 Saturday	361	13.2%		9 Saturday	319	-7.9%		23 Saturday	392
	17 Sunday	323	17.0%		10 Sunday	276	-8.0%		24 Sunday	351
	18 Monday	311	-4.0%		11 Monday	324	-6.9%		25 Monday	334
	19 Tuesday	289	-1.7%		12 Tuesday	294	-1.0%		26 Tuesday	292
	Total	1284	5.9%		Total	1213	-6.2%		Total	1369

GP Appointments

Year Comparison										
Calendar Name	July			Calendar Name	July			Calendar Name	July	
Sum of Appointments		Calendar Year	Increase/Decrease % 2022 v 2021	Sum of Appointments		Calendar Year	Increase/Decrease % 2022 vs 2020	Sum of Appointments		Calendar Year
Calendar Day	Day Name	2022		Calendar Day	Day Name	2021		Calendar Day	Day Name	2020
16	Saturday	506	116.2%	17	Saturday	234	124.9%	18	Saturday	225
17	Sunday	160	66.7%	18	Sunday	96	128.6%	19	Sunday	70
18	Monday	13791	12.8%	19	Monday	12225	39.3%	20	Monday	9900
19	Tuesday	12638	14.8%	20	Tuesday	11011	30.5%	21	Tuesday	9681
	Total	27095	15.0%		Total	23566	36.3%		Total	19876
Week comparison										
Calendar Name	July			Calendar Name	July			Calendar Name	July	
Sum of Appointments		Calendar Year	Increase/Decrease % on previous week	Sum of Appointments		Calendar Year	Increase/Decrease % on following week	Sum of Appointments		Calendar Year
Calendar Day	Day Name	2022		Calendar Day	Day Name	2022		Calendar Day	Day Name	2022
16	Saturday	506	31.8%	9	Saturday	384	36.4%	23	Saturday	371
17	Sunday	160	8.1%	10	Sunday	148	-3.6%	24	Sunday	166
18	Monday	13791	1.9%	11	Monday	13534	2.9%	25	Monday	13396
19	Tuesday	12638	-5.2%	12	Tuesday	13330	-5.5%	26	Tuesday	13368
	Total	27095	-1.1%		Total	27396	-0.8%		Total	27301

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 12 October 2022

Subject: Enabling Independence Accommodation Strategy (2022-2032)

Report of: Executive Director of Adult Social Services
Strategic Director Growth & Development
Strategic Lead for Commissioning, Children and Education
Strategic Lead for Homelessness

Summary

This report provides an update on the development of an Enabling Independence Accommodation Strategy for Manchester (2022-2032) – attached at Appendix 1. Its key aim is to improve housing with care and support options to meet people's needs and better enable their independence. It is a partnership strategy, developed between Adults, Children's, Homelessness, Strategic Housing & Manchester Housing Providers' Partnership (MHPP) providers. The product of extensive consultation, internally and externally with key stakeholders, it sets out 4 key objectives:

- 1: Work collaboratively to identify the need and demand for homes that will better enable independence.
- 2: Ensure better care and support at home.
- 3: Build the supported housing we need and improve pathways into it.
- 4: Improve "move on" from temporary supported housing into good quality independent accommodation.

Recommendations

The Committee is recommended to:

1. Consider and support the draft Enabling Independence Accommodation Strategy (2022-2032) and provide comments to inform the final version.
 2. Subject to comments, agree that the final version of the Enabling Independence Accommodation Strategy (2022-2032) be taken for consideration by the Executive in November 2022.
-

Wards Affected: All

<p>Environmental Impact Assessment – the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>
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<p>Emissions from Manchester are split almost evenly between transport, industrial & commercial uses, and housing & buildings. Therefore, making better use of existing supported housing by remodelling decommissioned schemes to meet</p>

identified need and increasing the new build supported housing provided by our MHPP partners who are committed to reducing the carbon footprint of new homes will help to make significant progress towards achieving the zero-carbon target for the city.

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

The housing disadvantages suffered by some individuals or groups were comprehensively evidenced in the Marmot Report 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives'. It has since been acknowledged that housing inequality in Manchester is directly related to the disadvantages suffered by some individuals or groups because of their characteristics.

The implementation of this strategy will inform our understanding of any inequality related to individuals and families requiring care, support and adaptations at home and also within supported accommodation because of their characteristics and address those inequalities.

Key to this will be strengthening the city's evidence base in relation to users, providers and properties within which care, and support is provided, to ensure that our partners build the right supported and move on accommodation in the right places to meet the needs of all user groups and individuals and provide required adaptations to people's homes.

The Enabling Independence Accommodation Strategy will work in conjunction with other strategies, including the Housing Strategy, and engage in the development of the new Local Plan to identify the needs of people from protected or disadvantaged groups where these are different from the needs of other people by increasing the supply of suitable accommodation.

An Equality Impact Assessment for the Enabling Independence Accommodation Strategy is in draft and will be finalised alongside the next steps for implementing the strategy.

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	The Enabling Independence Accommodation Strategy sets out our ambitions to ensure that the needs of people requiring care and support at home or within supported accommodation are met, so that they can retain or recover their independence and engage in the opportunities offered in the city.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Better understanding and meeting of the needs of people requiring care and support within their accommodation will provide a supportive environment where people can develop talents and skills at home or within a workplace.

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The Enabling Independence Accommodation Strategy sets out aims to meet the accommodation needs of our most vulnerable and at-risk residents, which will provide a home environment meeting their needs, within which their potential can be unlocked.
A liveable and low carbon city: a destination of choice to live, visit, work	This partnership Strategy will increase the provision of new and remodelled supported housing and increase adaptations to homes provided by our MHPP partners, who are committed to the use of low carbon construction methods. Working towards an increase in the number and percentage of wheelchair accessible properties built within new residential development will make the city more liveable for those with accessibility challenges at home.
A connected city: world class infrastructure and connectivity to drive growth	The promotion of supported housing residential development on sites close to public transport connections and other service infrastructure will help provide connectivity within the city for our most vulnerable and at-risk residents.

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue:

There are no direct revenue consequences to the Council arising from this report.

Financial Consequences – Capital

There are no direct capital consequences to the Council arising from this report.

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Background documents (available for public inspection)

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

- Manchester Housing Strategy 2022- 2032
- Better Outcomes, Better Lives Programme documentation
- Adults, Children's and Homelessness Commissioning Plans/Strategies
- Homelessness Strategy

1.0 Introduction

- 1.1 This report provides an update on the development of an Enabling Independence Accommodation Strategy for Manchester (2022 – 2032). A draft of the strategy is included in Appendix 1. The Committee is asked to comment on the draft Enabling Independence Accommodation Strategy and, subject to their comments, agree that the final version be taken for consideration by the Executive in November 2022.

2.0 Background & Context

- 2.1 For over a year, a group of commissioners from Strategic Housing, Adults, Children's and Homelessness plus representatives from MHPP supported housing providers, have met to consider developing a strategy to address challenges and issues related to providing appropriate accommodation for Manchester residents with care and support needs.
- 2.2 What began as a draft supported housing strategy developed into a wider Enabling Independence Accommodation (EIA) strategy, ensuring that whilst there continues to be a focus on ensuring there is the right supported housing the city, that consideration is also given to ensuring that we have put in place the right approach to preventing people from needing supported housing (through the right care and support at home and in the community. There is also a focus on identifying what people often need when they are ready to move out of supported housing - secure affordable accommodation to move on to and resettlement in neighbourhoods.
- 2.3 What also became clear to the group and was supported by consultation was the need for a more interlinked evidence base in relation to users, providers, properties and costs. Marrying together baseline user, property, provider and cost data – currently held in an array of different systems and locations - would provide a clearer picture around current provision and need and demand, to enable evidence-based value for money and “spend to save” solutions to be developed. This evidence base would also strengthen our bids for Greater Manchester and Government capital and revenue funding related to housing with care and support and be in accordance with the Government's National Statement of Expectations for Supported Housing guidance.
- 2.4 This strategy has been developed against a backdrop of reductions to local authority budgets, rising costs following Brexit and the pandemic, the increasing cost of living crisis having a disproportionate impact upon our most vulnerable and at-risk residents, labour shortages and rising material costs impacting upon construction costs. However, whilst taking those challenges into account this strategy will build upon our successes – such as the Extra care programme and Learning Disability housing re-provision. The strategy will also increase our understanding of what we have and how it can be used more efficiently, developing new value for money commissioning models and agreeing clear objectives across all MCC related services and with our MHPP partners to bring forward a new build programme of supported housing and move on accommodation.

- 2.5 The strategy has been drafted based on the findings of engagement activity, which captures the views and opinions of key stakeholders in relation to both the challenges and opportunities facing commissioners, providers and users. This engagement has established key objectives and practical commitments to respond to both challenges and opportunities.
- 2.6 The development of the Strategy has been overseen by the Strategic Housing Board, a partnership board with representatives from relevant Manchester City Council services and the Manchester Housing Providers (MHPP). This Board, and the partnership it represents, will be integral to the successful delivery, governance and oversight of the Enabling Independence Accommodation Strategy over the next ten years.

3.0 Manchester Enabling Independence Accommodation Strategy 2022 to 2032

- 3.1 The Manchester Enabling Independence Accommodation Strategy (2022-2032) sets out a long-term vision which considers how best to improve accommodation options for people in need of care and support to help them remain independent for as long as possible, building on progress already made, and building an improved partnership approach to tackle the challenges faced, better understand and meet need and demand. The 4 key objectives for the Enabling Independence Accommodation Strategy have been agreed as follows:
- 1: Work collaboratively to identify the need and demand for homes that will better enable independence.
 - 2: Ensure better care and support at home.
 - 3: Build the supported housing we need and improve pathways into it.
 - 4: Improve “move on” from temporary supported housing into good quality independent accommodation.
- 3.2 Sitting beneath each of these objectives are 4 key commitments which will enable us to deliver on these key objectives. This includes the headline target of delivering 10,000 affordable homes between 2022 and 2032, which represents just under a third of the 36,000 new homes the Strategy commits us to building over the next ten years.
- 3.3 A delivery plan for each of the 4 objectives will follow the strategy, with named responsible officers overseeing the programme boards (with partner representation) which will be set up for each objective to oversee delivery of the commitments that have been set out.
- 3.4 This strategy cannot be delivered by working in isolation and success will require working collaboratively across Council services and with our Manchester Housing Provider partners and trusted private sector and charitable providers. It will require positive engagement at local, Greater Manchester, Regional and a National level to maximise funding opportunities and partnership approaches to issues and challenges affecting all local authorities, providers and users.

3.5 Considering the above, Committee is asked to comment on the attached draft Enabling Independence Strategy (Appendix 1).

4.0 Consultation

4.1 A comprehensive programme of consultation has been carried out with a range of audiences including Members, commissioners, providers and user groups. Key sessions included:

- An away day consultation with Manchester commissioners and providers across all users groups
- 2 partnership workshops of commissioners and providers
- 2 Policy panels with Members
- Direct engagement with specific representative groups – including the Manchester Disability led People's Access Group (MDPAG); Manchester Homeless Partnership Board; Homeless Partnership Advisory Group; and
- A range of one-to-one meetings with colleagues across the organisation (e.g., Planning, Revs and Benefits, Development)
- Greater Manchester Health Group
- Engagement with the Department for Levelling Up, Housing and Communities (DLUHC)

4.2 Alongside this regular progress updates have been provided to:

- MHPP Connecting People workstream meetings & the MHPP Forums
- Strategic Housing Board
- Housing Board

4.3 Several common themes featured at all the various consultation events – most notably:

- Our current supported housing provision does not always meet people's needs, especially those with more complex needs.
- The Council needs to better understand demand across different directorates. For example, some young people who need mental health support, may also require learning disability as well as substance misuse support as well as being homeless. Officers do not currently have a clear understanding of how individuals access different services.
- We need to use our existing stock more efficiently to maximise suitable housing outcomes.
- Increasing MHPP provision will provide a higher quality value for money supported provision.
- More clarity is needed around funding models and commissioning processes
- Competing for limited sites in the city impacts upon supported housing development
- Some people live in supported housing simply because wheelchair accessible properties, adaptations and care needed within their own homes is not available.

- People ready to move on to independent accommodation are not always able to due to a lack of available affordable accommodation, particularly one bed properties and accessible homes.
- There is a need for some long-term low-level supported accommodation for a cohort of people who leave and return to temporary supported housing.
- We need commitment from all the MCC services with an influence upon the provision of accommodation to prioritise accommodation options for people with care and support needs.

5.0 Next Steps

- 5.1 Once the Enabling Independence Accommodation Strategy has been finalised, considered, and approved by Executive, delivery plans and a programme board for each objective will be established. The actions detailed in the delivery plans will set out a clear blueprint for how officers will realise the Strategy's vision and fulfil the commitments that have been made. The delivery plan will be reviewed on an ongoing basis. The Strategic Housing Board, which has representation from all relevant Council services and MHPP, will oversee the strategy implementation and an annual performance update will be published to report progress on the various objectives set.

6.0 Recommendations

- 6.1 The Committee is asked to consider the draft Enabling Independence Accommodation Strategy (2022-2032) and provide comments to inform the final version.
- 6.2 Subject to the Committee's comments, the Committee is asked to agree that the final version of the Enabling Independence Accommodation Strategy (2022-2032) is taken for consideration by the Executive in November 2022.

Manchester Enabling Independence Accommodation Strategy

Our Vision

The Enabling Independence Accommodation strategy looks to improve housing options to meet people's needs and better enable their independence. It sets out our aspirations around improving care and support at home, accessible design, and adaptations, and improving our supported housing offer and move on options, taking an evidence-based needs approach to achieve value for money partnership delivery. To achieve this, we will need to rely on the strong partnership between Manchester City Council, the Manchester Housing Provider's Partnership (MHPP) and trusted providers from the private and charitable sectors. Collaboration is a golden thread running through this strategy and will be engrained in all work we undertake.

Commissioning is pivotal in the provision of care and support at home, the provision of supported housing, and any care and support provision required when people move on from supported housing. The recently updated Adults, Childrens and Homelessness outcome focused commissioning strategies are key to the delivery of accommodation providing independence, as is the Homelessness Strategy working to reduce homelessness in the city and our Better Outcomes, Better Lives strategy building on work to integrate health and social care and supporting people to achieve better life outcomes.

This strategy also sits beneath Manchester's new Housing Strategy, within which there is a clear commitment to develop and deliver the Enabling Independence Accommodation Strategy aspirations working with housing partners. The Housing Strategy commits to the delivery of 1000 affordable homes each year of which a proportion will be supported housing. Both strategies are 10-year commitments within which we will seek to address the challenges identified, providing assurance to our service users, providers, and partners of our continued commitment to the ambitions set out.

We know that in Manchester:

- The needs of our children and young people should help inform our future adult care and support provision
- Our current supported housing provision does not always meet people's needs, especially those with more complex needs.
- We need to use our existing stock more efficiently to maximise suitable housing outcomes.
- We need to develop some long-term low-level support accommodation for some people who leave and return to temporary supported housing.
- People ready to move on to independent accommodation are not always able to due to a lack of available affordable accommodation, particularly one bed properties and accessible homes.

- Some people live in supported housing because the adaptations and care needed within their own homes is not available.

These issues are complex in nature and to address them we will need a better understanding of individuals' needs and the demand for different housing types. As such, an important foundation for this strategy will be to develop our understanding through a more robust evidence base in accordance with the National Statement of Expectations for Supported Housing guidance. This will allow us to build stronger business cases for new capital expenditure, targeted more efficiently across all types of supported housing. This evidence will guide our best use of existing and new sites so we can maximise funding opportunities.

Focused around 4 key objectives, our strategy seeks to address the challenges set out above. These objectives are: **Objective 1:** Work collaboratively to identify the need and demand for homes that will better enable independence.

Objective 2: Ensure better care and support at home.

Objective 3: Build the supported housing we need and improve pathways into it.

Objective 4: Improve “move on” from temporary supported housing into good quality independent accommodation.

Foreword

Care and support at home services, supported housing and appropriate move on accommodation enable people to live as independently as possible within their chosen community. This includes older people, disabled people with a physical, mental, or sensory impairment or learning disability, young people with a support need (such as care leavers or teenage parents), families experiencing domestic abuse, people in recovery from drug or alcohol dependence and individuals and families at risk of or who have experienced homelessness. These are not always distinct groups, and many individuals may fit into multiple categories with multiple needs.

Over the 10 years from 2010 to 2020 there was an increase of 2.7 million people with a reported disability bringing the total to 14.1 million people. Despite this increase, there remains a significant shortage of accessible homes in the UK – the latest English Housing Survey shows that only 9% of homes meet basic accessibility features. Nationally, Covid-19 and Lockdowns have increased physical and mental health issues across all user groups. This is reflected in an increased number of people requiring care and support which the Audit Office estimated to be 839,000 adults during 2019-20, at a net local authority expenditure of £16.5bn. This is especially acute for the significant numbers of homeless people, many of whom have multiple and complex support needs including mental health and drug and alcohol dependency. In 2021, the number of Children Looked After (CLA) by local authorities in England rose to 80,850, up 1% on the previous year and continuing the rise seen in recent years. Higher numbers of children in care equates to increasing numbers of care leavers in need of housing.

Research shows tenancies for care leavers have a relatively high failure rate in the first few months after leaving care.

Government statistics show that at any one time, over 600,000 people in England rely on supported housing to provide a secure place to live and to offer appropriate care and support. Local authorities have a statutory duty to accommodate some people in supported housing, and in temporary homeless accommodation. The supported housing sector is diverse, comprising housing associations and local council housing, as well as private sector providers, charities and voluntary organisations. The way accommodation and support services are delivered varies between schemes; some organisations own properties, some provide support (either within their own or another property), and some may do both. This can impact where legal and regulatory responsibility lies for each property.

In Manchester, there are significant gaps in life expectancy at birth for both men and women between those living in the most and least deprived parts of the city (8.1 years for men; 7.3 years for women). Adults from the most deprived parts of Manchester, mainly in the north of the city, are more likely to have a diagnosed LTC (COPD, Heart Disease, Stroke or Diabetes) than those living in the least deprived parts of the city. The health of our population directly impacts upon our health and social care spending on care and support at home and supported housing provision.

Around 1,800 Manchester residents currently receive homecare in their own homes, this is not just limited to older people, but also includes families where there is a disabled child or parent. Our Housing Register includes 100 households in need of a home that is wheelchair accessible and other households who require adaptations such as level access showers or stairlifts. Residents who need properties suited to their care and support at needs compete with the already high need and demand for general needs lets, very few accessible adapted properties come up for relet and very little new build housing meets accessibility standards. This leaves too many people, including children, living in homes that do not meet their needs. Our Better Lives, Better Outcomes approach aims to keep people in independent accommodation as long as possible, diverting them from residential or supported housing. However, we know that sometimes supported housing offers the best outcomes for some people. Supported accommodation is provided on both a long term (permanent) and short term (temporary) basis depending on need, with some people requiring supported housing for the rest of their lives and others requiring it only at times of crisis.

Currently, almost 500 adult people with a learning disability are in receipt of a permanent supported accommodation service in a variety of settings in Manchester. Of all Greater Manchester authorities, Manchester has the greatest number of people with a learning disability and/or autism ready but unable to leave secure settings due to a lack of suitable supported accommodation within the city. 230 adults of working age with mental health support needs are currently accommodated in Residential and Nursing Care provision. 192 adults are housed in short term mental health supported accommodation, where with improved recovery orientated practice people can socially recover their lives

and ambitions, reducing the reliance on Residential and Nursing Provision. Annually, approximately 90 care experienced young people for whom we have a responsibility as a corporate parent, will require move on to general needs housing as they reach 18. A further 10 will require a level of commissioned specialist support to live independently and some young people who continue to live with their parents and receive community-based support will require supported accommodation after the age of 18.

For homeless services, demand currently outstrips capacity. An estimated 3,376 people are housed in Homeless supported accommodation in Manchester as follows:

- 482 single people/couples and 1,846 families with a statutory duty are in homeless accommodation
- 405 families & singles in emergency accommodation awaiting homeless accommodation
- 452 homeless single people with support needs in commissioned housing related support accommodation
- 191 people who have slept rough who are accommodated in A Bed Every Night (ABEN) schemes

Reductions to local authority budgets, the impact of the pandemic on health funding and services and the post Brexit escalation in the price of materials and labour, means the additional costs of new build supported housing are even more difficult to meet. Competition for both public and private sites for development in Manchester means land values remain high, which impacts upon the financial cost and viability of developing new supported housing. Manchester's strong rental market also means that when people are ready to move out of supported accommodation there is a lack of available affordable homes to move onto.

Complex revenue funding models and the business planning limitations of short-term accommodation funding programmes, particularly for non-tenancy related temporary/short term accommodation, also affect the amount of supported housing able to be developed. In addition, restricted use of Intensive Housing Management funding makes for a challenging local landscape for the delivery of supported and move on housing. Meanwhile, some for-profit exempt providers benefit from short term commissioning practices and exhaustive demand as they are able to provide quick but low quality and expensive housing solutions used on a needs must basis. This impacts the reputation of the supported housing market in Manchester and can undermine trusted partners who work hard to support the needs of Manchester's residents in high quality accommodation. Short-term commissioning contracts pose an inherent risk to the quality and cost effectiveness of supported housing delivery in Manchester.

Despite the challenges, by working collaboratively and intelligently, in recent years Manchester City Council with MHPP partners have brought forward some fantastic projects to meet the needs of specific client groups. Manchester City Council Adults, Childrens and Homelessness services have updated their Commissioning strategies to bring forward more effective, strategic, and compassionate commissioning focused upon

outcomes that put people from all backgrounds and walks of life at the heart of what we do. Delivery of Adult Social Care, including commissioning, is now managed within the Manchester Local Care Organisation (MLCO) and this approach to commissioning is preparing the way for integration between health and social care services. This will also provide a platform to strengthen links with Children's Services, to make sure that people are supported throughout their entire journey. We have a Population Health Plan to address health inequalities in parts of the city which is supported by the Our Manchester Bringing Services Together for People in Places approach. The forthcoming Manchester Housing Needs Assessment study, which will be commissioned by Strategic Planning, will provide further intelligence on housing needs across the city. Adult Social Care Commissioners have been involved in setting out preliminary permanent housing options for both North Manchester General Hospital and Wythenshawe hospital developments, with a view to exploring the potential for supported housing, working across several 'in need' cohorts. The proposed GM Places for Everyone Joint Development Plan sets out a long-term plan for jobs, new homes, and sustainable growth, and intends to tackle the inequality experienced by so many of our communities.

Each of the key Enabling Independence Accommodation_strategy objectives builds upon these successes and plans which will inform how we innovate with providers and shape local markets to respond to the short, medium, and long-term challenges that we collectively face.

Our Key Objectives

Objective 1: Work collaboratively to identify the need and demand for homes that enable independence

The provision of supported and move on accommodation is inter -dependent upon a wide range of strategy and policy considerations, related to the supply and cost of land – both private and public estate, planning policy and guidance, capital funding for bespoke design and specification and revenue funding for the costs of care and support. Effective partnership working is the key to providing a tailored housing with support offer and ensuring that value for money is at the heart of thinking. Agreeing shared service objectives in relation to housing our most vulnerable people is therefore critical. Improved engagement and coordination across MCC Directorates will build an understanding of shared objectives and implement coordinated action and it is imperative that this strategy feeds into planning policy and the development of new Manchester Local Plan.

We know that demand for supported accommodation outstrips suitable supply across all user groups. However, we need to work on the evidence base to ensure we can confidently plan and prepare business cases to bring forward local authority capital or land to support the delivery of new supported accommodation, in response to demand. To address this, we will undertake a thorough review of existing evidence in relation to users, providers and schemes and develop a multi-service system for better data collection. This will confirm the need and demand, and identify opportunities to improve

value for money, address gaps in provision, make best use of existing supported accommodation and identify new sites for development. We will prioritise the continued protection and rights of individuals under the Data Protection Act in this exercise.

Manchester City Council Adults, Children's and Homelessness services have recently updated their Commissioning strategies to bring forward a more effective, strategic, and compassionate focus upon outcomes that put people, from all backgrounds and walks of life, at the heart of what we do. Adult Social Care is managed within the Manchester Local Care Organisation (MLCO), which is better enabling the integration of health and social care services and providing a platform to strengthen links with Children's Services. This integrated approach helps ensure people are supported across their entire journey and represents a joined-up approach to how we support people in our commissioning models. This engagement alongside the Bringing Services Together (BST) programme can create a more co-ordinated approach to identifying need and housing solutions.

Whilst our commissioning strategies are responsive to local needs in a truly placed based way, we appreciate that they can only be delivered through trusted relationships and collaboration. Providers of these, especially our partners in the MHPP, are vital in the delivery of new accommodation to support these models, understanding long term commitment and direction is essential to enable the right accommodation to be developed at the right time. MSV and Children's services have recently developed a 10-year contract for The Lodge, a foyer model accommodation. This is built on the excellent partnership and outcomes achieved through our existing foyer, resulting in over 25% of the cohort moving onto university and a 98% rate of planned move-on. Further development of joined up long-term strategies will provide certainty to trusted partners that their continued investment into quality services has long-term financial and political support from the council.

The National Statement of Expectations states that, '*quality ultimately determines outcomes – higher quality means individuals are more likely to experience better outcomes, whether that means successfully living independently, navigating and staying out of crisis or managing their health effectively. This not only results in a better quality of life for residents but can also support more effective use of resources elsewhere for public services and local councils.*' With this in mind, we want to produce local guidance in accordance with the aspirations of the National Statement. This will focus upon improving the quality and value for money of supported accommodation, develop longer term - less risk-averse commissioning options, and provide guidance on available funding and parameters.

Working at a Greater Manchester level with health services, RPs and other GM local authorities will help to build business cases through integrated commissioning strategies, using devolved structures to bring together capital and revenue funding streams to create a connected care and supported housing market. For example, Adult Social Care Commissioners are working closely with the Greater Manchester Health and

Social Care Partnership who have recently tendered a complex mental health and learning disability framework for adults. The framework is opened periodically, and prospective providers are invited to apply via the 'The Chest' procurement portal.

An Enabling Independence Accommodation Strategy group will meet to oversee the development of new partnership governance arrangements and programmes of work. The group will also consider funding opportunities at a national and Greater Manchester level to develop partnership bids. Funding opportunities currently include the 'People at the Heart of Care' legislation which is making £300 million available for the development of new supported housing, £150 million to drive the adoption of innovative technology, increasing Disabled Facilities Grant funding and providing further pots of money for local innovation and planning. In addition, the Department for Levelling Up, Housing and Communities are also making available £20 million Supported Housing Improvement Programme (SHIP) which aims to support local authorities address poor quality in supported housing provision to drive improvements in their local supported housing market.

Our commitments to *Work collaboratively to identify the need and demand for homes that enable independence*

- We will adopt a more interlinked user, provider and property data system, to improve our evidence base so we can better meet current needs and forward plan for future housing needs across all user groups.
- We will develop integrated long-term commissioning models covering Housing Related Support and care provision, which links capital and revenue funding.
- We will produce guidance in accordance with the National Statement of Expectations for Supported Housing in relation to needs assessment and delivery of safe, good quality accommodation and services.
- We will develop new Manchester partnership governance arrangements to deliver this strategy and work at a local, national and Greater Manchester level to identify funding and partnership delivery opportunities.

Objective 2: Better enable care and support at home

Working more closely with our NHS partners is vital to reduce pressures on already strained services. The NHS has been under increasing pressure due to demographic changes, cuts to local care budgets, all made worse by the recent pandemic.

Our Better Outcomes, Better Lives Strategy aims to put into place measures to help people live independently in their chosen community or neighbourhood. This is achieved through maximising people's independence through strength-based assessments with a focus on early intervention and prevention. This includes remaining in their current home with home care services and adaptations or being rehoused to more suitable housing such as homes designed and built for older people or those with physical access requirements. Supporting people to stay at home not only helps people remain independent for longer but also reduces over reliance on expensive residential care the council must pay for when the resident is unable. In providing suitable housing options we reduce pressures on NHS services needed as a result of inappropriate housing e.g., ambulance services visiting a person who has had repeated falls as a result of living in a poorly/ un-adapted property.

The Manchester Housing Options for Older People provides tailored advice and assistance to people over 50 when their current home no longer suits their needs. The service can signpost people to housing where their needs can be better met, and their independence retained within the home. Learning from this service will inform the extension of housing options services to other user groups, such as people with learning, sensory and physical disabilities.

An increased focus on Technology Enabled Care (TEC) and the use of Voluntary, Community and Social Enterprise (VCSE) partners and services is supporting independence at home for longer. Frontline practitioners are encouraged to identify gaps in services and provision so that these services can be more readily provided. We need to continue identifying and providing access to these facilities to further improve the outcomes of those people able to stay at home with support for longer. We are actively promoting "Just Checking" an activity monitoring system which helps care professionals to complete objective, evidence-based care needs assessments of adults with dementia, learning disabilities and autism, which would work well in supported housing across mostly LD and mental health.

When people are ready to be discharged from hospital their own homes are often not suitable for their recovery or even for the long term. This blocks much needed beds. To help address this MCC Adult Social care working with Registered Provider partners have brought forward 30 Neighbourhood Apartments to provide temporary accommodation with care for people who might otherwise be admitted to hospital or residential care or unable to leave hospital due to the unsuitability of their home environment. Expansion of this programme will further reduce pressure on hospitals whilst promoting better housing outcomes for individuals.

If disabled people are to have choice and control over their lives, then urgent action is required to make sure that future housing supply is accessible for everyone. As a local authority, we have a duty under the Equality Act 2010, to assess the need for housing different groups and reflect this in our planning policies. We know that some people cannot remain in their own home because it does not suit their needs, including some young people who come into care simply because their home does not meet their needs as a person with disabilities. We need to work together to make the best use of Disabled Facilities grant funding and capital funding for adaptations to homes. However, there is also a recognition that to increase the supply of accessible homes new developments should provide a percentage of homes to M4 (3) Building Regulation wheelchair accessible standards. With this in mind and taking into account GM Places for Everyone accessibility standards, policy matters within the emerging Local plan, which will include zero carbon and affordable homes targets and open space standards, we will seek to increase the supply of accessible and adapted housing to meet identified needs into the future.

Our commitments to *Better enable care and support at home*

- We will continue to reduce overreliance on residential care by helping people to remain independent at home.
- We will improve communication around available housing options for all user groups, learning from successful programs such as the Housing Options for Older People (HOOP) service and improve housing options for people with a housing need who are ready to leave hospital.
- We will improve access to equipment, adaptations, and TEC within the home for disabled people across all tenures.
- We will provide more homes for disabled households by working with housing providers to make best use of existing adapted properties and build more new accessible homes and by seeking a Local Plan requirement for a percentage of all new build homes to meet the M4 (3) Building Regulation for wheelchair accessible standard.

Objective 3. Build the supported housing we need and improve pathways into it

The development of some supported housing in the city has been more by opportunity in the past than it has by a long-term evidence approach based on need. In Manchester most supported accommodation is commissioned by the local authority and provided by a mix of trusted private and charitable provider partners and Housing Associations. In addition, there are over 200 units of non-commissioned supported accommodation in the city. We know that our MHPP Housing Association supported accommodation provision provides a high-quality value for money option and we aim to increase this provision. Manchester's Supported Needs Monitoring Group which reviews applications for new supported accommodation reports an increase in speculative applications from non-commissioned accommodation providers, however we want to reduce non-commissioned accommodation, as part of a move towards increasing evidence-based commissioning of supported housing to meet identified needs and improve property and support standards.

Reaching a better understanding of our current and pipeline user groups and analysing their housing needs will help us to plan and programme focussed new build supported housing delivery and the more efficient use of our existing supported accommodation. A Housing Needs Assessment is being produced as part of the new Local Plan which will evidence supported housing needs in general terms. We will also commission more specialised housing needs analysis that will help us develop clearer pathways into supported housing for each user group, including those with multiple needs, which will sit alongside the Strategic Planning housing Needs Assessment and help to inform the new Local Plan. We know this work needs to be undertaken based on the success of our Manchester Extra Care programme, where an evidence led approach regarding older peoples housing needs, commissioned from the Housing LIN, resulted in MCC putting forward sites and capital funding to develop a programme of extra care with RP partners. With 5 new schemes now open and 3 more in the pipeline, including one to meet the needs of Manchester's older LGBT community, not only have health outcomes for residents improved, but family homes have also been released by rightsizing and a cost benefit analysis indicates a return on investment of approximately £1.90 for every £1 spent.

The supported housing needs of individuals are complex and subject to change. Those user groups in need of lifetime supported housing require a clear pathway as they transition from childhood to adulthood, children leaving care may need supported accommodation on a permanent basis going forward or some temporary supported housing until they are ready to take on and retain their own tenancy, people in crisis due to homelessness, mental health or addiction will require supported housing for a period of time and each of their pathways into and sometimes out of supported accommodation should be clear. Our new evidence base drawn from improved intelligence systems and our housing needs analysis will inform a review of pathways into and out of supported housing. A post 16 Accommodation workstream has recently redefined our care leaver housing pathway, offering sufficient supported lodgings, foyer models and forever

homes for Manchester's care leavers. This includes the acquisition and refurbishment of properties for care leaver House Project accommodation, and we will continue to build this RP offer. Our use of A Bed Every Night (ABEN) funding has brought forward 9 new schemes for people sleeping rough, including an LGBT+ scheme and an enhanced support scheme for female rough sleepers. We are keen to continue to increase focused pathways into homeless accommodation to better meet the needs of minority groups and a new pathway approach is being introduced to better match people to housing related support services. The council has identified a further pathway area for focus as targeting and supporting veterans who find themselves homeless and/or involved in the criminal justice system.

Developing our understanding of user groups, existing schemes and available sites will enable us to take opportunities to recommission and repurpose existing and decommissioned facilities. Developing these sites with MHPP partners for new supported housing will help us achieve not only the objectives of this strategy, but also wider corporate priorities such as reducing carbon impact and achieving best value.

Supported housing development costs can be high due to space and accessibility standards, greater wear and tear, additional design features and fittings and location requirements. To meet these costs and ensure value for money, working collaboratively and with transparency on rent and service charge setting and capital and revenue funding models is essential. The development of 4 new build purpose-built housing schemes, providing 70 self-contained apartments for people with Learning disabilities, developed via an open book approach between Manchester City council and a consortium of 3 MHPP partners, is an example of shared cost collaborative working which has improved the user group offer and made staffing arrangements more efficient.

Many occupants of both short term and long term supported housing have physical disabilities. Just as we intend to increase the supply of wheelchair accessible and adaptable housing within the general needs sector, so too do we need to undertake a stock condition survey of all current supported housing to assess accessibility standards and utilise disabled facilities grant to bring up to standard and if necessary, decommission and re-provide. In addition, we need to ensure that any new supported housing provision is built to accessible/adaptable build standards to better accommodate people with physical and neuro disabilities and as they age.

The Our Manchester Strategy commits our services to coproduction principles and the engagement of the user group in the remodeling or new build design of schemes. We now from engagement with older residents in the development of extra care schemes and homeless people in the remodeling of a homelessness direct access scheme that architects, interior designers, scheme managers and care providers can learn a lot from service users, and we intend to build upon this experience.

Our commitments to *Develop the supported housing we need and improve pathways into it*

- We will undertake a Housing Needs Analysis for each user group to identify existing and future supported housing supply and demand.
- We will review and improve housing pathways and increase commissioned supported housing whilst reducing non –commissioned supported housing, to ensure there is high quality value for money supported accommodation offer to meet people’s needs, from transition to adulthood and into older age.
- We will develop a clearer process for the identification and development of sites (including vacant buildings) to bring forward a partnership new build and re-provision supported housing programme to meet identified needs.
- We will better engage people with care and support needs in the design, delivery and running of supported housing, taking into account the need for more accessible/adaptable build standards.

Objective 4: Improve move on from temporary supported housing into good quality independent accommodation

Having enough suitable housing to enable move on from supported accommodation helps to ensure people continue to thrive and do not re- enter the system. Our lack of secure, affordable housing for people ready to leave supported housing creates bottlenecks within schemes, which prevents the creation of vacancies for people in crisis and in need of supported housing. Working with our RP partners £8.6m in Next Steps Accommodation Programme (NSAP) and Rough Sleeper Accommodation Programme (RSAP) funding has been secured to support a range of homeless schemes and move on accommodation. We are continuing to work together to develop bids for further funding rounds which are targeting new build move on provision which, alongside our plans to promote one bedroom move on cottage flats within RP general needs new build, will increase our targeted move on supply and improve pathways out of short term supported housing. The introduction of the APEX model of short-stay temporary accommodation in Manchester will reduce the use of B&B accommodation for homeless families and reduce time spent in homeless temporary accommodation.

Many people ready to leave supported accommodation will need some enhanced tenancy management and commissioned support at home for a period, ensuring funding is available for this help tenancy retention, increase move on accommodation options, and in turn release supported housing places for those who need them. The introduction of Mental Health recovery-oriented practice providing post supported accommodation models, homecare and floating support is helping people socially recover their lives and ambitions while reducing the reliance on residential and nursing Provision. A more focused enhanced support for people who require a multi-disciplinary team and partnership approach will reduce frequency of return to residential and supported housing. Although we know that support within move on accommodation helps people to settle, we are aware that some people may also need some help settling into the neighbourhood they move to. Working with local services we want to help people settle in their local neighbourhood and community through signposting local services, activities and opportunities.

Many people leaving supported housing settle well in their new homes and communities, however, there is a cohort of individuals in Manchester who, sometimes over a period of decades have left supported housing, lost their tenancy, returned to homelessness and then again to supported accommodation. To halt this cycle, we want to explore options for a light touch permanent supported housing model for this cohort.

Statistics indicate that care leavers often lose the accommodation they move on to from care within a short period of time and without a family network are at increased risk of street homelessness and exploitation. A Manchester care leaver accommodation panel established in 2017 to review care leaver readiness for independent housing options has allocated 300 tenancies to care leavers, the vast majority of which have been

successfully retained. We plan to build upon this by introducing processes for earlier identification of and transition to forever homes for care leavers.

Our commitments to Improve move on from temporary supported housing into good quality independent accommodation

- We will ensure there are effective pathways in place to move on from temporary supported housing into secure and affordable tenancies with the support of a neighborhood resettlement service
- We will increase the provision of targeted one bedroom move on accommodation as part of new-build general needs housing developments.
- We will develop as a “move on” option a long-term housing scheme with light touch support for repeat return users.
- We will introduce processes for earlier identification of and transition to forever homes for care leavers.

Looking Ahead

This Strategy represents a renewed focus on how we take a more collaborative and evidence-based approach to improving life chances by understanding and meeting people's housing with support needs to better enable them to remain independent for longer. Understanding the challenges faced, building upon our successes, and embedding shared objectives across all services and partnerships provides the foundation for the delivery of this strategy. Adopting an intelligence led approach to need and demand, taking funding opportunities and reviewing commissioning practices will build upon that foundation and enable supply of care and support at home and supported housing to be carefully targeted. Our evidence base will allow us to take a more long-term strategic solution-based approach providing value for money and comfort to partners seeking the reassurance of long-term commissioning strategies.

As one of a suite of strategies to build upon our ambitions as a city, we recognise that our shared objectives can only be achieved through commitment across all relevant MCC services and in partnership and consultation with people in need of or receipt of housing with care and support, registered housing providers, care providers, developers, contractors, the voluntary sector, community groups and other health and care partners and colleagues throughout the city.

Consultation with a range of audiences has taken place around the key objectives and ambitions of the strategy. This engagement will be built upon as a programme of work and delivery plans are developed beneath each objective. The actions in the delivery plan will set out a clear blueprint for how we will realise this strategy's vision and fulfil the commitments that have been set out. Progress will be reported on a regular basis and the plan will be reviewed and updated to ensure that it remains relevant.

The achievement of our key objectives will be evidenced through improved options to live at home with care and support, more supported housing to meet identified shortfalls

and more affordable homes suitable as move on accommodation. More detailed measures of outcomes will be developed as part of each objectives programme of work.

The Enabling Independence accommodation strategy sits beneath and is supported by:

Better Outcomes, Better Lives Manchester Local Care Organisation's transformation programme for Adult Social Care, which builds on work to integrate health and social care in Manchester, to support the people of Manchester to achieve better life outcomes.

Adults, Childrens and Homelessness Commissioning Strategies recently updated to bring forward more effective, strategic, and compassionate commissioning focussed upon outcomes that put people from all backgrounds and walks of life

Homelessness Strategy setting out the vision, aims and aspirations shared by the Housing Strategy and partner organisations who work to reduce homelessness in the city.

Manchester Housing Strategy 2022 to 2032 which sets out 4 key principles:

- Increase affordable housing supply & build more new homes for all residents
- Work to end homelessness and ensure housing is affordable & accessible to all
- Address inequalities & create neighbourhoods where people want to live
- Address the sustainability & zero carbon challenges in new and existing housing

There are also a range of individual plans and strategies that will support, and be supported by the strategy including:

Our Manchester Strategy – Forward to 2025 setting out the city's priorities to ensure Manchester can achieve its aim of being a top-flight world class city by 2025 with equality, inclusion and sustainability at its heart.

Local Plan the spatial planning framework for the city, setting out the long-term strategic policies for Manchester's future development. The new Local Plan is due to be published in 2023

Powering Recovery: Manchester Economic Recovery & Investment Plan setting out Manchester's plans to sustain the economy and its people, and what the city proposes to do in the future in response to the Covid-19 pandemic.

Family Poverty Strategy which aims for everyone in the city to have the same opportunities and life chances, no matter where they were born or live.

Build Back Fairer, a collaboration between Greater Manchester and Michael Marmot's Institute of Health Equity brings forward recommendations on how to reduce health inequities and build back fairer from the COVID-19 pandemic for future generations.

MCC Allocations Policy, the legal document that describes how the Council allocates social homes to people who need them.

Private Rented Sector Strategy, the city's strategy to improve the condition and management standard of homes in the private rented sector and increase good quality options for lower income residents in the sector.

Neighbourhood Plans, created by local communities, which set out policies for the future development of their areas and will be part of the Local Development Framework for their area.

Places for Everyone, a long-term plan of nine Greater Manchester districts (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford, and Wigan) for jobs, new homes, and sustainable growth.

Manchester Climate Change Framework strategy for tackling climate change and reducing the city's carbon footprint.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 12 October 2022

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

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

Recommendation

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

Wards Affected: All

Contact Officers:

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

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

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

Date	Item	Recommendation	Action	Contact Officer
7 September 2022	HSC/22/35 Adverse Childhood Experiences (ACEs) and Trauma Informed Practice	Recommend that the Adverse Childhood Experiences & Trauma Informed Practice training is mandatory for all Councillors.	The recommendation has been forwarded to Councillor Midgley Deputy Leader.	Councillor Midgley Deputy Leader

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **3 October 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
Optegra UK Ltd	Optegra Manchester Eye Hospital The Boulevard Didsbury Manchester M20 2EU	https://www.cqc.org.uk/location/1-201561085	15 August 2022	Independent Hospital	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Transform Hospital Group Ltd	Transform Hospital Group Pines Hospital 192 Altrincham Road Manchester M22 4RZ	https://www.cqc.org.uk/location/1-7464683657	15 August 2022	Independent Hospital	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Dr K M Munir	Deansgate Surgery 2nd and 4th Floor Speakers House 39 Deansgate Manchester M3 2BA	https://www.cqc.org.uk/location/1-8491940689	9 September 2022	Independent Hospital	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Good Responsive: Requires Improvement Well-led: Inadequate
Alternative Futures Group Ltd	Millbrook 57 Wastdale Road Newall Green Wythenshawe Manchester M23 2RX	https://www.cqc.org.uk/location/1-145103731	16 August 2022	Independent Mental Health Service	Overall: Good Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good
Manchester City Council	Hall Lane Resource Centre 57-159 Hall Lane, Baguley, Manchester M23 1WD	https://www.cqc.org.uk/location/1-2146647956	22 September 2022	Care Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement
Engage Care Services Ltd	Engage Care Services Unit 58, Cariocca Business Park Sawley Road Miles Platting Manchester M40 8BB	https://www.cqc.org.uk/location/1-9933944079	16 September 2022	Homecare Service	Overall: Requires Improvement Safe: Good Effective: Good Caring: Requires Improvement Responsive: Requires Improvement Well-led: Requires Improvement

Dr Muhammad Khalid Rizwan	Willowbank Surgery 1 Church Lane Harpurhey Manchester M9 4WH	https://www.cqc.org.uk/location/1-1418344039	16 September 2022	GP Practice	Overall: Good Safe: Good Effective: Good Caring: Outstanding Responsive: Good Well-led: Good
Alexandra Lodge Care Centre Ltd	Alexandra Lodge Care Centre 355-357 Wilbraham Road Chorlton Manchester M16 8NP	https://www.cqc.org.uk/location/1-5718173476	22 September 2022	Care Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Dr A Bakhat	Peel Hall Medical Practice Forum Health Simonsway Wythenshawe Manchester M22 5RX	https://www.cqc.org.uk/location/1-526710208	21 September 2022	GP Practice	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Vaccination and COVID-19 Update

Contact Officers:

Name: David Regan
Position: Director of Public Health
Telephone: 0161 234 5595
E-mail: d.regan@manchester.gov.uk

Covid and Vaccination Update

The latest data from the national COVID-19 survey shows that the percentage of people testing positive for coronavirus (COVID-19) continued to increase in England and Wales. In England, it is estimated that 1.57% of the population (or round 1 in 65 people) tested positive for COVID-19.

The percentage of people testing positive for COVID-19 increased in the North West, Yorkshire and the Humber, the West Midlands, the East of England, London, and the South East. The positivity rate in England continued to increase in those in school Year 7 to school Year 11 and those aged 25 to 34 years. Infection rates in all other age groups also increased. Omicron variant BA.5 is estimated to be responsible for over 90% of all infections.

In the week ending 25 September 2022 hospital admissions increased to 7.62 per 100,000 people (particularly in the North West and East of England), although Intensive Care Unit admissions remained low at 0.25 per 100,000 people. This latest data highlights the importance of delivering the Manchester Autumn/Winter Vaccination Programme and the slide set summary of this is attached (See Appendix 1).

Monkeypox

It would appear based on early data that Manchester did not see a spike in Monkeypox cases as a result of Pride. The Public Health Team acknowledge that there was a degree of concern in the run up to this celebration but, through the success of the vaccination programme and the incredible response from the LGBTQ+ community, cases have remained under control and the number of new cases has reduced significantly since July. The autumn vaccine delivery schedule is currently being revised pending further guidance from the UK Health Security Agency.

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

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

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Making Manchester Fairer	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	
Public Health Annual Report 2022	To receive for information the Public Health Annual Report 2022	Councillor T. Robinson	David Regan	

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

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

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

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

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

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

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

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

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

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

Items to be Scheduled

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

Partnership				
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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Manchester Autumn/Winter Vaccination Plan 2022-3

Manchester

Integrated Care Partnership



Manchester's Approach

Manchester
Integrated Care Partnership

Manchester takes a whole system approach to vaccination, working together across all partners to maximise coverage providing a single system approach focused on *'place' and 'person'*. Collaborative working at neighbourhood, locality and citywide level is key to reaching our population. The approach covers all winter vaccinations, primary Influenza and Covid-19.

We co-ordinate our work with and through our diverse communities via our organisational partners including Primary Care Networks, Manchester Local Care Organisation & Manchester Foundation Trust, Community Pharmacy, the City Council, and VCSE (Voluntary Community Social Enterprise) partners.

OBJECTIVES

- Deliver a high quality, safe and effective Autumn/Winter vaccination programme
- Maximise coverage to protect the population and reduce winter pressures on the health and care system
- Prioritise health equity through targeted action at all levels and with all partners for both Covid and Influenza vaccination for underserved communities
- Ensure robust surge capacity plans are in place
- Maintain Evergreen offer for Covid Vaccination, covering doses of the COvid-19 vaccination to which the cohort is eligible
- Future planning and development of wider vaccination strategy for the city



Key Information – cohorts and volumes



Covid-19 Autumn Booster
 The government have accepted final JCVI advice which states the following people should be offered a COVID-19 booster vaccine this Autumn:

- residents in a care home for older adults and staff working in care homes for older adults
- frontline health and social care workers
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers, as set out in the Green Book.

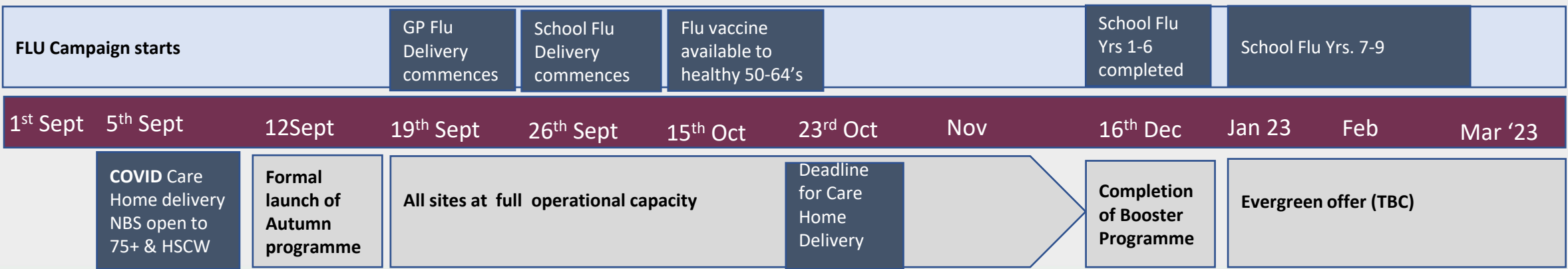
Annual Flu Cohorts for Winter 2022/3

- All children aged 2-3 on 31/8/22
- Primary School aged children (reception to Yr. 6)
- Secondary school aged children (Yrs. 7, 8 9) and any remaining vaccine offered to Yrs. 10 & 11
- Those aged 6 months to under 65 years in clinical risk groups
- Pregnant women
- Those aged 65 and over
- Those in long stay residential care homes
- Carers
- Close contacts of immunosuppressed individuals
- Healthy 50–64-year-olds from 15th October
- Frontline staff employed by the following social care providers without employer-led OH schemes
 - Registered care or nursing home
 - Domiciliary care provider
 - A voluntary managed hospice provider
 - Direct Payments or Personal Health Budgets such as Personal Assistants

VOLUMES

22/3	Eligible	Unvaccinated
Covid Booster	220,000	45,552 (19.3%) no first dose
Annual Flu	315,272	157,985 (49.8%) in 21/2

TIMELINE



Key Changes to the delivery system for Autumn Winter 2022

Manchester
Integrated Care Partnership

Manchester's Phase 5 vaccination offer for Autumn/Winter 22 has expanded from 16 to 29 sites for Covid-19 giving residents more choice and ease of access to Covid vaccination. The offer of having both Flu and Covid vaccination together will expand this year but will not be available at all sites

Primary care led Vaccination Centres – 8 in total

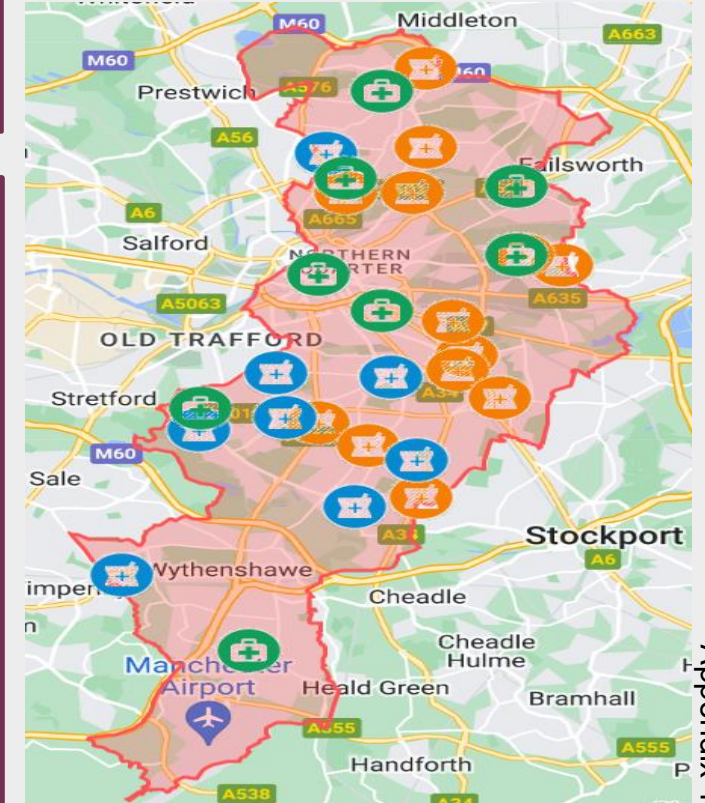
- The Grange has closed, and patients can receive a vaccination via Clayton Health Centre or Lime Square Health Centre and expanded pharmacy offer
- The Irish centre has closed, and patients can receive a vaccination via The New Collegiate Health Centre and an expanded pharmacy offer
- The Jain has closed, Community Pharmacy provision has been expanded in the area including a pharmacy offer at the Ghamkol Sharif Manchester Masjid (Longsight), and Chorlton Heath Centre will be offering vaccination

Community Pharmacy Sites – 21 in total

- The 8 community pharmacy sites remain in place
- 13 new pharmacy sites have been approved that will provide different volumes of vaccination from 100 to 2000 per week

Hospital Hub Offer

- Manchester Foundation Trust (MFT) will be vaccinating circa 33,000 Staff and Associates, with clinics running at the four MFT main sites, for both Covid & Flu
- Approx. 2500 patients – including those in-patients at 2wks+ and some specific patient groups, for both Covid & Flu
- Additional National Booking Service clinics to support the Manchester system when capacity allows for Covid only



Site locations can also be found via the link to an interactive map below
[Phase 5 Covid Vaccination Sites \(Public\) – Google My Maps](#)

New and Existing Community Covid-19 Vaccination Sites

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Integrated Care Partnership



North	Central	South
Cohens Chemist Unit 1 - Burgess House, Harpurhey	MediNet Healthcare Ltd 43 Montgomery Road, Longsight	Wilmslow Road Pharmacy 480 Wilmslow Road, Withington
Cohens Chemist 407 Queens Road, Collyhurst	Asda Pharmacy Stanley Grove, Longsight	Cohens Chemist 463 Princess Road, Withington
Cohens Chemist Cheetham Hill Primary Care Centre, Cheetham Hill	Cohens Chemist 55 Barlow Road, Levenshulme	Lancewise Pharmacy Ltd 2A Lane End Road, Didsbury
Cohens Chemist 55 Victoria Avenue, Blackley	Cohens Chemist 4 Clowes Street, West Gorton	Baguley Pharmacy 37 Petersfield Drive , Baguley
Cohens Chemist 861 Ashton New Road, Clayton	Rusholme Pharmacy 253 Wilmslow Road	St James and Emmanuel Church 6 Barlow Moor Road, Didsbury
Cohens Chemist 109 North Road, Clayton	Whalley Range Tennis And Cricket Club (Wilbraham Pharmacy) Kingsbrook Road, Whalley Range	Beech Road Pharmacy 101 Beech Road, Chorlton
MMC College (Wellfield Pharmacy) 20 Humphrey Street	Everest Pharmacy 117b Withington Road, Whalley Range	Cohens Chemist 56 Briarfield Road, Withington
Plant Hill Clinic Plant Hill Rd	The Rates Hall Town Hall, Albert Square	The Forum Centre Poundswick Lane, Wythenshawe
Newton Heath Health Centre 2 Old Church St	The Vallance Centre Brunswick Street	
New Collegiate Medical Centre 407 Cheetham Hill Rd, Cheetham Hill	Chorlton Health Centre 1 Nicolas Road, Chorlton-cum-Hardy	
Clayton Health Centre 89 North Road, Clayton		

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Key	
	New Community Pharmacy Site
	Existing Community Pharmacy Site
	Existing Local Vaccination Service (LVS) Site
	New LVS Site

Site locations can also be found via the link to an interactive map below

[Phase 5 Covid Vaccination Sites \(Public\) – Google My Maps](#)

Winter Vaccination: Overview of Key work areas



Access



Operational delivery

- Care Home delivery (by 23/10/22)
- Housebound (by 23/10/22)
- Immunosuppressed
- PMO support and quality assurance to PCN and new Community Pharmacy sites
- Surge plan readiness
- Vaccine stock management and co-ordination
- Peripatetic offer management and planning
- Continuation of Evergreen offer
- Supporting coordination of volunteer marshals
- Anti-vaxx management with Community Safety Partnership

Vaccine Equity

- Mobile outreach offer 5 days a week for Covid vaccination
- Neighbourhood approach
- Targeted delivery to Inclusion Health and at-risk groups: Refugees/Asylum Seekers, Learning Disability/Severe Mental Illness, Homeless people and other inclusion groups
- Gateway/helpline capacity to support booking access & funded support offer (e.g., taxis/access needs)
- Covid Health Equity Manchester Targeted Grant fund to VCSE groups supporting those with greatest coverage gaps
- Winter Wellbeing Events with integral Covid vaccination offer
- Community catch up clinics for School Flu programme

Information



- Citywide and neighbourhood communications to support and promote vaccination offer
- Culturally competent bespoke communications to support vaccine equity focus
- Accurate and timely data will enable an intelligence-led approach to targeted communications activity and audience-specific data and insight will be central to developing messaging and resources in a timely way

Motivation



- Neighbourhood level co-ordinated winter plans
- Citywide engagement with communities of interest, specific patient groups and inclusion health groups,
- Strengthening feedback mechanism from Sounding Boards into communication and delivery

Access: Mobile Outreach Plan Overview

Peripatetic Outreach Clinics are a core part of the Winter campaign

We have revised our approach to review coverage gaps based on the new Community Pharmacy and LVS provision and factored this into our planning. There are a number of elements we have taken forward into our approach based on previous success:

- Local engagement work/targeted leaflet drops in the community
- Targeted promotional messages from GP Practices to patients (eg. texts)
- Work with Covid Health Equity Manchester (CHEM) Sounding Board to get local insight and inform plans
- Joined up work with health and wellbeing events, Test and trace, overseas registration etc.
- Language skills within the team/volunteers
- Use of National Booking System where possible
- Use of Tableau tool to drill down further to street level data
- A bespoke winter comms plan including targeted engagement with inclusion health groups, additional care settings, asylum seekers etc.

Additional Care and Sheltered Accommodation

We have over 3,500 patients across the city in sheltered accommodation and an additional 800+ patients in extra care settings including staff.

We have already piloted working with housing associations during the Spring Booster campaign and it has proved to be a very successful offer, welcomed by the residents, and well supported by the Integrated Neighbourhood Teams and Health Development Coordinators and housing associations.

Where appropriate we can try to find an offer within close proximity to a number of settings and try to maximise coverage by using a local supermarket car park or community centre etc.



Communications & Engagement

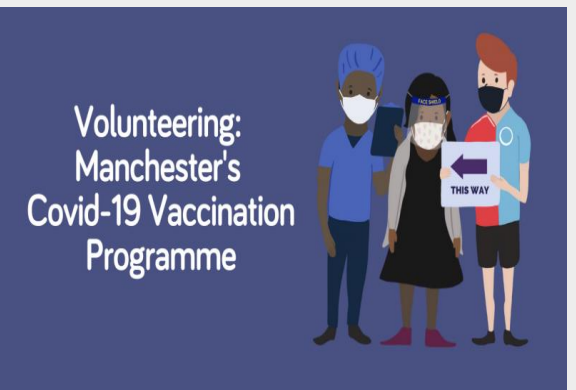
ENGAGEMENT

- MLCO Integrated Neighbourhood Teams are leading Neighbourhood Engagement and co-ordination of **Neighbourhood Plans**, with by targeted investment to fund VCSE support
- CHEM/Sounding Boards have access to a targeted grant fund to work with communities to support health equity
- Citywide engagement with community groups including HIV, Stroke Association, Sickle Cell, Asylum Seekers & Refugees, Children & Young People, Sex workers, Carers

COMMUNICATIONS

- Partnership delivery of Manchester's Winter Vaccination campaign strategy
- Full communications **channel plan** that divides and targets all our key audiences.
- Plans based on feedback and results from last year, with emphasis on our **strong community networks**.
- Strong secondary theme of the strategy is to **embed health messages with cost of living support and advice**.
- All communications will be given a **strong local look, feel and identity with hyper local information for each ward area** - working collaboratively with our Neighbourhoods Teams, VCSE, CHEM and Sounding boards.
- Media element commences 20th September then ramps up in October/November
- Collaborative approach with GM campaign to ensure cohesive messaging

Manchester
Integrated Care Partnership



ManchesterJabCab
FREE TAXI SERVICE IN MANCHESTER
If you need help to get to and from
your vaccination appointment
CALL STREET CARS
ON 0161 228 7878
Give the reference: ManchesterJabCab