



Health Scrutiny Committee

Date: Wednesday, 7 December 2022

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

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Membership of the Health Scrutiny Committee

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

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** 5 - 10
To approve as a correct record the minutes of the meeting held on 9 November 2022.
- 5. [10.05-10.45] Gambling Related Harms** 11 - 32
Report of the Interim Director of Public Health

This report includes a summary of key findings from the Public Health England Gambling-related harms Evidence Review and the recently published Greater Manchester Strategic Needs Assessment on Gambling Related Harms.

The report further provides an overview of work taking place in Manchester, some of which is delivered in collaboration with the Greater Manchester Gambling Related Harms programme.
- 6. [10.45-11.15] Adult Learning Disability Services** 33 - 58
Report of the Executive Director of Adult Social Services

The report describes key developments across Health and Social Care in Manchester relating to Adult Learning Disability services.
- 7. [11.15-11.45] Climate Change - Impact Of The Recent Heatwave** 59 - 76
Report of the Director of Public Health

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. [11.45-11.55] Overview Report

77 - 88

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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Further Information

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This agenda was issued on **Tuesday, 29 November 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 9 November 2022

Present:

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

Apologies: Councillor Reeves

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Councillor Akbar, Executive Member for Finance and Resources

HSC/22/45 Minutes

Decision

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

HSC/22/46 Public Health Annual Report 2022

The Committee considered the report of the Director of Public Health that explained that, as part of the statutory role of the Director of Public Health, there was a requirement to produce an annual report on the health and wellbeing of the local population, highlighting key issues.

The Committee were informed that the annual report could either be a broad overview of a wide range of public health programmes or may have a focus on a particular theme. This year the focus continued to be on the City's response to Covid-19, capturing our response during the second year of the pandemic. This report was a successor to the 2021 Annual Report, *The Manchester Difference*. The two were designed to be viewed together as a complete reflection on the most acute stages of the pandemic and the beginning of our efforts to recover, from January 2020 to August 2022.

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

- To place on record their continued confidence, support and appreciation to the Director of Public Health and all of his team;
- Stating that the report was excellent and was testimony to the importance of public services;
- Recommending that this report be shared across all directorate leads as an example of best practice when reporting activity;
- Supporting the person-centred approach evidenced throughout the report;
- That cuts to public services resulted in increased deaths, adding that it was important that the national enquiry recognised this important point; and

- Recognising the important decision taken in Manchester to test patients for COVID prior to them being discharged to a care home setting, noting this this important decision taken locally had saved lives.

In introducing his report, the Director of Public Health paid tribute to all those professionals and volunteers across the city who had responded collectively to the pandemic. He commented that the report would be submitted as evidence to inform the national inquiry into the pandemic.

The Director of Public Health stated that the decision taken locally by Manchester and Trafford to introduce testing prior to a patients discharge from a hospital into care home was captured in Volume 1 of the report, adding that this also would be submitted as evidence to the national inquiry. The Committee were advised that following final sign off, the report would be submitted to the national archives; printed copies made available in public buildings; published online and in different formats, including braille and other languages.

In response to a specific question regarding the legacy of the Sounding Boards, the Director of Public Health described these as being a positive legacy of the pandemic. He said that resources had been secured to continue these models, adding that these were recognised as an important vehicle to reach different communities on a range of public health issues, such as screening services.

The Executive Member for Healthy Manchester and Adult Social Care welcomed the report and stated that it was excellent both in terms of content, style and substance. He stated that this was an important document in terms of a historical record of Manchester's response to the pandemic. He also welcomed the person-centred approach to the document and how this captured personal testimonies that highlighted the Manchester spirit. He further recognised the importance of this document and the learning to inform any response to a potential future pandemic. He stated that the report was testament to the stated ambition for the city to address health inequalities. He referred to the quote in the report that 'The Manchester message had to be a bold, brave and trusted voice' and stated that the report demonstrated that it had been.

Decision

To note the report.

HSC/22/47 Revenue Budget Update - Cover Report

The Committee considered the report of the Deputy Chief Executive and City Treasurer that set out the financial challenge facing the Council, the latest forecast position, and the next steps.

Key points and themes in the report included:

- The Council was forecasting an estimated budget shortfall of £44m in 2023/24, £85m in 2024/25, and £112m by 2025/26. After the use of c£16m smoothing

reserves in each of the three years, this gap reduced to £28m in 2023/24, £69m in 2024/25 and £96m by 2025/26;

- Setting out the high-level position;
- Describing the officer identified potential savings options to reduce the budget gap totalling £42.3m over three years;
- Noting that even after these proposals there remained a budget gap of £7m to close to get to a balanced budget in 2023/24 and further savings options would be developed between now and January 2023 and be reported back to Scrutiny committees in February; and
- Each scrutiny committee were invited to consider the current proposed changes which were within its remit and to make recommendations to the Executive before it agrees to the final budget proposals in February 2023.

The Executive Member for Healthy Manchester and Adult Social Care introduced this item by giving an account of his personal experience of accessing social care to support a family member. He stated that his experience, both as a resident accessing services and as an elected Member, was that all staff across the service genuinely cared about the residents of Manchester and every decision taken by officers had this as their primary consideration.

The Executive Member for Finance and Resources stated that the reports presented were currently officer proposals only. He stated that the Government's Autumn Statement and final financial settlement were still to be announced. He stated that the public consultation on the Council's Budget had commenced and would run until 7 January 2023, adding that difficult decisions would need to be taken and it was important to hear the views of Manchester residents. He commented that the financial situation the Council found itself was not the fault of the Council, adding the Council was a well managed and financially responsible organisation and this could be evidenced. He stated that the fault was the direct result of ideological decisions taken by the government over the previous decade. He stated that the budget cuts imposed on Manchester had been unfair. He stated that since 2010 Manchester had lost £438m from the budget and if Manchester had received the average cuts to funding the city council budget would be £77m per year better off. He stated that it was calculated that the gap in Local Authority funding nationally was in excess of £3bn, adding further that it was estimated that one in six councils could run out of money next year. He called upon the government to protect councils as these drove local economic growth and provided essential services for some of the most vulnerable in society, especially in the context of the worsening cost of living crisis.

Decision

To note the report.

HSC/22/48 Public Health Budget 2023-26
HSC/22/49 Adult Social Care Budget 2023-26

The Committee considered the report of the Director Public Health and Interim Deputy Place Based Lead (Manchester) and the Executive Director of Adult Social Services that explained that these reports were the first in the cycle for the budget programme 2023-26. They set out an overview of the services within the remit of this

scrutiny committee and the key priorities. The budget growth assumptions in the Medium-Term Financial Plan were set out. The report provided a draft set of officer proposals for further savings for 2023-26, developed in the context of the financial challenge facing the Council, for comments by Health Scrutiny.

Key points and themes in the report included:

- Providing an overview of the service and priorities;
- A description of the service budget and the proposed changes;
- Describing the proposed savings programme;
- Workforce implications;
- Equality and Anti-Poverty Impact; and
- Future opportunities, risk and policy considerations.

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

- Welcoming the very personal testimony given by the Executive Member for Healthy Manchester and Adult Social Care, adding that this evidenced how Councillors were aware of, and responding to the challenges experienced by many Mancunians;
- That budget cuts imposed on the city had detrimental impacts on health outcomes and reduced the life expectancy of many Mancunians;
- That continued budget cuts had a direct impact on the wider determinants of health outcomes; and
- The importance of recognising that budget cuts had been imposed each year on the city for over ten years.

In response to a question regarding the savings proposal of £270k in Children's Public Health the Director of Public Health explained that the commissioning intention was to review and revise the service model and specification. This would be co-designed with stakeholders including the Local Care Organisation and the Strategic Director of Children and Education Services. He stated that the intention was to protect frontline services. He advised that monitoring of all decisions would be undertaken by the Local Care Organisation Accountability Board.

In response to specific savings proposals related to transport services; access to day services and extra care charges, the Executive Director of Adult Social Services stated that any proposed changes would involve conversations with affected individuals and their families and that an Equalities Impact Assessment would be undertaken for each eventual budget decision taken, noting that a further report on the budget proposals would be presented to the Committee at their February 2023 meeting. The Committee further noted that the Better Outcomes Better Lives programme, an invest-to-save programme of service delivery, would continue to be reported to the Committee along with other transformation work.

In response to a comment regarding workforce, the Executive Director of Adult Social Services commented that the importance of this was fully understood, adding that despite the continued challenges there was a strong and positive culture amongst the workforce. She added that the staff were the best asset she had and paid tribute to them. She further commented that Manchester was contributing to the ongoing work

at a Greater Manchester-level on the issue of staff retention. The Executive Member for Healthy Manchester and Adult Social Care echoed this statement and he further paid tribute to the senior leaders across the service.

In closing this item of business, the Chair recognised the difficult work undertaken by officers in bringing forward these proposals as they fully understood the impact these decisions had on residents. She welcomed the assurance given that conversations with effected individuals and their families would be had as any changes were implemented.

Decision

To note the report.

HSC/22/50 Charging Reforms and Fair Cost of Care

The Committee considered the report of the Executive Director of Adult Social Services that described that the social care white paper set out government plans with regard to adult social care funding reform. A revision to charging thresholds and the introduction of a care cap were due to take effect from October 2023. Progress was being made to fully understand the detailed requirements and make preparations covering process, establishment capacity and systems.

Key points and themes in the report included:

- A Fair Cost of Care programme had been undertaken in accordance with government requirements and the returns submitted accordingly;
- The results of this exercise would inform the government of the total likely cost;
- Funding for this change was to be funded from the health and social care levy (National Insurance) increase which had since been reversed by Government. However, they had committed to continue to invest the £13.8bn;
- The Council had assumed that the reforms would be fully funded from the £13.8bn and was therefore cost neutral;
- Failure to fully fund the changes from central government resources would present a significant financial risk to the Council with the implementation and transition arrangements impacted; and
- Further updates would be provided to the Committee into 2023 as the work progressed and specifically to cover the required policy changes.

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

- Recognising that the work described had been very intensive for officers; and
- Welcoming the brevity of the report, adding that it was succinct and very informative.

The Deputy Executive Director of Adult Social Services commented that the majority of the work involved had been delivered within existing teams and resources, adding that the exercise had been informative. The Executive Member for Healthy Manchester and Adult Social Care paid tribute to the work delivered by the Deputy Executive Director of Adult Social Services. The Committee were advised that update

reports would be provided to the Committee during 2023, adding that any changes to adult social care funding would be communicated nationally and staff appropriately updated as to any changes once finalised.

Decision

To note the report.

HSC/22/51 Overview Report

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

The Chair advised the Committee that a report on Gambling Related Harms would be included on the Work Programme for consideration at the 7 December 2022 meeting.

A Member requested that the report listed for the 7 December 2022 meeting on Learning Disability also provides information on the local response to the recent CQC report that looked at what people with a learning disability and autistic people experienced when they needed physical health care and treatment in hospital. The Committee supported this recommendation.

A Member also discussed the need to scrutinise the provision and delivery of acute health services across a range of activities. The Chair stated that she would discuss the most appropriate way to progress this with the Executive Member for Healthy Manchester and Adult Social Care.

Decision

The Committee notes the report and agrees the work programme, subject to the above comments.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 7 December 2022

Subject: Gambling Related Harms

Report of: Interim Deputy Director of Public Health

Summary

Gambling is perceived to be an enjoyable leisure activity for many. However, some people can experience harm. Gambling related harm caused by gambling can be wide ranging, not only to individual gamblers, but to their families, close associates, and wider society. Types of harms experienced may be financial, harm to mental health, physical health, personal and family relationships, employment and education. Anyone can gamble, but evidence suggests that some people are more likely to experience gambling harms than others. Gambling can exacerbate existing health and social inequalities. The current “cost of living crisis” may make some of our communities more vulnerable to gambling related harms.

The report includes a summary of key findings from the Public Health England (PHE) Gambling-related harms Evidence Review (1) and the recently published Greater Manchester (GM) Strategic Needs Assessment (SNA) on Gambling Related Harms (2). The report will provide an overview of work taking place in Manchester, some of which is delivered in collaboration with the Greater Manchester Gambling Related Harms programme. This work spans the wider determinants of gambling in our communities, as well as prevention work and treatment options.

The Committee is asked to consider approval to develop a Manchester Gambling Related Harms Plan in response to the reports outlined above. This plan will inform our programme of work and will be aligned to the priorities set out in Making Manchester Fairer (2022-27).

Recommendations

The Committee is asked to note the contents of the report and support the development of a Manchester Gambling Related Harms Plan.

Wards Affected: All

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

None

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

Harms from gambling can affect anyone within the community. However, those living in our most deprived areas are more likely to experience greater harms from gambling. The distribution of harm within areas is not only related to deprivation; evidence suggests that people with other addictions, mental health issues, people with learning disabilities and communities which face racial inequalities bear a disproportionate impact.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Working with key stakeholders to support and ensure statutory licensing objectives are upheld whilst permitting compliant businesses to operate.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Manchester residents may be employed by the above businesses. My protecting Manchester residents from gambling related harms, residents of all ages can fulfil their potential.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The gambling related harms plan will seek to prevent and reduce the harms from gambling to individuals and 'affected others,' ensuring appropriate interventions or support is in place to enable people to make healthy choices and continue to make a positive contribution in their communities.
A liveable and low carbon city: a destination of choice to live, visit, work	The programme will work with communities and licensed operators to better understand that issues impacting at a local level and respond appropriately.
A connected city: world class infrastructure and connectivity to drive growth	

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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.

Public Health England Gambling Harms Evidence Review (September 2021)
<https://www.gov.uk/government/publications/gambling-related-harms-evidence-review> (1)

Greater Manchester Strategic Needs Assessment (May 2022)
[Gambling Harms in Greater Manchester – Strategic Needs Assessment \(greatermanchester-ca.gov.uk\)](https://greatermanchester-ca.gov.uk/gambling-harms-in-greater-manchester-strategic-needs-assessment) (2)

Manchester City Council – Gambling Policy revision report (November 2021)
[Gambling Policy Revision report Nov.pdf \(manchester.gov.uk\)](https://manchester.gov.uk/gambling-policy-revision-report-nov.pdf) (3)

Manchester City Council – Gambling Policy
[Gambling policy statement | Manchester City Council](https://manchester.gov.uk/gambling-policy-statement) (3)

Manchester city council – Statement licensing policy (2021-26)
[Licensing policy | Manchester City Council](https://manchester.gov.uk/licensing-policy) (3)

Gambling Related Harms Report – Health and Wellbeing Board (November 2022)
[Gambling Related Harms Report November 2022 \(manchester.gov.uk\)](https://manchester.gov.uk/gambling-related-harms-report-november-2022)

1.0 Introduction

- 1.1 In 2017 the Gambling Commission described ‘problem gambling’ as a ‘Public Health concern’. The term “problem gambling” may be defined as “repetitive gambling behaviour despite harm and negative consequences”.
- 1.2 Subsequently, the Public Health England Gambling-Related Harms Evidence Review (2021) suggested that gambling should be considered a matter of public health concern because of the possible impact on the health of individuals, their families, close associates and wider society.
- 1.3 In May 2022, Greater Manchester Combined Authority (GMCA) published its first Greater Manchester (GM) Strategic Needs assessment (SNA) on Gambling Harms. This brought together the best available local and national evidence in order to describe the extent and impact of gambling related harms in our region and crucially, to better understand how partners and services could support the needs of residents.
- 1.4 This paper summarises the key findings from the GM SNA, how this applies to Manchester and a suggested response.

2.0 Background

- 2.1 The Gambling Act (2005) describes gambling as ‘any kind of betting, gaming, or playing lotteries’ and sets out how regulation of casinos, bingo, gaming machines, lotteries, betting, and remote gambling (including online gambling) are regulated in the United Kingdom.
- 2.2 The Gambling Act places a statutory duty on Manchester City Council as a statutory licensing authority to “aim to permit” gambling, providing doing so is in line with the Gambling Commission’s codes of practice, the Council’s gambling policy (3), and reasonably consistent with the below objectives of the Gambling Act, i.e:
 - Preventing gambling from being a source of crime or disorder, being associated with crime, or disorder being used to support crime.
 - Ensuring that gambling is conducted in a fair and open way
 - Protecting children and other vulnerable persons from being harmed or exploited by gambling.
- 2.3 In practice, this limits the powers available to Manchester City Council to refuse applications for new gambling licences across the city. However, where appropriate, some concerns may be addressed through the imposition of licence “conditions”.
- 2.4 There are 97 licensed gambling premises across Manchester. In general, there are a higher proportion of licensed gambling premises located within Manchester’s most deprived wards. A clear cluster can also be seen in the city centre where there are numerous “betting shops” and casinos. See Appendix 1.

- 2.5 Nationally, revenues from *online* gambling have grown by 62% in the past five years. Online gambling websites have made gambling more accessible for people to gamble, often taking place privately and without scrutiny from others. Gambling alongside sport is normalised; for example many football clubs are sponsored by gambling companies, gambling and the actual game of football in “real time” go “hand in hand” for many fans and celebrities and even footballers endorse gambling, for example in television adverts. All of the above can be seen by children and young people.
- 2.6 Regulation of online gambling activity is the responsibility of the Gambling Commission, which means that local authorities cannot intervene or regulate this activity. The growth of this type of gambling is a concern to Public Health bodies and treatment services.
- 2.7 The Department for Digital, Culture, Media, and Sport (DCMS) launched a review of gambling laws (Gambling Act 2005) to ensure they are fit for the digital age. The much-anticipated Gambling White Paper has been delayed several times but is expected to be published soon.

3.0 Preventing and Reducing Harm in Greater Manchester

- 3.1 The Greater Manchester Gambling Related Harms Board began informally in 2018 and Manchester’s Public Health and Licensing team have been core members since then. Since 2019, the board has been funded via a regulatory settlement from the Gambling Commission and has the following priorities:
- Developing understanding of gambling related harms
 - Improving access to high quality treatment and support
 - Supporting intervention to prevent gambling harms
 - Engaging with people and communities to co-design our work
- 3.2 The current harm reduction programme is driven by the Greater Manchester Gambling Harm Reduction Board which has representatives from Public Health teams across Greater Manchester and includes individuals with lived experience, Voluntary and Community Sector (VCS) organisations and gambling treatment and support providers. The Board was responsible for commissioning the GM SNA on gambling related harms which was published in May 2022.

4.0 Epidemiology of Gambling and Associated Harms

4.1 Participation in Gambling

- 4.1.1 Identification of gambling participation and prevalence is done through analysis of nationally available data from Health Survey for England (HSE) and various other gambling data sources which are referenced in the Public Health England Gambling Evidence Review and the Greater Manchester Strategic Needs Assessment (GM SNA).

- 4.1.2 The Greater Manchester Strategic Needs Assessment (2) suggests that over half (55%) of the adult population in Greater Manchester have participated in some form of gambling in the past year. Although lower than the national average, those who do gamble in GM, take part in a greater number of activities, gamble more frequently and are more likely to gamble online than the national average.
- 4.1.3 Residents of Greater Manchester are more likely to report gambling using products considered to be ‘most harmful’ (such as online gambling, electronic gaming and slot machines and casinos), which suggests they are more likely to experience higher harms than the general population. 5.5% reported that they participated in five or more different gambling activities.
- 4.1.4 In Greater Manchester, men gamble more than women, men take part in more gambling activities and gamble more frequently- which is similar to the national pattern. Anecdotal reports suggest women’s participation in gambling may be increasing, but this is not yet reflected in prevalence data. Lived experiences can be severe for women as well as men however, even though the type of gambling may differ.
- 4.1.5 Although most gambling products have a legal use age of 18 (except for football pools, society lotteries and “category D” gaming machines). Further information on children and young people and gambling is included in section 4.4.
- 4.1.6 Some analysis to understand the impact on gambling behaviour during the Covid-19 pandemic, suggested an overall reduction in gambling activity during the first “lockdown” (March - July 2020). However, “frequent gamblers” tended to gamble the same amount, or more during lockdown. Those who increased their gambling activity were more likely to be participating in harmful gambling, gamblers were more likely to be male and younger in age. This trend may mean that pre-existing health and financial inequalities relating to gambling, deepened. Longitudinal studies are needed to better understand the lasting impact of the Covid-19 pandemic on gambling behaviour and gambling related harms.

4.2 Current Gambling Prevalence

- 4.2.1 The estimated prevalence of ‘problem gambling’ within the adult population is 0.5% in the United Kingdom (UK). This increases to 0.8% in Greater Manchester i.e., 18,100 adults. This rate is 1.5 times higher than the national average. GM residents are more likely to experience ‘problem gambling’ which may be attributed to having a younger population, higher levels of social and economic exclusions and/or greater participation in more harmful gambling products. The average Problem Gambling Severity Index (PGSI) score among people accessing specialist treatment services in Greater Manchester is 24 (out of a maximum 27). This suggests that only the most severely affected individuals are actively seeking support. Early intervention and prevention is therefore not possible in many cases.

- 4.2.2 In the UK, 3.8% of the adult population are identified as 'at-risk' gamblers, meaning they experience some level of negative consequences due to their gambling. This figure increases to 4.3% (97,400) for GM residents, with 3.5% classified at 'low' risk and 0.8% at 'moderate risk'. Young people aged 16-24 years have the highest prevalence of 'at risk' gambling despite having the lowest participation in gambling.
- 4.2.3 When indicators of harm are used, 1.7% of the GM population (38,500 residents) report experiencing harms as a direct result of their gambling. (A perhaps useful comparison, is that 1.7% of GM residents experience alcohol dependency). Men (5.9%), have higher rates of gambling harms than women (0.7%), with 1 in 20 men who gamble, reporting that they experience harm as a direct result of their participation in gambling.
- 4.2.4 For every individual person directly affected by their own gambling, an average of six others are indirectly affected. This may be children, partners, parents, friends, or colleagues who experience harms in a comparable way to the person who gambles. Locally, this means that 1 in 15 GM residents are experiencing the harmful impacts of gambling.
- 4.2.5 **GM SNA analysis suggests that the gambling prevalence in Manchester is:**
- **0.8% (3,500 adults) experiencing 'problem gambling',**
 - **4.3% (23,900 adults) 'at risk'; and**
 - **6.7% (35,300 people) experiencing gambling related harms**

This is likely to be a conservative estimate of true prevalence. Although based statistically robust samples, this analysis is reliant upon self-reported data and excludes some population groups (e.g., students and those experiencing housing instability). Furthermore, we know that services which interact with people who may be experiencing gambling related harms are unlikely to ask questions or report whether gambling could have been a contributing factor in a presenting issue, for example, housing providers, health services, police and probation services.

4.3 Impact of gambling harms on communities

4.3.1 Possible reasons for gambling are thought to include:

- Quick route to wealth
- Psychological triggers used in design of gambling products
- Advertising and marketing
- Engraining of gambling in culture
- Normalisation of gambling in sport
- A social activity and source of entertainment
- Age- related milestone and life events
- Limited enforcement
- Proximity to gambling venues

- 4.3.2 The PHE Gambling Evidence Review highlights the fact that people at the greatest risk of harm from gambling are more likely to be unemployed, living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems. There was some evidence that particular populations, such as migrant communities and people with learning disabilities are at more risk of harm. Further investigation is urgently needed.
- 4.3.3 Research suggests that people living in the most deprived communities are nearly twice as likely to participate in gambling and are seven times more likely to experience problem gambling, compared with those living in the least deprived communities.
- 4.3.4 Greater Manchester residents who participate in gambling are three times more likely to need to use a foodbank, with a quarter of those who gamble reporting they go without food because of a lack money.
- 4.3.5 Participation in gambling by people from communities' experiencing racial discrimination is lower; however, evidence suggests they bear a disproportionate burden of harms and severity of harm. More detailed analysis is needed to understand the specific reasons for this; but differences in cultural beliefs may be one of the reasons, particularly where participation in gambling may be considered "taboo" and result in shame, stigma, and social exclusion. Work is already underway in Manchester to better understand how to appropriately engage and support affected individuals from communities experiencing racial inequality.
- 4.3.6 Prevalence of gambling is higher among members of the armed forces community, with military veterans ten times more likely to experience a gambling disorder or addiction.
- 4.3.7 Students residing in halls are excluded from gambling prevalence statistics. Given that Manchester has a significant student population, it is important that we do not discount the potential harms from gambling which may be being experienced with our student communities. In 2019, the National Union of Students (NUS) survey found three in five students reported to have gambled in the last 12 months, with 16% of students who gamble identified as experiencing harms or addiction. A recent survey conducted by census wide in 2022 suggest this has increased to 4 in 5 students (80%) reported to have gambled, with 41% admitting that gambling has had a negative impact on their university experience. More than 1 in 3 university students who gamble are using borrowed money to help fund their gambling, with just over 1 in 5 using their student loan to gamble.
- 4.3.8 Surveys suggest that there is a higher prevalence of gambling disorder among people who are in contact with the criminal justice system, however there is limited data to demonstrate a causal relationship. Although gambling is identified as one of the top six support needs by custody and probation service users, screening is not systematically embedded across GM or the criminal justice system.

- 4.3.9 Anyone who gambles is at risk of harm, however if they are experiencing multiple disadvantages such as homelessness, poor mental health, unemployment etc they are more likely to experience the harmful impacts of gambling. Gambling may not be the sole cause of harm but can make existing inequalities and disadvantages worse.

4.4 Children and young people

- 4.4.1 Currently, the proportion of children aged 11–16 years who participate in gambling is estimated to be 11%. Although lower than those drinking alcohol (16%), it is higher than smoking tobacco cigarettes (6%) or taking illegal drugs (5%). The proportion of children and young people in Greater Manchester who report that they have gambled in the last 12 months was 36%. Participation in gambling is higher among older children (14–16-year-olds), and boys are twice more likely to gamble than girls.
- 4.4.2 Electronic gaming (fruit and slot) machines were often identified as the first experiences of gambling among children and young people. National Lottery, scratch cards and placing private bets with friends were the most common forms of gambling reported. As young people got older there was a significant increase in online gambling among boys. There is a growing link between gaming and gambling with features such as “loot boxes” and in-game trading thereby normalising gambling behaviour within games more frequently played by young people.
- 4.4.3 Professionals working with children and young people report a possible link between gambling and “Adverse Childhood Experiences” (ACES). A child living in a home where adults gamble may experience periods of financial difficulty, domestic abuse, emotional neglect and these experiences can be inconsistent and unpredictable, as the mood and domestic situation may reflect adults gambling activity and whether gambling adults had “won” or “lost”.

4.5 Harms associated with gambling

- 4.5.1 Gambling related harms are complex and will be experienced differently, dependent upon individual circumstances. Gambling may be the sole cause of harms or make existing inequalities and disadvantages worse. The types of harms associated with gambling are listed below, and although they are categorised individually, they are frequently interlinked.

Financial Harms: The most commonly reported harm which includes debt (including issues with loan sharks etc), asset loses, bankruptcy, financial hardship including debt which causes homelessness. Frequently will impact family members.

Mental and physical health harms: The second most commonly reported harm, including addictive and compulsive behaviours, depression and anxiety, stress, sleep deprivation and exhaustion. The relationship between

gambling and mental health is complex and is linked to suicide and suicide ideation. Section 4.6 includes additional information.

Relationship harm: This can include relationship disruption, conflict or breakdown, loss of trust, neglect of responsibilities, violence and other forms of domestic abuse.

Criminal activity: Crimes associated with gambling may include theft, damage to property in licensed premises, threatening behaviour and fraud.

Employment and education: Gambling can lead to reduced performance at work or in education and can result in increased absenteeism, stress, underachievement, theft and fraud.

Cultural harms: Gambling is considered to be unacceptable in some cultures and communities and is a 'taboo' subject. Therefore, gamblers and their close associates may experience additional harm related to shame, stigma, isolation which may make it difficult for them to seek help. Conversely, gambling may be 'normalised' in some communities/families and the associated harms can be intergenerational.

4.6 Gambling and Co-morbidities

- 4.6.1 The PHE Evidence(1) review found a clear association between gambling at all levels of harm and increased alcohol consumption, which was greater for 'at risk' and 'problem gambling.'
- 4.6.2 There is an established link between gambling addiction and suicide attempts and ideation. Suicidal events are at least twice as likely among adults experiencing problems with gambling. Greater Manchester Police (GMP) respond to at least one incident each week where serious concern has been raised of a risk of suicide directly associated with gambling. It is estimated that between 240 -700 people take their own life every year in England related to gambling, however gambling is not currently recorded as a relevant factor to deaths by suicide by coroners. Suicide risk and suicide prevention should be considered where gambling harms are identified.
- 4.6.3 In Manchester, gamblers can access support and treatment through the Greater Manchester NHS Gambling Treatment Service and Beacon Counselling. Those providers report the need to refer and link to other services as follows:
- **During treatment:**
 - Mental health services e.g. Community Mental Health Team, Attention Deficit Hyperactivity Disorder (ADHD) and Autism services, Improving Access to Psychological Therapies (IAPT) team
 - Debt and financial advice services
 - Substance and alcohol misuse services

- **Post treatment:**
 - Services which encourage social and physical activity e.g. community-based projects such as Men’s Sheds, Andy’s Man Club, voluntary work
 - Mental health services
 - Debt and financial advice services
 - Services that support individuals with employment/legal support/welfare support.
 - Substance and alcohol misuse services
 - Housing providers who provide safe high quality sustainable accommodation and support to secure longer-term options.

4.7 Gambling Treatment and Support

- 4.7.1 Local authorities are not currently responsible for commissioning gambling treatment and support services. NHS England funds a regional clinic (NHS Northern Gambling Service). All other specialist treatment and support services for people experiencing gambling harms are commissioned on a regional basis by GambleAware, using funding primarily sourced from gambling operators (including the National Gambling Helpline). Although free to access, they are not accountable to local health governance structures.
- 4.7.2 The NHS Northern Gambling Service (NGS) provides specialist addiction therapy and recovery to people affected by gambling addiction, as well as those with mental health problems such as depression, anxiety, trauma, and suicidal feelings. They also provide help to people close to those with gambling addiction, such as family, partners, and carers. The service includes a clinical team made up of psychologists, therapists, psychiatrists, and mental health nurses and includes experts by experience – people who have recovered from gambling addiction. NGS has three clinics located in Leeds, Sunderland and Salford (the latter serving all of Greater Manchester). The service monitors treatment outcomes from start to 3- and 12-month follow-ups points. Referrals are received from individuals and professionals (50/50), with some originating from other gambling treatment providers. Discharge plans are developed with a service user, and clients are signposted to debt management support early in their treatment journey. A Peer Support Worker is available throughout treatment to “build recovery capital”, e.g., linking a service user with volunteering opportunities. Discharge letters are provided for a clients’ GP, which would include recommendations for follow-up treatment.
- 4.7.3 Beacon Counselling Trust (BCT) is a GM/regional treatment and support service commissioned by GambleAware, providing advice, information, and support for clients who generally are experience a lower severity of harm. Cross referral between Beacon and the NGS takes place. In March 2022 BCT opened a new gambling treatment and support clinic in Manchester city centre. This space was provided free of charge by Change, Grow, Live who also provide Manchester’s Substance Misuse Service and Manchester’s community Stop Smoking Service. The Manchester physical facility is part time and is something Manchester City Council and GM partners would like

to extend. However, Beacon can treat Manchester residents virtually, or elsewhere throughout the week.

- 4.7.4 Data from Beacon Counselling Trust (April 2016-March 2021) shows that on average, approximately 72 Manchester residents access gambling treatment support each year of which 91% are self-referrals, 4% health and social care referred, 1% police, probation, and courts service and 4% referred by other service or agency (e.g. Voluntary Community and Social Enterprise, or Job Centre Plus).
- 4.7.5 Gordon Moody is a charity set up to support families and communities affected by gambling related harms. It provides residential rehabilitation services for gambling support and has opened a new facility in Greater Manchester in 2022. Approximately 80% of referrals to its services are self-referrals. The service has partnered with Adeferiad, who provide support for individuals with higher complexity of need or who may be experiencing co-occurring conditions.
- 4.7.6 The proportion of self-referrals are particularly high for gambling treatment and support. In contrast, 61% of referrals to specialist drug and alcohol services come from self-referrals and 21% from health and social care settings. This leads us to speculate that more work is needed to raise awareness of gambling related harms and the treatment and support services available amongst professionals and communities.
- 4.7.7 There are a growing number of peer support services available for people experiencing or in recovery from gambling related harms in GM.
- 4.7.8 Help and Support Manchester includes further information on gambling support services which can be accessed via this link [Gambling | Help & Support Manchester](#) . GMCA website also includes information on treatment and support services and can be accessed via this link. [GMCA Gambling treatment and support](#) .

4.8 Estimated economic burden of gambling

- 4.8.1 PHE Gambling Evidence Review estimated the excess economic burden as a result of gambling harms in the UK was £1.27 billion in 2019-20. In Manchester this figure is estimated to be £15.3 million in 2022. This does not include the cost of treatment and support.

Figure 1: estimated economic burden of gambling in Manchester

Domain	Sub-domain	Cohort	Fiscal Costs	Wider (economic / social) costs	Total
Financial	Statutory homelessness	Adults	£1,370,000		£1,370,000
Health	Deaths from suicide	Adults		£5,710,000	£5,710,000
Health	Depression	Adults	£4,390,000		£4,390,000
Health	Alcohol dependence	Adults	£90,000		£90,000
Health	Illicit drug use	17-24 years	£40,000		£40,000
Employment and education	Unemployment benefits	Adults	£1,500,000		£1,500,000
Criminal activity	Imprisonment	Adults	£2,200,000		£2,200,000
All modelled excess costs			£9,590,000	£5,710,000	£15,300,000

4.8.2 It is fair to suggest that the investment in addressing gambling related harm is not being matched to reflect the economic burden,

5.0 Delivery of Gambling Related Harms work

5.1 Work has been taking place to support the strategic development of the gambling related harms programme both locally and at a GM level through the GM Gambling Harm Reduction Board. Key activities to date include:

- Local Authority baselines activity review
- Shared response to Gambling Act review
- New Gambling Treatment clinic opened in Manchester city centre
- Greater Manchester Strategic Needs Assessment on Gambling related harms published.
- Gambling Harms discussion sessions with communities experiencing racial
- Inequalities in Manchester
- Engagement with Gambling Treatment and Support Providers to better understand and promote service offers.
- Delivery of Communities Against Gambling Harms (CAGH) projects. E.g., “Against The Odds” sports charter launched
- Commissioning research on student population to raise awareness of
- gambling harms and increase our understanding of the impact of gambling within the student population
- Training package for GP’s and other health professionals currently in development
- Commissioning research with student population to raise awareness of
- gambling harms and increase our understanding of the impact of gambling within the student population

5.2 GM recently launched a campaign to raise awareness of the harms linked to gambling. The campaign [Odds Are: They Win](#) highlights some of the tactics used by the gambling industry to and to remind gamblers that the odds of them winning money are not in the gamblers favour’. It is hoped that the campaign, which will be shared through a range of communications platforms, will enable people to have open discussions around gambling harms. Examples of some of the campaign messaging is included in appendix 2.

6.0 Developing and Implementing a Manchester Gambling Related Harms plan

6.1 Much of what we know, as outlined above, pertains to a Greater Manchester footprint and is thanks to the GM SNA. The next step must be to formulate a local response which results in those communities and people who are most at risk from gambling related harm in Manchester, being helped to either stop, or at least reduce, the gambling behaviour which causes them harm.

6.2 'Making Manchester Fairer (MMF) tackling health inequalities in Manchester 2022-27' is the city's new action plan to tackle the preventable gaps between people with the worse health and people with the best (health inequalities). There are eight themes within the MMF plan:

- Giving children and young people the best start in life
- Lifting low-income households out of poverty and debt
- Cutting unemployment and creating good jobs
- Preventing illness and early death through killers like heart and lung disease diabetes and cancer
- Improving housing and creating safe, warm, and affordable homes
- Improving our surroundings, the environment where we live, transport and climate change
- Fighting systemic and structural discrimination and racism
- Community power and social connections

6.3 Gambling related harms work cuts across a number of these thematic areas, and it is important that any local Gambling Related Harms plan should align.

6.4 The cost-of-living crisis means that harms from gambling is an increased risk for everyone; however, those living in more deprived neighbourhoods will be at greater risk as some people will gamble in an attempt to alleviate debt. The council's webpage [Help with the cost of living crisis](#) has recently been updated to include additional resources across a range of topics, this includes information on gambling treatment and support services.

6.5 Links between poverty and gambling harms will need to be monitored more closely to fully understand the impact locally.

7.0 Summary

7.1 There is a range of evidence to support the view that gambling can be a health harming activity, with the impact to individuals and/or their families varying significantly depending on their circumstances. We know that some communities are disproportionately affected by gambling related harms and that those living in more deprived communities are at greater risk of harm from gambling. Harmful gambling can make existing health and social inequalities worse. The location of gambling premises in Manchester suggests that the industry targets some communities. Harmful products are targeted at populations vulnerable to harm in some cases.

- 7.2 Gambling related harm is often a hidden harm for adults and can also cause Adverse Childhood Experiences. Manchester's response should not be a campaign against all forms of gambling, but rather, a response which reduces the unfair impact of gambling harm on vulnerable people and communities, so as to reduce the inequalities caused.
- 7.3 A Manchester Gambling Related Harms plan would be developed within the context and approach of City's Making Manchester Fairer Plan.

8.0 Recommendations

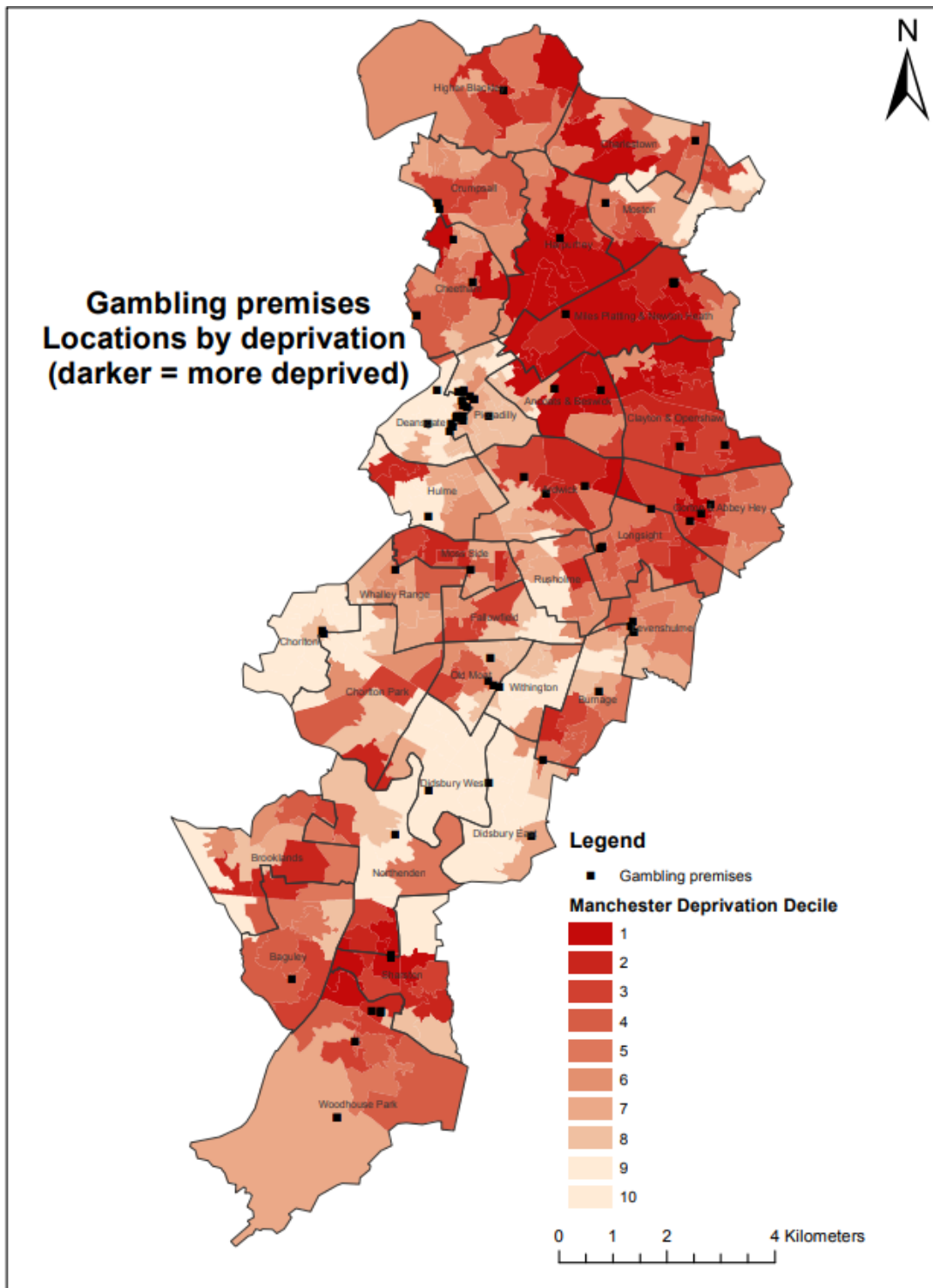
- 8.1 The Committee is asked to note the contents of the report and support the development of a Manchester Gambling Related Harms Plan.

9.0 Appendices

Appendix 1- Licensed Gambling Premises in Manchester
Appendix 2- Odds are They Win" GM social marketing campaign

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Appendix 1. Licensed gambling premises in Manchester



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 Produced by Manchester Population Health Team

NB. Each of the dots above may represent more than one premise.

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Odds Are: They Win

3

- Anti-gambling harms campaign, not an anti-gambling campaign
- Raise awareness of the harms linked to gambling.
- Highlighting some of the tactics used by the gambling industry and to make people aware of the risks they face when they gamble.

#OddsAreTheyWin

[Odds Are: They Win](#)

Gambling harms are the harms a person can experience as a result of gambling. Harms are not just financial. It can impact your health and wellbeing and relationships with friends and family.

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A STAGGERING 25% OF FIXED ODDS BETTING TERMINAL PLAYERS EXPERIENCE HARM AS A RESULT OF GAMBLING.

BETTING TERMINALS

ODDS ARE THEY WIN

#ODDSARETHEYWIN

FAST, SHORT, REPETITIVE SPINS ENCOURAGE IMPULSIVE GAMBLING, MEANING YOU CAN SPEND MORE TIME AND MONEY WITHOUT REALISING.

GAMBLING APPS

ODDS ARE THEY WIN

#ODDSARETHEYWIN

FREE BETS CAN DISGUISE LOSSES AS WINS, INCREASING THE RISK OF HARM FROM GAMBLING SIGNIFICANTLY.

FREE BETS

ODDS ARE THEY WIN

#ODDSARETHEYWIN

FOR EVERY PERSON IN GREATER MANCHESTER DIRECTLY AFFECTED BY THEIR OWN GAMBLING, IT'S ESTIMATED **6 OTHERS** ARE INDIRECTLY AFFECTED.

GAMBLING COMPANIES ODDS ARE THEY WIN

DID YOU KNOW THAT AN ESTIMATED **£2.1 BILLION** IS SPENT ON GAMBLING EACH YEAR IN GREATER MANCHESTER?

GAMBLING COMPANIES ODDS ARE THEY WIN

DID YOU KNOW
1 IN 15

GREATER MANCHESTER RESIDENTS ARE EXPERIENCING THE HARMFUL IMPACTS OF GAMBLING RIGHT NOW?

GAMBLING COMPANIES ODDS ARE THEY WIN

Despite being the least likely to gamble,
YOUNG PEOPLE AGED 16-24

are most likely to be at risk of harms as a result of gambling.

GAMBLING COMPANIES ODDS ARE THEY WIN

DID YOU KNOW
**1 IN 8
PEOPLE**
WHO BET ON SPORTS
EVENTS SUFFER
HARM AS A RESULT
OF GAMBLING?

GAMBLING COMPANIES **ODDS ARE THEY WIN**



DID YOU KNOW? WATCHING
FOOTBALL ON TV COULD EXPOSE YOU
AND YOUR CHILDREN TO A GAMBLING
ADVERT EVERY 10 SECONDS.

GAMBLING ADVERTS **ODDS ARE THEY WIN**

#ODDSARETHEYWIN

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 7 December 2022

Subject: Adult Learning Disability Services

Report of: Executive Director of Adult Social Services

Summary

The purpose of the report is to outline key developments across Health and Social Care in Manchester relating to Adult Learning Disability services, as requested by Health Scrutiny Committee. This includes the following:

- Developments surrounding the Commissioning Strategy for Adults with a Learning Disability.
- Developments surrounding the Planning for People with Learning Disability Board.
- The NHS Transforming Care agenda.
- Healthcare - with an additional focus surrounding the local response to the recent national Care Quality Commission (CQC) report that looked at the experiences of people with a Learning Disability and Autistic people, when they needed physical health care and treatment in hospital.
- Transition to Adulthood.
- Manchester City Council/Manchester Local Care Organisation In-House Provider Services review (Supported Accommodation, Day Services and Short Breaks).

Recommendations

The Committee is recommended to:

- i. Support the ongoing strategic developments relating to Adult Learning Disability services across the Health and Social Care system in Manchester.
 - ii. Consider and comment on the information contained within the report.
-

Wards Affected: All

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

The focus of this specific report does not pertain to environmental impact or the zero-carbon agenda. Although any specific projects or initiatives encompassed within the various programmes of work, will ensure that environmental impact is considered and factored into planning and delivery where appropriate.

<p>Equality, Diversity, and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>	
<p>All core initiatives and developments discussed within this report are focused on maximizing independence, choice, and control for adult citizens with a Learning Disability who may also have other associated conditions (e.g., Mental Health conditions, Autism) in Manchester. These disabilities are protected characteristics enshrined within the Equality Act 2010. Citizens with a Learning Disability have a right to live healthy, safe, and fulfilling lives within their local communities.</p> <p>All statutory bodies involved in the delivery of the key areas outlined within this report are also responsible for ensuring fair and equal access to services in accordance with relevant legislation including (for example) the Care Act (2014) and National Health Services Act (2006).</p> <p>Any future developments will be subject to Equality Impact Assessment on an individual programme/project basis.</p>	
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	All programmes of work are focused at supporting a thriving and sustainable city, with a focus on creating stronger communities, and equality of opportunity for Adults with a Learning Disability (including citizens transitioning to adulthood), as well as their families/carers. This includes access to Health and Social Care services, employment, skills, and educational opportunities.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Future developments which relate to the areas discussed within the report, are aligned to the workforce strategies for each organisation. The recruitment of local people is central to planning, and also focuses on developing the next generation of leaders to ensure a sustainable and prosperous Health and Social Care economy in Manchester, both now and in the future.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	All key areas discussed within this report will ensure that citizen involvement is central to developments through effective engagement, consultation, and co-production, in order to ensure services are truly designed around the needs of citizens and their families/carers, ensuring equal access to services where eligible.
A liveable and low carbon city: a destination of choice to live, visit, work	The Low Carbon agenda does not directly relate to this report; however, all initiatives will ensure that the principles of delivering a low carbon city are central to plans and developments where appropriate.

A connected city: world class infrastructure and connectivity to drive growth	All future developments will consider infrastructure and connectivity, whether that be the ability to access local services, buildings and/or using assistive technologies to promote and enable independence for citizens aligned with the Better Outcomes, Better Lives programme.
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Financial Consequences – Revenue

There are no associated financial revenue consequences described within this specific report, however considerable planning is taking place separately surrounding the Adult Social Care budget for 2023-2026, which has recently been presented to the Health Scrutiny committee in November 2022.

Health Scrutiny Committee will be kept informed of any further developments, with the next key budget report in February 2023.

Financial Consequences – Capital

There are no immediate associated financial capital consequences within this report. Any financial proposals would be considered and presented on a case-by-case basis for each programme of work where required.

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Background documents (available for public inspection):

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

The Care Quality Commission (CQC) report *“Experiences of being in hospital for people with a learning disability and autistic people”*.

1.0 Introduction

- 1.1 The purpose of the report is to outline key developments across Health and Social Care in Manchester relating to Adult Learning Disability services (including younger citizens transitioning to adulthood), as requested by Health Scrutiny Committee. Partners representing a range of local statutory organisations have contributed to this report including Manchester City Council (MCC), Manchester Local Care Organisation (MLCO), Greater Manchester Integrated Care (GMIC) and Manchester University NHS Foundation Trust (MFT).

2.0 Background

- 2.1 The report discusses a range of issues and developments across the Health and Social Care landscape in Manchester relating to Adult Learning Disability (and Transitional) services.

- 2.2 This includes the following:

- **Developments surrounding the commissioning strategy for Adults with a Learning Disability** – This is a project focused on developing an accessible local Manchester Commissioning Strategy for Adults with a Learning Disability, which sets out the core priorities of Health and Social Care organisations in Manchester from 2023-2028.
- **Developments surrounding the Planning for People with Learning Disability Board** – This board is a coming together of key partners across Manchester, with the core aim of driving forward developments across the whole Learning Disability agenda.
- **The NHS Transforming Care agenda** – This agenda resulted from the Winterbourne View independent hospital investigation in 2011. The agenda has a focus on ensuring that vulnerable citizens with a Learning Disability and/or Autism do not remain in hospital under the care of the Mental Health Act for any longer than they need to be. The agenda also focuses on preventing admissions to hospital where appropriate and safe to do so.
- **Healthcare** - with an additional focus surrounding the local response to the recent national Care Quality Commission (CQC) report that looked at the experiences of people with a Learning Disability and Autistic people, when they needed physical health care and treatment in hospital.
- **Transition to Adulthood** – This area focuses on the approach for citizens who are transitioning into adulthood, as well as support for their carers/families throughout the process.
- **Manchester City Council, in-house provider services review** - (Supported Living, Day Services and Short Breaks). These are a range of housing-based social care services, services where citizens undertake meaningful daytime opportunities in the community, and services where citizens and their

carers/family members can access a break when required, in line with their needs and circumstances.

3.0 Key Developments

3.1 Developments surrounding the commissioning strategy for Adults with a Learning Disability (2023-2028)

3.1.1 In April 2022, a new Head of Commissioning for Adult Learning Disability was appointed within Manchester City Council (MCC) and Manchester Local Care Organisation (MLCO). A key task identified was to develop an immediate commissioning plan for the next 24 months for Adult Learning Disability Services, which was approved by the MLCO Commissioning Board in July 2022. A key component of the plan is to ensure that by April 2023, a place-based Manchester Health and Social Care Commissioning Strategy is developed for adults with a Learning Disability (inc. citizens transitioning to adulthood from age 16+) across the next five years.

3.1.2 To ensure that the plan is citizen focused, a full engagement process commenced on 17 November 2022, and will run up to the end of December 2022. The purpose of the engagement is to listen to the views of citizens who use services (or could possibly use services in the future) and their families/carers, in order to understand what good quality services looks like, and to obtain views about a number of our plans across Health and Social Care including (but not exclusively):

- **Improving Community Services and Accommodation** – this includes reviewing and making improvements to a number of our services including Supported Accommodation, Day Services and Short Breaks for example.
- **Promoting Independence and Development** – This focuses on areas such as the Strengths-Based Review programme, and promoting citizens to be as independent as possible, in accordance with the Better Outcomes, Better Lives programme.
- **Improving Healthcare** – This includes developments around healthcare including Primary Care, G.P's, support when citizens need hospital care for physical and/or mental health reasons.
- **Ensuring continued consultation, co-production and engagement with citizens and their carers/families** – Ensuring that all organisations continue to talk to citizens about any future plans, so people can have their say.
- **Support for Carers** – To ensure Carers get the support they need when they need it.
- **Improving intelligence (Data) and ensuring continued partnership working** – To ensure Health and Social Care join up information (where appropriate), to enable the system to plan better.

- 3.1.3 The strategy will also link in with wider work happening across Greater Manchester and will align with the principles of the wider Greater Manchester Learning Disability Strategy as well as Manchester University NHS Foundation Trusts' (MFT) recently produced Learning Disability Strategy. A key focus of the future Manchester Commissioning Strategy will be for services to promote a strengths-based approach in accordance with the Better Outcomes, Better Lives agenda, which centres around enabling citizens to have as much independence, choice, and control within their own lives as practically possible.
- 3.1.4 The Commissioning Strategy will describe the priorities of Health and Social care organisations in Manchester from 2023-2028, in a way which is accessible to citizens with a Learning Disability, exclusively in an easy read format.

3.2 Developments surrounding the Planning for People with a Learning Disability Board

- 3.2.1 This board is a coming together of key partners across Manchester, with the core aim of driving forward developments underpinned by the Greater Manchester Learning Disability strategy and future Manchester place based Joint Health and Social Care Commissioning Strategy (2023-2028). This work of the board focuses on the whole Learning Disability agenda, including improving equalities in health, housing, preparation for adulthood, criminal justice services, social care, commissioning, and work within the community. The board has recently reformed after the COVID – 19 pandemic and is working with local user led groups such as Manchester People First, to understand how citizens with a Learning Disability would like to be re-engaged with the board moving forward, to ensure that co-production, participation, and inclusion is as meaningful as possible, in order to influence decision making.

3.3 The NHS Transforming Care agenda

- 3.3.1 Manchester is accountable to Greater Manchester's Integrated Care Board (Learning Disability and Autism Team) for delivering the Transforming Care agenda, as part of NHS England and NHS Improvement. A Manchester Transforming Care programme was refreshed in 2022, to oversee whole system quality, and service improvements. This programme reports to Manchester's Transforming Care Oversight Group and includes senior representative across the Integrated Care System within Manchester and from the Greater Manchester (GM) collaborative.

Transforming Care – Citizens who are in hospital (detained under the Mental Health Act)

- 3.3.2 This means citizens receiving treatment or care in a facility registered by the Care Quality Commission (CQC) as a hospital operated by either an NHS or independent sector provider.

3.3.3 This should include patients of:

- any age
- any level of security (general/low/medium/high)
- any status under the Mental Health Act (informal or detained)
- Have a Learning Disability or Autism diagnosis.

3.3.4 There are 44 people with either a diagnosis of a Learning Disability and/or Autism supported within inpatient settings.

3.3.5 They are identified as:

- Secure Placements (NHS England Specialised Commissioning are responsible for overseeing these placements through the provider collaborative). These citizens generally require longer term treatment programmes, which may include forensic support interventions. Manchester has seventeen (17) people supported in secure settings.
- Non-Secure Placements – These placements are commissioned by the Integrated Care System within Manchester (who are responsible). Most of the citizens are placed in Greater Manchester Mental Health (GMMH) settings. Citizens within these services may require assessment and treatment and/or rehabilitation type support. Manchester has twenty-seven (27) citizens placed in non-secure settings. All patients within these settings have a managed care pathway, whether that be short, medium, or long term.

Assuring Transformation (AT) Programme

3.3.6 All hospital placements are continually monitored via the NHSE Digital National Assuring Transformation (AT) database. NHSE Digital monitor citizens in hospital care closely (specifically around Mental Health). Regional (AT) monitoring has recently increased to weekly. At a minimum, the Assuring Transformation process will ensure all patients have a care coordinator and receive Care and Treatment Reviews (CTR's) at the required intervals, with discharge planning being a central feature of the process. Care and Treatment Reviews are undertaken by NHS Commissioners to ensure that citizens are only admitted to hospital when absolutely necessary, for the shortest amount of time possible and in the least restrictive setting.

3.3.7 There are a number of wider system challenges that we are addressing in Manchester to ensure the Assuring Transformation process runs as smoothly as it can:

- **Delays in admission notification from some Mental Health wards when they have new admissions.** This is often because Learning Disability (or Autism) diagnoses is not always known at the point of admission, or ward staff are not aware of NHS reporting requirements. Considerable work is taking place promoting the Transforming Care agenda as well as Care and Treatment Reviews. Various training and

education programmes being delivered to wards to enhance knowledge and awareness.

- **Information for Secure placements (managed by NHS England Specialised Commissioning) is not held or readily available locally.** Conversations are taking place with NHS England to address this as a priority.
- **Workforce**– There are considerable challenges recruiting to roles particularly in facilities supporting citizens in hospital, as well as within Social Care services in the community (e.g., Supported Accommodation). Manchester has communicated extensively with providers via the national cost of care process and local fee setting reviews across a range of sectors, to help work with providers surrounding local challenges, and to ensure that frontline workers are receiving the Foundation Living Wage as a minimum. A considerable amount of work has also been undertaken to support recruitment, such as the social care recruitment fair held at the City of Manchester Stadium in the Autumn 2022, led by the Performance, Quality, and Intelligence Team.
- **Finding suitable placements.** Manchester is supporting the wider Greater Manchester (GM) Complex Care programme, which brings Commissioners, care and support providers and housing providers together across Greater Manchester, with the aim of developing good quality support solutions for citizens with a Learning Disability and Autism. The project has been supported by a Memorandum of Understanding. There are properties being purchased/developed for some of our current citizens who are in hospital (to support discharge), and we have already had some successes. The Manchester programme is connected to the Enabling Independent Accommodation Strategy, which is currently being progressed by Manchester City Council (and discussed at the Committee's October meeting) in partnership with many key stakeholders including the social housing sector.

Dynamic Support Planning (DSP)

- 3.3.8 The Dynamic Support Plan (DSP) is a record of citizens who are at potential risk of an admission and actively looks at ways to prevent escalation. There are currently 51 people on Manchester's DSP system.
- 3.3.9 As a result of the Dynamic Support Plan process, we have been able to avoid many potential admissions to hospital and have supported a number of citizens to stay safe and well in the community. This has been achieved through a strong integrated assessment approach, and an enhanced multi-disciplinary team that provides highly skilled interventions and follow up.

3.4 Healthcare

Manchester Learning Disabilities and Autism Health Oversight Board

- 3.4.1 In October 2022, it was agreed to merge the Manchester Learning Disability Mortality Review (LeDeR) Steering group with the Manchester Learning Disability Good Health Group, in order to establish an expanded all-age Manchester Learning Disability and Autism Health Oversight Board. The purpose of this Board is to provide a quality assurance and improvement forum for all health-related priorities and work streams for citizens with Learning Disabilities (and Autistic people) in Manchester. It will be a collaborative space including all partners, establish system ownership of the Manchester Health (Learning Disabilities and Autism) Improvement Plan and bring local workstreams into one place, directly addressing health inequalities for these communities.
- 3.4.2 From January 2023, the Board will establish a set of core principles to oversee and assure delivery through the system Improvement plan, which will be underpinned by the seven national priorities for Learning Disabilities and Autism mapped to seven key workstreams with agreed high-level outcomes and quality measures. The aim is to reduce duplication across organisational plans, be a check and challenge space for health strategies across sectors, and to ensure quality and safety is front and centre of all planning.
- 3.4.3 The Board will also have a specific focus on inequalities experienced by people with Learning Disabilities from minority communities. An example of this is oversight and support for the Targeted Engagement programme for people with Learning Disabilities from minority communities, funded by Manchester locality and implemented by three Voluntary and Community Sector groups.
- 3.4.4 The Board's quality improvement plan will embed national, regional, and local priorities and recommendations from LeDeR mortality reviews, quality visits, Care Quality Commission (CQC) inspections of hospitals and care settings, safe and wellbeing reviews, care and treatment reviews, receive and assure assessments against the Learning Disability standards. The Board aims to be a central place around good health, where communication can be well planned, information can be shared, and actions can be taken in a joined-up way.
- 3.4.5. This structure will have both locality and Greater Manchester reporting routes via the locality Associate Director of Quality and Nursing, including Manchester locality leadership structures, the Manchester Partnership Board (via the Deputy Place Based Lead), the Greater Manchester Integrated Care Learning Disability and Autism Board, and in parallel, the Greater Manchester Integrated Care Quality governance. There will also be a continuous strategic link in with the Planning with People with Learning Disability Board through regular attendance of meetings by key leads at both Boards, communication, and shared reporting mechanisms.

The local response to the recent national Care Quality Commission (CQC) report (2022)

- 3.4.6 Manchester University NHS Foundation Trust (MFT) is committed to ensuring that adults with a diagnosis of Learning Disability and or Autism receive appropriate high-quality care when accessing physical healthcare services.
- 3.4.7 In June 2022, MFT implemented a Trust Learning Disability Strategy “Our plan for people with learning disabilities and/ or autism, their families, and carers 2022-2025”. The Strategy has four strategic priorities.
- Respecting and protecting rights
 - Inclusion and engagement
 - Workforce
 - Learning Disability service standards
- 3.4.8 The strategy priorities closely align to the domains identified in the CQC (2022) review focusing on what people with a Learning Disability and/or Autism need from physical health care and treatment in hospital.
- 3.4.9 Oversight of the strategy is provided by the Chair of the Learning Disability Steering Group (Director of Nursing and Professional Lead Manchester and Trafford Local Care Organisations). Local Learning Disability Delivery Groups at each MFT hospital and managed clinical services (MCS), who are responsible for the delivery of the strategy on a day-to-day basis.
- 3.4.10 The key work ongoing in the Trust to deliver high quality care and treatment in hospitals is described as follows:

Access to care

- 3.4.11 MFT has processes in place to ensure the consistent use of hospital passports and reasonable adjustments for patients with a Learning Disability and/or Autism.
- 3.4.12 Any restrictions or deprivations of liberty associated with the delivery of care and treatment are monitored. The MFT Safeguarding Learning Disability team monitor the care of all patients admitted to hospital with a Learning Disability and/or Autism. In addition, each hospital has a process in place, so all patients with a Learning Disability and/or Autism have a daily matron review.
- 3.4.13 All patients with a Learning Disability and/or Autism will have a reasonable adjustment care plan when admitted to hospital. This process is monitored, and quality assured through the Trust Safeguarding Learning Disability and Autism Team undertaking daily ‘Quality Rounds’ for all patients with a diagnosis of a Learning Disability and/or Autism. The team also undertake joint working with the Community Learning Disability Teams to ensure the safe admission and discharge of the patient back into the community.

Communication

- 3.4.14 The delivery of mandatory training, and the provision of support and advice from the Specialist Safeguarding Learning Disability Nurses supports frontline

staff to have the tools and skills to enable effective communication with patients.

3.4.15 The Trust has a well-established Learning Disabilities and Autism Patient and Carer Forum to hear the voice of patients and their families and is working to strengthen how the patient's voice is heard across all MFT hospitals.

3.4.16 All wards and departments have local Learning Disability and Autism champions.

Workforce Skills and Development

3.4.17 MFT is committed to having a workforce that has the skills and capacity to meet the needs of people with a Learning Disability and or Autism by providing safe, sustainable staffing with effective leadership at all levels.

3.4.18 MFT has invested in a team of Safeguarding Learning Disability Nurses to support staff to deliver high quality care. MFT delivers a range of training to support professional development in the workforce and will implement the Olivier McGowan Autism training in response to national recommendations.

Next Steps

3.4.19 Senior Leadership members and key groups within MFT are currently reviewing the Care Quality Commission (CQC, 2022) report to benchmark practice against the report's findings to strengthen localised delivery plans, which continue to be monitored Trust wide through the Learning Disability Steering Group.

3.4.20 Representatives from the MFT Learning Disability Steering Group will contribute to the Manchester Learning Disabilities and Autism Health Board to inform and support improvement plans for all health-related priorities and work streams for citizens with Learning Disabilities (and Autistic people) in Manchester accessing services provided by MFT. There will also be synergy with the Planning for People with a Learning Disability Board.

3.4.21 Through the delivery of the MFT Learning Disability and Autism MFT strategy, the Trust aims to continue delivering high quality, safe and person-centred care to people with Learning Disabilities and/or Autism, and their families and carers.

3.5 Transition to Adulthood

3.5.1 The aim of the Social Care Transitions Service is to assist young people and their circle of support to understand, in advance, how identified care and support needs which may continue into adulthood, could be met once the young person has turned 18. The aim is to plan and support seamless service provision, with a focus on working towards young people having an independent life. Recent Adult Social Care performance reports show 66% of the young people open to the service have Learning Disability as being their

primary support reason. As such, the relevance and involvement of the Transitions Service cuts across all areas covered elsewhere in this report.

- 3.5.2 In addition to Adult Social Care, good transition planning involves contributions from a range of partners including Health, Children's Social Care, Education as well as Care Providers. Key to its success is a coordinated approach.
- 3.5.3 To ensure citizens with a Learning Disability have the right care, at the right time, an integrated referral meeting has been introduced which routinely involves a senior representative from the Adult Learning Disability Health service. This supports the planning and navigation of moving from Children's focused provision, which is often within a school setting, to provision across the Adult Health and Social Care landscape, which is often in a community-based setting, by identifying the most appropriate assessment pathway. Awareness and access to pathways such as Continuing Healthcare and support from the Greater Manchester Specialist Support Team has increased, along with access to specialist Learning Disability Short Break provision.
- 3.5.4 The service has redefined its offer, accepting referrals for young people from age 14 years (if have an Education Health and Care Plan) or from age 16 if without an Education Health and Care Plan, to ensure Adult Social Care are able to work collaboratively with partners who are focusing on preparation for adulthood, along with having intelligence to inform future commissioning need.
- 3.5.5 Young people, Carers and Professionals have recently been involved in the co-development of a Preparation for Adulthood tool, which will be used by newly appointed Person-Centred Planners to support young people to have choice and control in their lives, whilst they are approaching adulthood, with an underlying principle of 'no surprises' for young people and their families. This is in recognition of young people beginning to have changes in their rights and responsibilities as they prepare for, and enter adulthood, which can be a time of increased hope, change, opportunity, but also anxiety. A parallel objective will be to provide a warm welcome to Adult Social Care services and smoothen out the introduction of how services are delivered to adults and their families.

3.6 Manchester City Council/Manchester Local Care Organisation In-House Provider Services Review

- 3.6.1 The Provider Services Review has been initiated to deliver a programme of transformation, in order to achieve new models of care. A key reason for this review is to respond to new and historic challenges, such as the increasing need for complex and specialist interventions for a number of citizens, which invariably leads to significant high-cost placements in area and/ or out of area due to a lack of sufficient alternatives across the city.
- 3.6.2 The services in-scope for the review within Adult Social Care are:
- **Day Services** – This service offers daytime opportunities from three (3) centres across the city, focused on person centred planning to improve

physical and emotional wellbeing. These services currently support around 145 people per year.

- **Disability Support Accommodation Service (DSAS)** which provides Supported Accommodation person-centred support to 175 citizens in 121 individual properties across 31 sites citywide.
- **Short Breaks Services** provides planned, emergency, and short-term breaks within three (3) properties in the North & South of the city to citizens and carers when they need it. Currently there are 96 citizens accessing the Short Breaks provision.

3.6.3 Following an extensive baselining exercise, a demand analysis was completed within Adult Social Care, to explore potential demand for in-house services in the future, particularly for citizens who may require more complex and specialist interventions.

3.6.4 Subsequently, an independent consultant was commissioned to review the initial findings, and to ensure the strategic direction for the in-house services, focuses on supporting the right citizens, with the right care, in the right setting. They confirmed that the proposed vision for Provider Services is ***"to offer a safe, effective and sustainable service within Manchester for Adults with a Learning Disability and/or Autism who possess complex needs"***. To achieve this vision, three key aims have been identified to deliver this vision.

These are:

- To support more citizens who require complex and specialist interventions to transition to the in-house provision with appropriate Health and Social Care support across the next 3-5 years.
- To review existing in-house placements, and where appropriate support a person centred moving on pathway for citizens who potentially may require an alternative community service with a different provider, in order to support citizens to be as independent as possible.
- To ensure value for money for the people of Manchester. To achieve this aim, requires the in-house service to focus its skills, expertise, and resources on providing services to citizens who require the most complex levels of support and interventions. The service needs to operate a more efficient economic and delivery model, in order to remain sustainable in the long term. This should be viewed as an exciting opportunity to sustain Manchester's proud legacy of having its own in-house provision, that aspires to be a flagship service.

3.6.5 The level of change and transformation required to redesign and reconfigure the services cannot be underestimated. Therefore, the proposal is to divide the delivery of the review into two key phases. with an appropriate level of resource in place to enable delivery, with a critical element ensuring strong communication with all partners, Citizens, and Carers/families. Work is

underway to scope out and agree the resources required to deliver the review.

- **Phase 1 (2023-24)** detailed planning and scoping for the review would be delivered. Key activity within this phase would be the analysis of citizens needs, estate and workforce baselines, demand and provider market scoping and benchmarking of comparative models. Proposed savings across Day Services and Transport would however be prioritised as outlined in draft financial proposals previously presented to Health Scrutiny.
- **Phase 2 (2024-26)** would be the actual delivery of the agreed main activity to implement the new models of care. This would include alignment with the aims and goals of key interdependencies, such as Transforming Care and Transitions, and would require extensive engagement with citizens, families, carers, and staff.

4.0 Recommendations

4.1 The Committee is recommended to: -

- i. Support the ongoing developments relating to Adult Learning Disability services across Health and Social Care in Manchester.
- ii. Consider and comment on the information contained within the report.

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**Manchester Local
Care Organisation**

Leading local care, improving
lives in Manchester, with you

Health Scrutiny Committee Report surrounding Adult Learning Disability

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(Executive Summary)

7 December 2022

Appendix 1, Item 6

Powered by:



Purpose and Recommendations

The purpose of the report is to outline key developments across Health and Social Care in Manchester relating to Adult Learning Disability services, as requested by Health Scrutiny Committee.

Health Scrutiny Committee is recommended to: -

1. Support the ongoing developments relating to Adult Learning Disability services across Health and Social Care in Manchester.
2. Consider and comment on the information contained within the report.

Key Developments

Developments surrounding the commissioning strategy for Adults with a Learning Disability (2023-2028)

- Manchester Local Care Organisation (with our partners) is in the process of developing an accessible local Manchester Commissioning Strategy for Adults with a Learning Disability.
- The strategy will set out the commissioning priorities of Health and Social Care organisations in Manchester from 2023-2028 (for Adult Learning Disability services).
- To ensure that the plan is citizen focused, a full engagement process commenced on 17 November 2022, and will run up to the end of December 2022 (dependent on participation).
- The purpose of the engagement is to listen to the views of citizens who use services in order to understand what good quality services looks like, and to influence our strategic intentions.
- Feedback will be used to shape future priorities and to inform ongoing work such as the review of Supported Accommodation (for example).

Planning for People with a Learning Disability Board

- This board is a coming together of key partners across Manchester.
- This work of the board focuses on the whole Learning Disability agenda, including improving equalities in health, housing, preparation for adulthood, criminal justice services, social care, commissioning, and work within the community.
- The board has recently reformed after the COVID – 19 pandemic.
- We are working with local user led groups such as Manchester Peoples First, to understand how citizens with a Learning Disability would like to be involved with the board moving forward.
- This is to ensure that co-production, participation, and inclusion is as meaningful as possible.

Key Developments

The NHS Transforming Care Agenda

- This agenda resulted from the Winterbourne View independent hospital investigation in 2011.
- The agenda has a focus on ensuring that vulnerable citizens with a Learning Disability and/or Autism do not remain in hospital under the care of the Mental Health Act for any longer than they need to be.
- The agenda also focuses on preventing admissions to hospital where appropriate and safe to do so.
- The report discuss a range of key issues such as current numbers of people in hospital, and how Health and Social Care are working together to support safe discharge from hospital and/or to prevent people needing to go into hospital in the first place.

Healthcare – Manchester Learning Disabilities and Autism Health Oversight Board

- By April 2023, Manchester will have developed a new Integrated Manchester Learning Disabilities and Autism Health Oversight Board.
- The purpose of this Board is to provide a quality assurance and improvement forum for all health-related priorities and work streams for citizens with Learning Disabilities (and Autistic people) in Manchester.
- **Annex 1** provides an overview of the key structure and workstreams involved with the Board.

Key Developments

Healthcare – The local response to the recent national Care Quality Commission (CQC) report (2022)

- In June 2022, Manchester University NHS Foundation Trust (MFT) implemented a Trust Learning Disability Strategy “Our plan for people with learning disabilities and/ or autism, their families, and carers 2022-2025”. The Strategy has four strategic priorities.
 - Respecting and protecting rights
 - Inclusion and engagement
 - Workforce
 - Learning Disability service standards

- The strategy priorities closely align to the domains identified in the CQC (2022) review focusing on what people with a learning Disability and/or Autism need from physical health care and treatment in hospital.
- Oversight of the strategy is provided by the Chair of the Learning Disability Steering Group (Director of Nursing and Professional Lead Manchester and Trafford Local Care Organisations).
- Senior Leadership members and key groups within MFT are currently reviewing the Care Quality Commission (CQC, 2022) report to benchmark practice against the report’s findings to strengthen localised delivery plans, which continue to be monitored Trust wide through the Learning Disability Steering Group.

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Appendix 1, Item 6

Key Developments

Transition to Adulthood

- The aim of the Social Care Transitions Service is to assist young people and their circle of support to understand, in advance, how identified care and support needs which may continue into adulthood, can be met once the young person has turned 18.
- The aim is to plan and support seamless service provision, with a focus on working towards young people having an independent life.
- To ensure citizens with a Learning Disability have the right care, at the right time, an integrated referral meeting has been introduced which routinely involves a senior representative from the Adult Learning Disability Health service.
- This supports the planning and navigation of moving from Children's focused provision, to Adult services, which is often in a community-based setting, by identifying the most appropriate assessment pathway.
- Awareness and access to pathways such as Continuing Healthcare and support from the Greater Manchester Specialist Support Team has increased, along with access to specialist Learning Disability Short Break provision for example.

Manchester City Council/Manchester Local Care Organisation In-House Provider Services Review

- The Provider Services Review has been initiated to deliver a programme of transformation, in order to achieve new models of care.
- A key reason for this review is to respond to new and historic challenges, such as the increasing need for complex and specialist interventions for a number of citizens.

Key Developments

Manchester City Council/Manchester Local Care Organisation In-House Provider Services Review continued....

- The services in-scope for the review within Adult Social Care are:
 - i. Day Services
 - ii. Disability Support Accommodation Service (DSAS)
 - iii. Short Breaks Services
- An initial analysis was completed within Adult Social Care, to explore potential demand for in-house services in the future, particularly for citizens who may require more complex and specialist services.
- Subsequently, an independent consultant was commissioned to review the initial findings, and to ensure the strategic direction for the in-house services, focuses on supporting the right citizens, with the right care, in the right setting.
- They recommended that a transformational piece of work is progressed, which looks at supporting citizens who require highly specialist and complex interventions, in order to transition into the service in the future (e.g. over a 3-5yr period).
- Consequently, this may result in some existing citizens who use in-house provision, requiring a person centred moving on pathway (around their individual needs and circumstances), to an alternative community service with a different provider, who will also promote independence. Citizen and Carer/Family consultation/engagement will be critical throughout this process.
- The service needs to operate a more efficient economic and delivery model, in order to remain sustainable in the long term.
- The in-house service needs to re-focus its essential skills, expertise, and resources in a different way.
- This should be viewed as an exciting opportunity to sustain Manchester's proud legacy of having its own in-house provision, that aspires to be a flagship service.



Any questions?

Manchester LDA Health Board Workstreams

Improving Quality of care in hospital settings

Physical Health in mental health settings

Communication Passports (GM)

Quality hospital Carev (DNACPR/Pain)

Host & Oversight assurance

Learning Disability Improvement Standards

Reducing the number of people in hospital

Reduction in utilisation

DSR, CETR & LAEP assurance

Safe & Well Assurance

Building the right support (provision)

Improving provision of community services

Forensic & Crisis services

End of life care

Frailty, falls & deterioration

Constipation, dysphagia & epilepsy

Mental Health Access

Improving outcomes for Children & Young People

Keyworker pilots

Hearing, sight and dental checks to children and young people in special residential schools

Improving access to healthcare & outcomes

Annual Health Checks & HAP's

Identification of People, Reasonable Adjustment Flags

Specialist prescribing of medication

Cancer screening & immunisation programmes

Health Promotion, Healthy Weight (GM) & Mouthcare

Improving outcomes for Autistic people

Improving autism diagnostic waiting times

Pre & Post diagnostic Support

Sensory friendly environments

Building a capable workforce

Mandatory Training inc. Oliver McGowan training

Building the right support (skills)

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 7 December 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.
 2. Consider how the content of this report could inform the future work planning of the Health Scrutiny Committee.
-

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

Evidence shows that climate change will further exacerbate existing health inequalities, highlighting the need to better understand our communities that are most vulnerable to remove or reduce disadvantages.

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](#)

[2022 Global Report of the Lancet Countdown on health and climate change](#)
(published 26 October 2022)

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 [2022 Global Report of the Lancet Countdown on health and climate change](#) (published in October 2022) summarises the latest international evidence on health and climate change and further reinforces the message that a persistent fossil fuel addiction is amplifying the health impacts of climate change and compounding the concurrent energy, cost-of-living, food, and COVID-19 crises. Climate change is exacerbating food insecurity, health impacts from extreme heat, the risk of infectious disease outbreaks and life-threatening extreme weather events. The delay in the adoption of clean energies has left households dependent on dirty fuels, vulnerable to energy poverty, and exposed to dangerous levels of fuel-derived air pollution. As countries devise responses to the compounding crises, a renewed dependence on fossil fuels could lock-in a fatally warmer future.
- 1.3 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.
- 1.4 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.
- 1.5 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.
- 1.6 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.

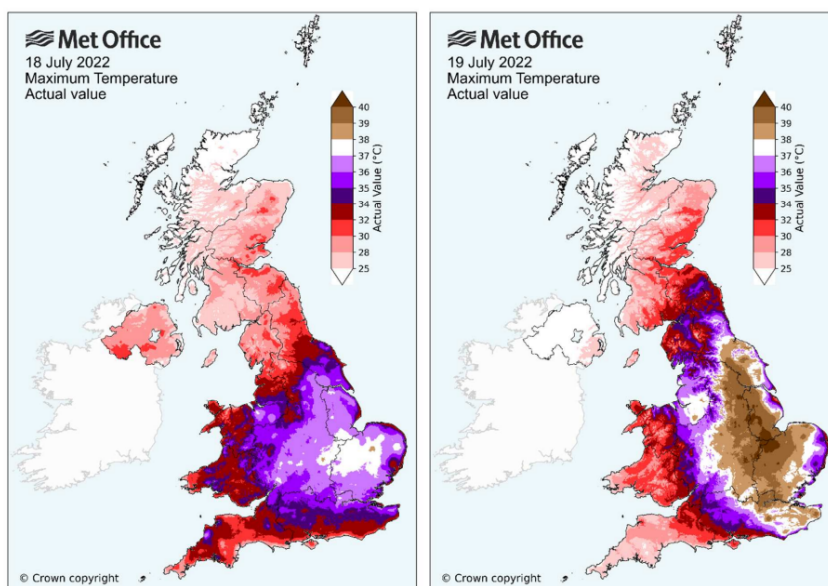
- There are multiple effective strategies to help limit the health, wellbeing and productivity impacts of overheating which can be implemented today.
- Government has a critical role in encouraging proactive adaptation to limit overheating health and wellbeing impacts.

1.7 The purpose of this report is to outline the general health impacts that heatwaves will have on residents in Manchester. It also outlines the actions that are being undertaken to better prepare and reduce the impact of future heatwave events on the city.

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 experienced 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 UKHSA has published analysis of [deaths during heat-periods in 2022](#) and which suggests that the 5-heat periods in the summer of 2022 resulted in a total of 2,803 excess deaths (excl. COVID-19) in people aged 65 and over across England as a whole. This is the highest excess mortality figure observed during heat-periods since the introduction of the Heatwave Plan for England in 2004. The highest excess mortality was from 8 to 17 August, which saw an estimated 1,458 excess deaths (excl. COVID-19) in people aged 65 and over.
- 2.5 ONS analysis for England and Wales from the same timeframe (June to August 2022) shows a recorded 3,271 deaths above the 5-year average for all age groups. This represents a 6.2% increase. This is slightly higher than the UKHSA figure as it does not exclude deaths from COVID-19, those under the age of 65 and does include data for Wales.
- 2.6 It should be noted that spikes around the hottest days were followed by periods of below average mortality. This is likely to be a result of short-term mortality displacement, especially among older age groups, where people died a few days or weeks earlier than expected. This trend is consistent with that seen in previous summers with heatwave periods. It is also the case that despite peaks in mortality during heatwaves, the majority of days in the winter period (December to March) show a higher number of deaths than during the summer.
- 2.7 At this time we are not able to provide a detailed description of the impact of the most recent heatwave in respect of excess deaths in Manchester. We will explore the feasibility of adopting the methodological approaches used by UKHSA and ONS to understand better the impact of heat-periods on excess mortality and heat-related mortality in Manchester.

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

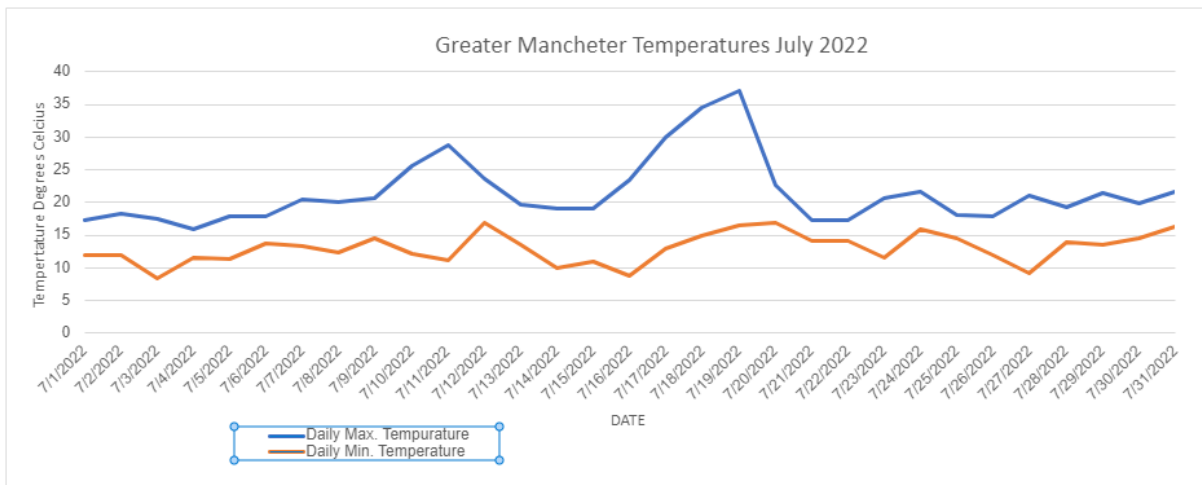
experience in July 2022) it is not just those who are the most vulnerable who will suffer the negative impacts but the general population more widely. Thermal comfort will be negatively impacted producing consequences for people’s ability to rest and sleep impacting health and productivity. There is 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 19 July. Temperatures were also extremely high on 18 July 2022 at 34.5. On the 18, 19 and 20 July, the highest night-time 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 recorded 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)
19 July 2022	37.2
18 July 2022	34.5
25 July 2019	33.9
2 August 1990	33.7
3 August 1990	33.4
3 July 1976	32.2
3 August 1990	32.1
31 July 2020	32.0
2 August 1990	32.0

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)

	1961-1990	1971-2000	1981-2010	1991-2020
Avg. Max. temperature (°C)	18.6	19.0	19.3	19.5
Avg. Min. temperature (°C)	10.9	11.1	11.4	11.6
Average temperature (°C)	14.7	15.0	15.3	15.5

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 a spike in demand between 16 - 19 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 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.
- 5.9 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.
- Rainfall:** 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.
- Wind Exposure:** 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, web-based tool will provide a set of vulnerability scores for different geographical areas (Middle Super Output Areas / wards) based on hazard exposure, sensitivity and adaptability. The tool will also show varying projections over time to inform both 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.

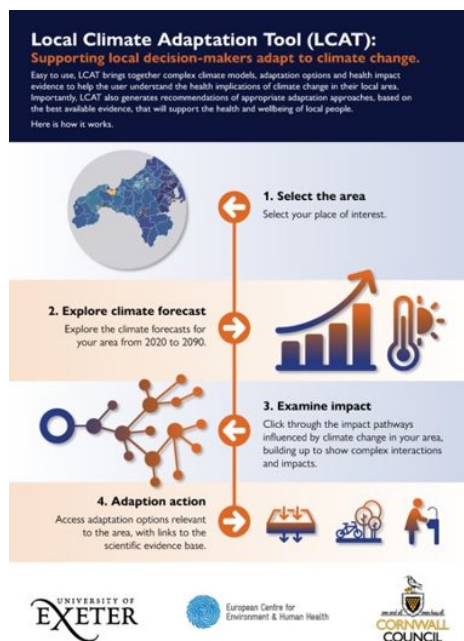
6.1.4 Further discussions with the Met Office are taking place to identify additional local data that could be added to the Heat Vulnerability Index for Manchester to ensure that the resulting tool is as tailored to the specific characteristics of the local population as possible.

6.2 Local Climate Adaptation Tool (LCAT)

6.2.1 The Local Climate Adaptation Tool (LCAT) is 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

6.2.4 On 19 October 2022, stakeholders from across the city of Manchester met for a workshop run by the Met Office and University of Exeter and hosted by Manchester Climate Change Agency (MCCA). The aim of the workshop was to focus on what professionals locally need in order to address the impacts of climate change, particularly those related to extreme heat and health. The findings from the workshop will support the codesign of a heat service for Manchester to understand heat risk within the city, and support evidence-based decision making.

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 and 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 update 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 UK Health Security Agency new Centre for Climate and Health Security

- 7.1 In October this year, the UK Health Security Agency (UKHSA) launched a new Centre for Climate and Health Security within UKHSA to lead efforts to protect health in the context of a changing climate and provide a focus for partnerships and collaborations with academia, local authorities and other public sector organisations.
- 7.2 The Centre will offer scientific advice and support to ensure that the impacts of climate change are considered and embedded in the design and delivery of climate change policies across local and national government and with international partners.
- 7.3 UKHSA will use local, national and international links to increase awareness of the impacts of climate change on public health, build the evidence base and then mobilise it to inform policy development.
- 7.4 UKHSA has a range of resources that will help our local decision making, including online access to knowledge and evidence, toolkits to shape local action and providing metrics and indicators that track, measure and analyse the health impacts of climate change.
- 7.5 The Centre for Climate and Health Security is contributing to the [3rd National Adaptation Programme](#) overseen by DEFRA which sets out the actions that the government and others will take to adapt to the challenges of climate change in England over a five-year period.
- 7.6 Linked to this, the Centre will publish a Single Adverse Weather and Health Plan next year. This replaces the Heatwave and Cold Weather Plans for England and provides updated guidance on cold and hot weather, drought and flooding informed by scientific evidence nationally and internationally.
- 7.7 Next year the centre will also publish the fourth iteration of *Health Effects of Climate Change in the UK*, a landmark report produced periodically and last published in 2012, which provides analysis of a range of threats to our health.

8.0 Recommendations

The Committee is recommended to:

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

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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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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 7 December 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.

There are no outstanding previous recommendations.

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **28 November 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
Advinia Care Homes Ltd	Gorton Parks Care Home 121 Taylor Street Manchester M18 8DF	https://www.cqc.org.uk/location/1-4413341048	4 November 2022	Care Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Pro Support Ltd	Pro Support 201-203 Moston Lane East Manchester M40 3HY	https://www.cqc.org.uk/location/1-1440233330	9 November 2022	Homecare Service	Overall: Insufficient Evidence To Rate
Voyage 1 Ltd	Voyage (DCA) Greater Manchester 2 Devonshire St Manchester M12 4BB	https://www.cqc.org.uk/location/1-10318541762	8 November 2022	Homecare Service	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good

Cera Homecare Ltd	Manchester Services Ltd 160 City View House 5 Union Street Manchester M12 4JD	https://www.cqc.org.uk/location/1-11475981674	19 November 2022	Homecare Service	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate
MSI Reproductive Choices	MSI Reproductive Choices Regional Treatment Centre - Manchester 5 Wynnstay Grove Fallowfield Manchester M14 6XG	https://www.cqc.org.uk/location/1-130902826	17 November 2022	Independent Hospital	Overall: Outstanding Safe: Good Effective: Outstanding Caring: Outstanding Responsive: Outstanding Well-led: Outstanding
UK Vein Clinic Ltd	UK Vein Clinic Pall Mall Medical 61 King Street Manchester M2 4PD	https://www.cqc.org.uk/location/1-11355171392	14 November 2022	Independent Doctor	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

The latest data from the COVID-19 Infection Survey for the week ending 15 November 2022 shows that the percentage of people testing positive for COVID-19 continued to decrease in England, Wales and Scotland.

It is estimated that 1.48% of the population in England (or around 1 in 65 people) tested positive for COVID-19, a decrease from 1.73% in the previous week. This equates to around 809,200 people

The flu season has started earlier than usual and on 24th November the Chief Medical Officer confirmed that antivirals can now be prescribed in primary care to support the management of patients in the community.

Finally, communications and engagement activities have been stepped up to maximise the uptake of both the Covid booster and flu vaccination in the run up to the Christmas holidays.

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

Wednesday 7 December 2022, 10am (Report deadline Monday 28 November 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Learning Disability	<p>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.</p> <p>The Committee have requested that the report also provides information on the local response to the recent CQC report that looked at what people with a learning disability and autistic people experienced when they needed physical health care and treatment in hospital.</p>	Councillor T. Robinson	Bernadette Enright	
Gambling Related Harms	<p>To receive a report on the national, regional, and local context of Gambling Related Harms.</p> <p>The report will provide an overview of some of the activities that have been taking place to support the strategic development of the gambling related harms programme both locally and sub-regionally.</p>	Councillor T. Robinson	David Regan	
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	Deferred from the 12 October 22 meeting.
Overview	The monthly report includes the recommendations monitor,	-	Lee Walker	

Report	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.			
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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		Lee Walker	

	been inspected by the Care Quality Commission.			
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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	
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	
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. 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.
Greater Manchester Integrated Care Board and Equalities	To receive a report that provides information on how the new GM Integrated Care Board arrangements will address health inequalities.	Councillor T. Robinson	James Binks Ed Dyson	

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