



Health Scrutiny Committee

Date: Wednesday, 11 January 2023

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

Access to the Council Antechamber

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Membership of the Health Scrutiny Committee

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

Agenda

- 1. Urgent Business**
To consider any items which the Chair has agreed to have submitted as urgent.
- 2. Appeals**
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.
- 3. Interests**
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.
- 4. [10.00-10.05] Minutes** Pages
5 - 12
To approve as a correct record the minutes of the meeting held on 7 December 2022.
- 5. [10.05-10.40] Adult Social Care Assurance - Care Quality Commission** Pages
13 - 18
Report of the Executive Director of Adult Social Services

This report provides details on the forthcoming Assurance Framework by the Care Quality Commission (CQC) and set out what their proposed inspection methodology will be, and the timeframe suggested. It will also update Members of the Test and Learn pilot undertaken by CQC of Adult Social Care and advise what the key outcomes were.
- 6. [10.40-11.10] Planning for Liberty Protection Safeguards Implementation** Pages
19 - 26
Report of Executive Director of Adult Social Services

This report is presented to provide information and receive comment on updates to Liberty Protection Safeguards planning work in progress in preparing for major statutory changes.
- 7. [11.10-11.45] Health Infrastructure Developments in Manchester** Pages
27 - 38
Report of the Interim Deputy Place Based Lead (Manchester), NHS Greater Manchester Integrated Care; the

Director of Strategic Projects, Manchester University NHS Foundation Trust and the Director of Finance, IM&T and Estates, Greater Manchester Mental Health NHS Foundation Trust

This report provides an overview of the key health infrastructure developments in Manchester.

8. [11.45-11.55] Overview Report

Report of the Governance and Scrutiny Support Unit

Pages
39 - 48

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

Information about the Committee

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

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

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Further Information

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This agenda was issued on **Tuesday, 3 January 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 7 December 2022

Present:

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

Apologies: Councillors Appleby and Russell

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Councillor Collins, Deputy Executive Member for Healthy Manchester and Adult Social Care
Councillor Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee
Daniel Hall, NHS Gambling Treatment Service
Matt Gaskell, NHS Gambling Treatment Service
Joanne Oakes, Lead Nurse
Ruth Speight, Manchester University NHS Foundation Trust

HSC/22/52 Minutes

In approving the minutes of the previous meeting a Member made reference to the comment that he raised under item reference HSC/22/51, in which he had discussed the need to scrutinise the provision and delivery of acute health services across a range of activities. He stated that an extraordinary meeting of the Health Scrutiny Committee should be convened to undertake this function.

The Chair stated that to undertake this task effectively Members should email her in the first instance with the areas they would specifically wish to have included for consideration so that the correct information and representatives could be invited to the meeting. She stated upon receipt of these requests she would liaise with the Executive Member for Healthy Manchester and Adult Social Care to progress this.

Decision

To approve the minutes of the meeting held on 9 November 2022 as a correct record, noting the above comments.

HSC/22/53 Gambling Related Harms

The Committee considered the report of the Interim Deputy Director of Public Health that provided an update on the national, regional, and local context of Gambling Related Harms.

Key points and themes in the report included:

- Providing a summary of the key findings from the Public Health England Gambling-related harms evidence review;
- Information on the recently published Greater Manchester Strategic Needs Assessment on Gambling Related Harms;
- Discussion of the epidemiology of gambling and associated harms;
- Current prevalence of gambling, noting that the estimated prevalence of 'problem gambling' within the adult population was 0.5% in the United Kingdom, however this increased to 0.8% in Greater Manchester i.e. 18,100 adults;
- Harms associated with gambling, noting that research suggested that people living in the most deprived communities were nearly twice as likely to participate in gambling and were seven times more likely to experience problem gambling, compared with those living in the least deprived communities;
- The impact of gambling harms on communities;
- The work to prevent and reduce harm in Greater Manchester, including gambling treatment and support, and delivery of gambling related harms work;
- Consideration of the estimated economic burden of gambling; and
- Providing an overview of some of the activities that had taken place to support the strategic development of the gambling related harms programme both locally and sub-regionally.

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

- Welcoming the report and describing it as very informative;
- Noting that it was important to articulate and highlight the harms associated with gambling;
- Calling for further regulation of the gambling industry, with the support of local MPs with a similar approach to that taken against the wealthy tobacco industry;
- Noting the prevalence of digital gambling where there was little or no regulation of this sector;
- Commenting that betting shops operated as mini casinos and they tended to target the poorest areas;
- Future reports should include deep dives of specific areas of the city to understand the full impact of gambling in local communities;
- Expressing concern at the data presented in regard to the prevalence of gambling amongst the student population;
- The Council should use all of its powers and influence, working across all Directorates to discourage gambling by exploring all opportunities to provide alternative entertainment and diversionary offers; increased enforcement of venues and premises where gambling was facilitated and appropriate consideration given to the proximity of gambling venues to other facilities;
- All front line service workers needed to be trained to identify people who maybe experiencing difficulties associated with gambling; and
- Local prominent football teams in the city should be encouraged to support anti-gambling campaigns.

The Interim Deputy Director of Public Health stated that it was recognised that more needed to be done to increase front line workers awareness and knowledge of the issue of gambling related harms so that people could be signposted to the correct sources of support.

The Programme Lead, Public Health Team advised that the licensing function did monitor gambling premises and would respond to any concerns, however she added that currently the licensing regime was such that the presumption was to grant licenses for gambling premises unless a specific threshold could be proven. She further noted the concerns expressed regarding the proliferation of online gambling, noting that this had become normalised in society.

Matt Gaskell, NHS Gambling Treatment Service noted the comments raised by the Member in relation to the football industry and noted that many premier clubs were sponsored by wealthy and influential gambling companies which made it very difficult to engage with them on this issue. He further commented that a significant issue was the introduction of Fixed Odds Betting Terminals in betting shops, he stated that as the number of these were restricted in shops this accounted for the increase in the number of gambling premises. He also supported the observations and concern expressed in relation to online gambling. He commented that big tech used data to target people to maximise the amount of money they could extract from people, adding that the promotion of gambling as a leisure pursuit was not helpful. He further commented that the Authority could consider measures to restrict local advertising that promoted gambling.

The Executive Member for Healthy Manchester and Adult Social Care informed the Committee that this subject area had been recently considered and the approach in response to gambling related harms described had been endorsed by all partners of the Health and Wellbeing Board.

Decision

1. The Committee recommend that the Executive and Lead Officer across each Directorate use their powers and spheres of influence to limit access to gambling across the city.
2. The Committee recommend that any future update reports should include deep dives of specific areas of the city to understand the full impact of gambling in local communities.

HSC/22/54 Adult Learning Disability Services

The Committee considered the report of the Executive Director of Adult Social Services that outlined key developments across Health and Social Care in Manchester relating to Adult Learning Disability services.

Key points and themes in the report included:

- Developments surrounding the commissioning strategy for Adults with a Learning Disability;
- Developments surrounding the Planning for People with Learning Disability Board, noting that the board would focus 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 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, noting the approach for citizens who were transitioning into adulthood, as well as support for their carers/families throughout the process; and
- Information in relation to the Manchester City Council/Manchester Local Care Organisation In-House Provider Services review, including Supported Accommodation, Day Services and Short Breaks.

The report was accompanied by a presentation that highlighted the key areas of activity described within the report.

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

- Noting that the voice of the citizen and lived experience were missing from the report, noting that it was important to hear this voice to understand the challenges experienced;
- The need to recognise that the term Learning Disability covered a wide spectrum of conditions and needs;
- Further information was sought in relation to the work discussed to understand inequalities experienced by people with Learning Disabilities from minority communities;
- Concern was expressed in relation to the Transforming Care section of the report that described delays in admission notification from some Mental Health wards when they had new admissions; and
- Welcoming the update and the approach taken to transitions, however noting that consideration had to be given as to how people who may have been supported by families for many years suddenly found themselves in need of support due to a change in their support arrangements, such as a result of bereavement or parents going into care.

The Executive Director of Adult Social Services addressed the Committee and advised that it had been agreed that as this report was a wide ranging, scene setting document it would not be appropriate for them to be present at this meeting. Attendance at the meeting had been discussed with key partners in the city who support engagement and co-production with citizens. She invited Members to identify areas of work that the Committee would like further detailed reports on, and citizens would be invited to contribute to those future meetings. She further noted the discussion regarding the most appropriate way for Members to engage with teams and citizens and if agreed, visits for Members could be facilitated outside of the formal scrutiny meeting format. The Committee welcomed this proposal.

The Executive Director of Adult Social Services stated that the issue highlighted as a concern by the Member in relation to delays in admission notification from some

Mental Health wards when they have new admissions was being addressed through staff training.

The Executive Director of Adult Social Services commented that the range of needs for people with a Learning Disability was understood and there was significant data available to understand needs for the service due to established relationships with Learning Disabled citizens across the city. She stated this knowledge and understanding of the projected demand on the service also informed the work of the Better Outcomes Better Lives programme, with its emphasis on appropriate support and prevention. She stated that if Members came across any resident who was in need of support to refer them and they could be assessed, noting this was important to avoid any issues escalating to a crisis situation.

Joanne Oakes, Lead Nurse advised that two organisations, BHA and Breakthrough UK had been commissioned to understand inequalities experienced by people with Learning Disabilities from minority communities. She advised that they would utilise a number of opportunities, such as Primary Care Networks and establishing focus groups to engage with specific community groups. She advised that the outcomes of this work would be reported.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to all of the teams involved in the breadth of work described within the report.

The Chair concluded this item of business by thanking all the officers for contributing to a detailed report. She advised that the Committee would consider a further detailed report on the Manchester place based Joint Health and Social Care Commissioning Strategy (2023-2028) at an appropriate time. She further reiterated her support for visits to be arranged for Members of the Committee to meet with teams and service users.

Decision

To note the report.

[Councillor Curley declared a personal and non-prejudicial interest in this item as he is a Board Member of Breakthrough UK]

HSC/22/55 Climate Change – Impact of the recent heatwave

The Committee considered the report of the Director of Public Health that provided an overview of the impact that heatwaves would have on the city and detailed the activity underway to adapt to a changing climate and reduce the health impacts of future heatwaves in the city.

Key points and themes in the report included:

- Providing an introduction and background, noting that in July 2019, Manchester City Council had 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 UK had experienced a brief but unprecedented extreme heatwave from 16 to 19 July 2022, as hot air moved north from the near continent;
- The Met Office had issued its first red warning for extreme heat since the Extreme Heat National Weather Warning Service was introduced in June 2021;
- The impact of heat on health and those identified as being at risk;
- Discussion of the Manchester context, noting that climate projections suggested that Manchester would face warmer summers and more extreme heat events in the future;
- Activity in Manchester to reduce the impact of future heatwaves, including information on the Heat Pack, Heat Vulnerability Index and Local Climate Adaptation Tool; and
- Climate change was a key theme and action within the Making Manchester Fairer Action Plan.

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

- The Committee paid tribute to the Public Health Team for their timely and important response during the heatwave to support the residents of Manchester;
- The need to recognise the importance of Public Sector workers in supporting residents; and
- Noting the significant impact heat had on the health of older residents.

The Head of City Policy informed the Committee that the Manchester Climate Change Framework had recently been updated to include more focus on adaptation and resilience including the consideration of heat. He added that detailed work on this issue had commenced in conjunction with Manchester Metropolitan University, the Met Office and the University of Exeter and would help to inform the Council and partners decision making.

The Assistant Director of Public Health informed the Committee that a range of data would be released by the Office of National Statistics that would help understand the impact of the recent heatwave, including the numbers of excess deaths and pressures and demand on other services, such as primary care.

Councillor Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee was welcomed by the Committee. She thanked the Committee for considering this important report and stated that heat would continue to impact upon the city as a direct result of the climate crisis. In response to a discussion regarding the impact of planning and climate change, she advised that the Environment and Climate Change Scrutiny Committee would be considering a specific report on this subject area at the meeting scheduled for 9 February 2023.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to all of the Public Health team for their effective and immediate response during the heatwave. He informed the Committee that at that time all health partners were in constant contact to monitor the emerging situation using real time data.

Decision

To note the report.

HSC/22/56 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 informed all those present that a whole meeting in the new municipal year would be dedicated to considering the Greater Manchester Mental Health Trust and the improvements instigated in response to the BBC Panorama documentary and the Edenfield Centre. Members requested that testimonies and Patient Groups be invited to attend that meeting.

Decision

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

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 11 January 2023

Subject: Adult Social Care Assurance - Care Quality Commission

Report of: Executive Director of Adult Social Services

Summary

This report will provide Members with details on the forthcoming Assurance Framework by the Care Quality Commission (CQC) and set out what their proposed inspection methodology will be, and the timeframe suggested. It will also update Members of the Test and Learn pilot undertaken by CQC of Adult Social Care and advise what the key outcomes were.

Recommendations

The Committee is recommended to note the details of the proposed CQC Assurance Framework and the recent Test and Learn outcome of an indicative 'good' rating for Manchester.

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
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Adult Social Care has a duty to meet all statutory expectations including the Public Sector Equality Duty and meet the needs of all citizens who need care and support services. The inspection of Adult Social Care authorities by the CQC provides a robust framework for ensuring that work around equalities, diversity and inclusion is best practice and meets the needs of the local population.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The inspection of Adult Social Care authorities provides a quality rating that can attract Manchester people to work for an employer of choice
A highly skilled city: world class and home grown talent sustaining the city's economic success	Recruitment and Retention of key posts including in-house support workers as well as Social Workers can be enhanced by the CQC Assurance Framework ratings.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The inspection places peoples experience of care at the heart of its judgements, with a clear focus on positive outcomes for the people we serve
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

There are no revenue consequences for this report

Financial Consequences – Capital

There are no capital consequences for this report

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Background documents (available for public inspection): None

1.0 Introduction and Rationale and Methodology for Inspection

- 1.1 The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act 2014.
- 1.2 Over the last 12 months, CQC have engaged extensively to develop the local authority assessment framework for these new powers.
- 1.3 The assessment framework draws on a new single assessment framework for providers, local authorities and integrated care systems. The single assessment framework is based on a set of quality statements that are arranged under topic areas and describe what good care looks like. The framework:
- sets out clearly what people should expect a good service or system to look like
 - places people's experiences of care at the heart of CQC's judgements
 - ensures that gathering and responding to feedback is central to expectations of providers, local authorities and integrated care systems.
- 1.4 The CQC assessment framework has been grouped into four key themes, each with several quality statements mapped to them:
1. **How local authorities work with people** – assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice
 2. **How local authorities provide support** – market shaping, commissioning, workforce capacity and capability, integration and partnership working
 3. **How local authorities ensure safety** – safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care
 4. **Leadership** – culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.
- 1.5 The single assessment framework will consider collating evidence from four areas to inform the overall assessment:
- Data, indicators, and information gathering
 - Feedback from frontline staff, leaders, partners, and stakeholders
 - “We statements” aligned to 9 specific quality statements posed by CQC
 - “I statements” aligned to 5 key questions posed to residents and their families around what they expect and need.
- 1.6 It is proposed that the single assessment framework will “go live” in April 2023 and all local authorities will be assessed within a two-year period.

1.7 The proposal is that assessment outcomes will confirm if a local authority is outstanding, good, requiring improvement or inadequate.

1.8 To support the development and success of the single assessment framework, CQC piloted its proposed methodology with two local authorities, Manchester City Council and Hampshire.

2.0 CQC Test and Learn Pilot

2.1 In July 2022, MCC was involved with a test and learn exercise with CQC designed to help inform future CQC inspection framework for adult social care. The scope of the test and learn exercise was narrower than what the CQC assessments will look like in the future.

2.2 We were asked to look at two different themes, but only one of the two possible quality statements for each theme:

1. How Local Authorities work with people: Quality Statement – Assessing Needs
2. Leadership: Quality Statement - Learning, improvement, and innovation.

3.0 Test and Learn Pilot Outcomes

3.1 The overall summary from the “test and learn” exercise recognised that Manchester City Council covers a diverse population of individuals. The CQC found there was a strong leadership team in place leading MCC (Manchester City Council) Adult social care staff through the ‘Better Outcomes, Better Lives’ transformation programme. They advised that our department had a real focus on identifying people who may need support and then providing it at the earliest opportunity and in the least restrictive way.

3.2 CQC highlighted good relationships with the voluntary, community and social enterprise (VCSE) organisations and commented on our investment in extra care housing and the use of technology enabled care (TEC) which promoted people’s independence and reduced, or delayed, the need for formal social care.

3.3 They also highlighted that there was a real commitment from leaders for the local authority to be a learning organisation and that Senior leaders, including councillors, have a good understanding of the issues affecting the people of the City of Manchester and a real commitment to assessment and support that enables people to maintain and develop their independence

3.4 It was noted in the final report that improvements have been seen within the workforce around our supervision processes following the 2020 review of policy, in relation to quality and effectiveness of supervision and with staff feeling their own diverse needs are being recognised and respected. It also noted the launch of our revised quality assurance framework in May 2022

which aligns more closely with our responsibilities under the Care Act 2014 and that staff have easy access to Policies and Procedures on the Adult policy portal system which can be downloaded to their mobile phones as an app.

- 3.5 The final report identified some areas of improvement, which includes, timeliness of responding to complaints, governance of Mental Health arrangement and provision of services (Sec 75 arrangements with the NHS mental health trust) and for the local authority to put in place support for people with autism.
- 3.6 In summary, feedback was consistently positive in relation to the two quality statements assessed as part of the test and learn process. CQC noted that where areas for improvements were found during the test and learn, we had already identified the issues and there were plans in place to address them. Overall CQC noted an indicative rating of 'good' from the test and learn process for Manchester City Council.
- 3.7 We have been asked to share the learning across North West Association of Director of Adults Social Services (ADASS) and Greater Manchester ADASS and have worked with CQC nationally to develop a podcast to be shared on the CQC national site.

4.0 Next steps

- 4.1 We are planning for the full CQC inspection by identifying capacity and ensuring continued focus on continuous improvement.
- 4.2 We have developed an action plan based on the recommendations from the test and learn with oversight by ASC DMT.
- 4.3 The Local Government Association (LGA) and ADASS are supporting from a sector-led improvement perspective which we are engaging with.
- 4.4 Through 2022, CQC intends to continue to develop its approach, build its own capacity to undertake assessments and inspection. Reviews to start from April 2023 for both local authorities and ICSS
- 4.5 First two years are about 'baselining' – CQC learning what normal looks like for local authorities – establishing 'baseline' data for quality and safety.

5.0 Recommendations

- 5.1 Members are requested to note the details of the proposed CQC Assurance Framework and the recent Test and Learn outcome of an indicative 'good' rating for Manchester.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 11 January 2023

Subject: Planning for Liberty Protection Safeguards Implementation

Report of: Executive Director of Adult Social Services

Summary

The Mental Health (Amendment) Act 2019 for England and Wales introduces new statutory changes updating the current Code of Practice Deprivation of Liberty Safeguards (DOLS) to become the new Liberty Protection Safeguards (LPS). The draft code of practice was published in July 2022 and is yet to be finalised. It requires there to be new Responsible Bodies in Health as well as Adult Social Care and key new duties requiring organisational change and staff roles and practice.

The main changes widen the scope to those aged 16 from 18 and applicable in all community housing and settings not just those in hospital and 24-hour care where people are assessed as lacking mental capacity to make specific decisions in relation to receiving necessary and proportionate treatment, care and support enabling them to be appropriately involved and independent throughout the process.

New duties including evidence assessors put people at the heart of the LPS process and enable the voice of the person by respecting their experience, wishes, values and feelings supported by those who know them, or by independent advocacy throughout the LPS process and review.

Recommendations

The Committee is recommended to receive the information and updates and impact of statutory changes and progress so far and comment on preparation stages.

Wards Affected: All

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

<p>Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>
<p>The LPS applies to all those who lack mental capacity and are unable to consent to specific decisions must have support and decision made are under Best Interest decision making to ensure proportionate arrangements are in place so can receive necessary treatment, therapy or care promoting their health and wellbeing.</p>

Any restrictions which impact on those with those protected characteristics will be considered under the LPS duty to consult to wishes , values and beliefs and promotion of independence during assessment. This is part of the Public Sector Equality Duty and enables the Council to learn from people with lived experience.

The European Convention for Human Rights / Human Rights Act 1998 article 5 applies with regards to people's rights and freedoms and the Mental Capacity Act new LPS code of practice upholds these principles.

An Equality Impact Assessment (EIA) for LPS has been drafted for consultation and advice from the Council's Equality, Diversity and Inclusion Team and activities planned.

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	Likely increase of demand and capacity with additional trained AMCP and advocacy. Working within HR policies including the Recruitment and Retention Policy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	As above with increased specialist trained professionals to meet the needs of Adults and Young People. Building on current BIA cohort and recruitment to vacancies.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Promotion of Strength based practice and working with people to maintain independence, learn new skills and maintain routines so people can remain in their own homes safely for longer. .
A liveable and low carbon city: a destination of choice to live, visit, work	Enabling people to remain safely living in Manchester by least restrictive options and support approaches through LPS arrangements.
A connected city: world class infrastructure and connectivity to drive growth	

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Financial Consequences – Capital

Awaiting advice from the Local Government Association (LGA) to regional financial distribution to support LPS training and fund university courses for new Approved Mental Capacity Professionals training. Internal training/ awareness and IT Liquid Logic enhanced trainer will be arranged through existing resources.

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Background documents (available for public inspection):

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

1. National LPS Training Strategy – Health and Social Care Department (2022)
2. Mental Capacity (Amendment) Act (2019) draft LPS Code of Practice.

1.0 Introduction

Strategic context

- 1.1 The Liberty Protection Safeguards Implementation is now a designated workstream within the Better Lives, Better Outcomes (BOBL) Safeguarding ASC Transformation programme. LPS adheres to the aspirations of the Our Manchester behaviours by putting people first, listening and recognising strengths of individuals and communities. It also links to the Manchester Safeguarding Partnership and Safeguarding Effectiveness.
- 1.2 This report is presented to provide information and receive comment on updates to LPS planning work in progress in preparing for major statutory changes.
- 1.3 **The Liberty Protection Safeguards Implementation project** was developed to give assurance, co-ordination and reporting of Manchester City Council and partner readiness in delivering and complying with new statutory duties. Change management approaches ensure principles of the Mental Capacity Act are maintained and internal LPS key changes are responded to and progressed.
- 1.4 **The LPS Partnership Steering Group** brings together leads across Manchester to provide oversight and governance to the LPS implementation arrangements and scrutinise activities of workstreams, risk management mitigations and consideration of opportunities for overarching arrangements and strategies.
- 1.5 **Deprivation of Liberty Safeguards Team**
- Currently the Local Authority Deprivation of Liberty Safeguards (DOLS) Team directly processes all DOLS referrals received from providers (managing authorities) and hospital. Under LPS they will become the Local Authority lead team as part of 3 Responsible Bodies of the Integrated Care Board (ICB) and Manchester Foundation Trust (MFT). Under LPS the Local Authority will manage cases referred to adult social care and in private hospitals and hospices. The ICB will arrange LPS for those fully funded under Continuing Health Care at home or in nursing homes and the MFT for those in hospital both in the short and longer term.
- 1.6 In order to reduce the current DOLS waiting list additional resources have been deployed to cover vacancies and a robust review of the DOL's front door and has reduced the waiting list by 65% and will be continually monitored.
- 1.7 **The independent advocacy hub** is commissioned by the Local Authority to GADDUM who provides all types of advocacy and is anticipating an increase of referrals by 33% under LPS. Their Advocacy Annual report 2022 advises to a 20% increase in advocacy referrals in 2021-22 compared to 2020-21 figures.

- 1.8 **Preparing for Adulthood** current pathways will be reviewed to include Mental Capacity and LPS and inclusive Education Health and Care Plan reviews to enable earlier engagement with Young People and families using a Think Family approach The Children's Service have identified 30 young people who are likely to be in scope. Engagement and co production opportunities are key to this workstream

2.0 Background - Legal Context

- 2.1 The Mental Capacity Act 2005 was reviewed after the Cheshire West Supreme Court Judgement in 2014 revising the Code of Practice for the Deprivation of Liberty Safeguards (DOLS) with a criteria called the 'acid test' stating that a person is deprived of their liberty if a) they are under constant supervision and control b) Not free to leave where they are living and this criteria will be remaining under LPS.
- 2.2 In 2018 the Law Commission felt DOLS was not fit for purpose, so the Mental Capacity (Amendment) Act 2019 introduced the new Liberty Protection Safeguards as replacement to DOL's extending the criteria to those living at home who previously had authorised restrictions only under the Court of Protection.

2.3 Learning Disability / Autism and Mental Health Act reform

This workstream ensures joint work with the Learning Disability and Autism Service and Greater Manchester Mental Health (GMMH) integrated service with regards to LPS imperatives and reviewing the impact of the changes proposed in the Mental Health Reform Bill 2022. People will admitted to mental health hospitals for therapeutic purposes. Under LPS mandatory medical assessments have to define a mental disorder which currently includes a person having a Learning Disability and Autism .Under new Mental health legislation Learning Disability and Autism will not be seen as a mental disorder so LPS can only be applicable if a person also has a Mental Health diagnosis. Therefore, increased community based support and new protocols will be needed to plan implementation of two major legislative changes.

- 2.4 **The Care Quality Commission**, in its new duty to inspect local government social work services, as well as regulated services, will be responsible for overseeing quality practice and outcomes for people and how the LPS is implemented and new approaches to assessment and care planning.

3.0 Main issues

- 3.1 **Draft MCA Liberty Protection Safeguards code of practice** remains in place with no confirmation of when the final version will be published so LPS currently is scoping and planning around the current planned practice and organisational changes. Once published Responsible Bodies will have a 6 months lead in period to prepare for delivering implementation. It is anticipated that the implementation will move from the anticipated October 2023 date to

April 2024. The main current themes are expected to remain so workstreams continue to prepare accordingly.

- 3.2 LPS Training has been scoped with HR to numbers of staff against draft levels of training outlined in the National LPS Training strategy so await the published training objectives so can finalise training programmes for staff. Meanwhile LPS awareness training is being delivered with further sessions for the Communities of Practice as a rolling programme which invites all local professionals to attend and participate. Mandatory internal Mental Capacity Assessment training is rolling out to all staff with 50% currently reported as already completed.
- 3.3 Additional training will be sourced for our commissioned independent advocacy provider GADDUM with regards to supporting those with complex Learning Disability and Autism as well as maintaining interpreters for those with sensory impairment.
- 3.4 **Approved Mental Capacity Professionals:** New Approved Mental Capacity Assessor (AMCA) roles will replace current Best Interest Assessor (BIA) roles and will need enhanced conversion training. Cases known to assessment teams will progress LPS arrangements through mainstream casework. All staff need to be appropriately trained against the National LPS Training Strategy with regards to the level of role they hold.

Conversion for existing BIA'S is planned internally but University placements for new AMCP training will need to be scoped and funded for each Responsible Body. An AMCP hub is under discussion to enable a joint resource to prioritise local need, pool expertise so better response and outcomes for people.

- 3.5 **Impact on waiting times:** During staff attendance at LPS mandatory training and Liquid Logic LPS training, there could be a short term gaps in front line service which could impact on casework and referral waiting times so training will be staggered as mitigation. Social workers will be expected to arrange LPS processes for their cases up to reviews through as best practice. Again, the impact of less case throughput may impact on waiting times.
- 3.6 **Performance and system changes:** The Liquidlogic Project lead and designated LPS workstream alongside the Performance Reporting and Intelligence Team to identify new LPS national performance reporting improvement fields as well as improve current DOL's workflows and improved performance reporting. New Liquidlogic processes for those under LPS at 16 are being designed to assist the planning for adulthood waiting times.
- 3.7 **Independent Advocacy waiting times:** Waiting lists for independent advocacy are under review as an expectation that there will be no remaining referrals by LPS implementation date. The LPS advocacy workstream are looking at strategies and jointly review referrals with GADDUM and look to where people can be appropriately supported by others who are known to

them rather than independent advocacy service. Funding has been enabled to fund another 4-5 advocates to assist in reducing waiting times.

3.8 **DOLS Team Review:** The DOLS team will remain as is to support the transition of existing DOLS cases until LPS conversion as needed and receive new LPS referrals acting as a resource to other teams to embed LPS practice. The DOLS team structure will be reviewed within 12 months of implementation and redesigned as LPS practice is expected to be mainstreamed in services in the long term.

3.9 **Responsible Bodies network:** Is proposed working alongside the LPS Partnership Steering Group and workstreams to provide LPS Senior leads peer support during LPS planning for implementation as well as continued links with the Northwest LPS implementation group. This will enable positive conversations and relationships and development within this workstream so develop effective joint implementation strategies.

4.0 Recommendations

4.1 It is recommended that the current Liberty Protection Safeguards preparation for implementation work and wider Safeguarding transformation work remains to meet agreed with objectives which meet new legislative requirements with improved health and social care outcomes. Once the LPS final code of practice is published these changes will increase in pace and workstreams actions and periodic progress updates can be provided.

4.2 That the LPS project will further community engagement and co- production work with local groups and focus on putting people at the heart of all we do.

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Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 11 January 2023

Subject: Health Infrastructure Developments in Manchester

Report of: Interim Deputy Place Based Lead (Manchester)
NHS Greater Manchester Integrated Care

Director of Strategic Projects
Manchester University NHS Foundation Trust

Director of Finance, IM&T and Estates
Greater Manchester Mental Health NHS Foundation Trust

Summary

The report provides an overview of the key health infrastructure developments in Manchester. It covers:

- The Wythenshawe Hospital master plan
- The developments encompassed under the umbrella of the North Manchester Strategy. These include the redevelopment of the North Manchester General Hospital site and the re-provision of the Park House mental health facility
- Key developments in primary care and community estates in the city

Recommendations

The Committee is recommended to consider and comment on the information in 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

Health infrastructure investments have an important contribution to make to the city's zero-carbon target, through sustainable design and development methods and sustainable placemaking strategies.

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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Health infrastructure developments have an important role to play in improving quality, access and experience for service users – particularly where there are existing inequalities – and in driving wider economic and social benefits, reflecting the role of health and care organisations as Anchor institutions in their communities. The developments outlined in this paper vary in scale and timetable for delivery, but they
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are all subject to assessment of equality impact. For some of the larger developments, this will take the form of multiple assessments and engagement with multiple community stakeholders, reflecting the many component parts of the plans.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and care organisations, as Anchor institutions in their local communities, have a role to play in supporting employment and an inclusive economy in the city. Health infrastructure developments present opportunities to drive social value and wider economic benefit for the local area, both during the construction of new facilities and in promoting local recruitment into health and care services.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and care organisations, as Anchor institutions in their local communities, have a role to play in supporting employment and an inclusive economy in the city. Health infrastructure developments present opportunities to drive social value and wider economic benefit for the local area, both during the construction of new facilities and in promoting local recruitment into health and care services.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	In addition to promoting inclusive economic benefits (see above), the health infrastructure developments will improve health and care facilities and wider social assets and amenities; enable service integration; and support partners to work with communities to progress prevention and early intervention, thus contributing to improved experiences and outcomes.
A liveable and low carbon city: a destination of choice to live, visit, work	The health infrastructure investments have an important contribution to make to the city's zero carbon target and sustainable placemaking.
A connected city: world class infrastructure and connectivity to drive growth	The planned developments would bring significant capital investment and infrastructure improvements – both in facilities and digital capabilities – to the city.

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Revenue financing and affordability are central to any health infrastructure (capital) development and form a key part of the programmes to deliver the developments outlined in this report.

Financial Consequences – Capital

The report provides an overview of progress of key health infrastructure (capital) developments 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.

Wythenshawe Hospital Campus Strategic Regeneration Framework – Economy Scrutiny Committee 11 March 2021 and Executive 17 March 2021.

North Manchester Strategy, Executive Summary – Health Scrutiny Committee, 12 January 2022.

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

Northern Gateway (now known as Victoria North) Strategic Regeneration Framework
– Executive 13 February 2019.

1.0 Introduction

1.1 This report provides an overview of the key health infrastructure developments in Manchester. It covers:

- The Wythenshawe Hospital master plan
- The developments encompassed under the umbrella of the North Manchester Strategy. These include the redevelopment of the North Manchester General Hospital (NMGH) site and the re-provision of the Park House mental health facility
- Key developments in primary care and community estates in the city

2.0 Background

2.1 Health and care partners, as set out in Manchester's Locality Plan, are committed to using health infrastructure developments to drive economic regeneration in the city; facilitate the delivery of major transformation programmes that change how health, care and the wider public sector deliver within a place for the benefit of improved patient care; and address inequalities and promote the social determinants of health. Each of the health infrastructure developments set out in this paper will contribute to the delivery of these ambitions.

3.0 Wythenshawe Hospital masterplan

3.1 Manchester University NHS Foundation Trust (MFT), in partnership with Bruntwood, developed a masterplan to support the development of Wythenshawe Hospital Campus as a sustainable health village over a 10 to 15 year period. The vision is to deliver exceptional health care and clinical facilities alongside inclusive growth, including local jobs that contribute towards a rise in productivity and pay in the foundation economy, within an environment that is welcoming for all. Net zero carbon ambitions are at the heart of the vision. The Wythenshawe Campus Strategic Regeneration Framework was endorsed by the City Council's Executive Committee in March 2021.

3.2 The masterplan proposals provide for population growth and changing demands; promoting a combination of retained estate with significant new build to create a modern, digitally enabled, net zero carbon facility. In addition, the proposals include significant residential provision which adds value back into the Trust and a commercial zone focused on healthcare research and innovation.

3.3 The strategy builds upon the opportunities presented by the devolution of health and social care, as well as existing Hospital strengths, including its research specialisms and unique position within the Greater Manchester life science cluster.

3.4 Wythenshawe holds unique opportunities specifically in relation to the commercial potential of the site and its attractiveness to the research and

development sector given its location next to the hospital which has specific research strengths, adjacency to Manchester Airport and the M60, the proposed High Speed 2 (HS2) station and significant neighbouring development sites as part of the Airport City Enterprise Zone.

- 3.5 MFT submitted an Expression of Interest to the government's New Hospital Programme in September 2021 and is keen to explore options for public investment and private partnership for specific elements of the masterplan that could unlock the benefits of this redevelopment.
- 3.6 In recognition of limited national public sector capital funds, the proposed alternative funding model for Wythenshawe is based on the delivery of healthcare related commercial accommodation on Trust Land that generates revenue which can be capitalised. Initial commercial analysis demonstrates that potential revenue per year from the commercial zone would be sufficient to fund commercial zone delivery and substantial clinical estate improvements. However, current treasury rules mean that even with a commercially fundable proposition, the Trust is unable to access the investment needed from the private sector.
- 3.7 An updated 'Case for Investment' was developed in 2022 to aid discussions with relevant regional and national colleagues with a view to unlocking investment and an active 'Stakeholder Plan' is in place to identify and manage engagements with policy makers.

4.0 Developments in North Manchester

4.1 The North Manchester Strategy

- 4.1.1 The North Manchester Strategy seeks to achieve civic regeneration through investment and innovation in healthcare and housing and, in doing so, address inequalities and improve outcomes for people in one of the most socio-economically disadvantaged parts of the country. The programme of work is overseen by the North Manchester Strategic Board (NMSB), which brings together senior leaders from healthcare and the City Council.
- 4.1.2 The North Manchester Strategy brings together three major capital developments in North Manchester:
- The redevelopment of the NMGH site, which forms part of the national New Hospital Programme
 - The reprovision of the Park House inpatient mental health facility, with the new facility to be named North View
 - The residential-led Victoria North development
- 4.1.3 Strategically aligning these major programmes enables partners to maximise the social value of what would be the biggest combined investment ever made in North Manchester – in the region of £4.5bn over two decades – and to continue Manchester's longstanding collaborative work on service integration. Social value efforts across the three programmes are being coordinated

through the North Manchester Social Benefit Framework, which has been adopted by statutory and contractor organisations. This sets five priority themes for social value activity: education, employment and skills; health and wellbeing; community resilience; digital; and zero carbon 2038. To date, these efforts have secured benefits with a combined monetary value of upwards of £8m. This includes the creation of 1,015 jobs, 22 apprenticeships and the contribution of almost 500 hours of volunteering to initiatives supporting the community resilience, digital and zero carbon themes. The benefits of the North Manchester Strategy are therefore already being felt locally and in surrounding areas and this positive impact should increase in scale as the infrastructure developments progress.

- 4.1.4 Updates on the NMGH site redevelopment and the North View build are provided in sections 4.2 and 4.3 of this report.
- 4.1.5 Progress on the Victoria North development is not covered in detail here, as this reports to Economy Scrutiny Committee. However, the Strategic Regeneration Framework for Victoria North includes strategies for the provision of appropriate social and community infrastructure to serve a growing population. This includes a potential health facility and partners are working collaboratively to align plans for future health and care provision across the scope of the developments encompassed in the North Manchester Strategy (see section 5.12).

4.2 North Manchester General Hospital (NMGH) redevelopment

- 4.2.1 This section provides an update on the progress of the NMGH redevelopment proposals as part of the government's New Hospital Programme. The NMGH scheme is part of Cohort 3 within the programme which comprises eight large projects (NMGH, Leeds, Whipps Cross, Princess Alexandra, Hillingdon, Leicester, West Herts, and Epsom).
- 4.2.2 MFT understands from the national New Hospital Programme team that the second iteration of the Programme Business Case was considered by the Major Projects Review Group (MPRG) on 6 December 2022. The national team has also indicated that outcomes for individual Trusts will not now be clear until February 2023 due to the need for ministerial approvals, but that the programme will be focused on standardisation of design through the emerging 'Hospital 2.0' concept. NMSB assessed this position at its meeting on 14 December 2022 and agreed to escalate proactive communication with senior government figures to advocate for the preferred way forward as set out in the Outline Business Case (OBC) for the NMGH site redevelopment.
- 4.2.3 The expected post-MPRG outcomes should allow the NMGH scheme to progress to an OBC 'Refresh' process to reflect changes since the original OBCs were submitted in January 2021. The scope of the refresh is dependent to a large extent upon the identified 'cost envelope' and the extent to which the scheme will need to comply with 'Hospital 2.0'.

4.2.4 Whilst New Hospital Programme expectations of a 'refresh' are not yet clear, it is anticipated that the process would follow the Business Case Green Book guidance, focusing on the following key aspects:

- Review of clinical assumptions and demand / capacity modelling of the acute facility to note changes since 2020 when the assumptions for the original OBCs were set
- Review progress made or new understanding on the scope of the Health and Wellbeing Hub and non-clinical facilities to check assumptions remain valid
- Align scope to any guidance / requirements from the New Hospital Programme such as Hospital 2.0
- Review options in light of the indications on cost envelope
- Integrate the Redevelopment and Digital OBCs into one
- Development of a 'procurement strategy' which is likely to align to the national 'Alliance' proposal led by the New Hospital Programme

4.2.5 MFT will utilise New Hospital Programme programme fees for 2022/23 to fund resource to March 2023, noting that there is currently no funding beyond March 2023 in place.

4.2.6 In relation to site enabling works, the demolition of the former Trust Headquarters and Limbert House buildings has now been completed with early Enabling Works funding from the New Hospital Programme. The clearance of these two sites has facilitated the North View development (see section 4.3) and the Multi-Storey Car Park and Cycle Hub construction projects, which are both now underway.

4.2.7 The Multi-Storey Car Park and Cycle Hub is due to be operational in summer 2023 and will alleviate the current parking challenges on site as well as directly delivering a 'shovel ready' site for the proposed new hospital through the clearance of surface car parks.

4.2.8 New Hospital Programme projects within Cohorts 3 and 4 were invited to submit applications for further enabling funds for activity over the next three years. The Trust submitted an Enabling Works Phase 2 application which would facilitate the continued decants, demolitions and preparatory groundworks in readiness for the 'main scheme' start. MFT awaits feedback from the application which was considered by New Hospital Programme Investment Committee in November.

4.2.9 At the meeting of the North Manchester Strategic Board on 14 December 2022 it was agreed that Manchester partners would write to the Secretary of State for Health emphasizing again the vital importance of the NMGH redevelopment proposals.

4.3 North View

4.3.1 The building of North View has started, marked by a groundbreaking ceremony on 24 November 2022. Greater Manchester Mental Health NHS

Foundation Trust (GMMH) took site possession of the agreed land at NMGH from MFT on 15 August 2022, and IHP (GMMH's Construction Partner) are fully mobilised on site.

- 4.3.2 Detailed design meetings continue, with diverse representation at these and workstream meetings ensuring technical expertise, staff knowledge and experience, and the perspective of service users. A fully furnished mock bedroom supports the engagement and input from staff, service users and carers, as well as offering the opportunity to test the suitability and location of equipment and furnishings.
- 4.3.3 Close governance of the programme from a Project Board continues, with monthly reporting from all the workstreams via the Project Delivery Group. The project is scheduled for completion by August 2024, with occupation expected by November 2024. The programme is currently seven weeks behind plan due to several 'live' utilities, services and site constraints remaining in-situ across the plot, limiting the ability to progress in line with the original plan.
- 4.3.4 GMMH and site partners MFT are continuing to work closely together to mitigate all remaining site issues to allow the construction programme to continue and limit any further unnecessary delays, abortive works and associated incurred costs.

5.0 Infrastructure developments in primary care and community services

- 5.1 Manchester's General Practice estate is complex with 83 GP practices operating out of 87 buildings across the city. The tenure, size and quality of these buildings is varied with 37 operating out of self-owned buildings, 16 inhabiting via lease arrangements, 20 operating from NHS Property Services (NHS PS) venues, 12 operating from Community Health Partnerships buildings and 1 through a lease with Manchester City Council.
- 5.2 Responsibility for the allocation of capital funding, regulatory estates compliance and future estates strategy sits within the newly-formed GM ICB estates and finance function.
- 5.3 The Manchester Locality Care Team provides a local strategic role, developing a prioritised range of schemes for consideration for centralised capital funding working closely with key partners such as NHS Property Service to maximise the local GP and Community estate opportunities. Key to this role is the requirement to ensure that local estates are fully maximised, and local estates opportunities fully explored.
- 5.4 Close local partnership working around estates is achieved through the delivery of the Manchester Strategic Estates Group (MSEG) which ensures that strong connections are made between the estates functions of all public organisations in Manchester.

5.5 Achievements During 2022/23

- 5.6 Capital-Funded space upgrades for The Maples Medical Centre in Wythenshawe, which is due to complete in early 2023, and an extension to 'The Docs' Medical Centre in Bloom Street in the City Centre.
- 5.7 'Phase 3' estates works at Newton Heath Health Centre, which has brought over £600,000 of national estates funding into Manchester to reconfigure vacant space, modernising rooms and reception facilities, improving utilisation of the centre by primary care, ensuring that local GP estates pressures can be met. The previous estates phases enabled the locality primary care team to relocate Droylsden Road Family Practice into Newton Heath Health Centre, with their previous dilapidated premises being closed.
- 5.8 Urban Village Medical Practice and New Islington Medical Practice in Ancoats have been supported in Autumn 2022 to move into additional space within the health centre. This reflected significant population growth in recent years and has enabled Urban Village Medical Practice to respond to estates and workforce pressures and reopen a closed patient list earlier than expected.
- 5.9 Closure of Cornerstones Family Practice Branch in Droylsden which was deemed not fit for purpose, with the locality team facilitating this closure by funding records digitisation and additional space at the practices' main site.
- 5.10 New leases have been agreed for premises that were previously at risk and support has been provided to self-owner practices in making their own lease agreements, ensuring that the sites are available for longer term provision of services.
- 5.11 Works to further improve estates utilisation across NHS Property Services and Community Health Partnerships health centres, including use of the 'Openspace' room booking system.
- 5.12 Digitisation of paper patient 'Lloyd George' records and removing these records from site. 11 of 83 Manchester GP practices have been digitised to date, with full roll out expected to free up a significant amount of space which can be brought into alternative use. This is capital funding dependent, and further funding is being sought to continue this scheme, with the ultimate benefit being between 70-90 rooms being brought back into use for the local workforce, equivalent to several new hub developments. The first 11 practice digitisation projects have been focused on GP practices experiencing high levels of population growth.
- 5.13 The Locality Primary Care team has recently completed investment of £600,000 in a Staff Safety and Security fund, which has seen all 83 practices receive additional investment in key aspects of security including CCTV upgrades, screens and door improvements. This work was informed by a Task and Finish Group formed with Manchester and Greater Manchester health colleagues working with Greater Manchester Police following several practice incidents in Autumn 2021.

- 5.14 Development of 15 long term Primary Care Network (PCN) Clinical and Estates Strategies, ensuring locally-led estates development in future and delivery of fit for purpose, value for money, technically compliant and sustainable primary care developments and improvements. This also includes use of technology, collaborative care and PCN-level sharing of under-utilised space, whilst ensuring that primary care remains accessible to all who need it. These strategies will be developed between November 2022 and June 2023, with 5 of the 15 Manchester PCNs being included in the first wave of GM practices.
- 5.15 Manchester's Locality Primary Care Team is leading the continued operation of several Covid-19 Vaccination sites, including Plant Hill Clinic and the Rates Hall at the Town Hall Extension.
- 5.16 MLCO has conducted a programme of NHS Property Services backlog maintenance capital schemes and the 22/23 pipeline is progressing ten schemes including health centre roof replacements, lift replacement and clinical room upgrades.
- 5.17 MFT Community Services have utilised MFT capital spend to improve Dermot Murphy Continuing Health Care and a Capital refurbishment of Denmark Road Sickle Cell and Thalassaemia clinics and offices.

Future developments from 23/24

- 5.18 2023 will see several primary and community service infrastructure developments come on stream in Manchester. These schemes are as follows:
- 5.19 Development of new City Centre GP Premises at the New Jackson Health Centre in Elizabeth Tower in Spring 2023 which provides the capacity to support an expected additional 15-20,000 patients, with some additional bookable space for partner organisations. The formal name for this development is yet to be confirmed.
- 5.20 Expected completion of a move of Gorton Medical Centre GP services to the newly opened Gorton Hub during early 2023
- 5.21 The move of Jolly Medical Centre, Crumpsall, to the NMGH site in spring 2023 response to landlord-enforced closure of the estate. This is an exciting development which brings primary and secondary care closer through co-location.
- 5.22 Primary Care is proceeding with a joint scheme with NHS Property Services and Manchester Local Care Organisation (MLCO) at Alexandra Park Health Centre, which brings vacant pharmacy space back into permanent use to house MLCO teams and present the GP practice with additional clinical space.
- 5.23 A pipeline of twenty further GP estates projects (extensions, reconfigurations, and upgrades) that will be progressed, dependent on availability of capital and revenue funding.

- 5.24 Exploration of future health service space requirements within the Victoria North scheme, including a January 2023 discussion at the Manchester Strategic Estates Group. Health services are keen to be 'built into' the masterplan as early as possible to ensure an accessible health offer is secured.

6.0 Recommendations

- 6.1 The Committee is recommended to consider and comment on the information in the report.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 11 January 2023

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:

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Background document (available for public inspection): None

1. Monitoring Previous Recommendations

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

There are no outstanding previous recommendations.

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **30 December 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
Armour Care Services Ltd	Armour Care Services Unit 89, Cariocca Business Park Sawley Road Miles Platting Manchester M40 8BB	https://www.cqc.org.uk/location/1-11384377779	3 December 2022	Homecare Service	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
O'Neil and O'Neil	New Moston Dental Centre 209-211 Moston Lane East Manchester M40 3HY	https://www.cqc.org.uk/location/1-5379158925	2 December 2022	Dentist	Overall: No Action Required
National Neurological Services Ltd	24 Albert Road Manchester M19 2FP	https://www.cqc.org.uk/location/1-5878062410	14 December 2022	Care Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Vaccination and COVID-19 Update

Contact Officers:

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The December data from the Office for National Statistics COVID-19 Infection Survey showed an increase in people testing positive for COVID-19. The last available dataset indicates that 2.01% of the population in England (around 1 in 50 people) have tested positive for COVID-19. This increase relating to the north west as well as other parts of the country.

However, we do know that flu, Strep A and other respiratory infections have placed significant pressure on primary care and hospital services since November, particularly in relation to children. It is hoped that the school holidays will help to reduce the spread of infections.

Over 1 million COVID vaccinations have now been delivered in Manchester including first, second and booster doses. A full final dataset covering uptake of COVID vaccination and flu vaccination uptake will be available in February.

**Health Scrutiny Committee
Work Programme – January 2023**

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 include, but not restricted to the following areas: <ul style="list-style-type: none"> - An update on developments at North Manchester General Hospital. - Progress against delivery of the North Manchester Strategy. - An in-depth focus on developments at Wythenshawe Hospital. - Progress against delivery of the Wythenshawe Masterplan previously reported to the Committee. - Updates on the delivery and outcomes of primary care and community health developments, such as the Gorton Hub and any similar or planned schemes. 	Councillor T. Robinson	Chris Gaffey Stephen Gardner	This is a progress report to that considered at the meeting held 12 January 2022
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee’s work programme and		Lee Walker	

	items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.			
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Wednesday 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 is 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 22 February 2023, 10am (Report deadline Monday 13 February 2023) Extraordinary Meeting

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Delivery of NHS services in Manchester	<p>The Committee have requested an extraordinary meeting to discuss the issues currently experienced by Manchester residents accessing NHS services.</p> <p>The Committee have asked for information on, but not restricted to:</p> <ul style="list-style-type: none"> - A&E waiting times, and what is being done to improve these; - Ambulance waiting times; and what is being done to improve these; - Patient discharge from acute hospital settings and what is being done to improve these; and - Work to address waiting times for those patients' requiring treatment. 	Councillor T. Robinson	Chris Gaffey Bernadette Enright	See minutes of the 7 December meeting of Health Scrutiny Committee, ref HSC/22/52

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	

Manchester Foundation Trust Service Changes	To receive a report that describes Manchester University NHS Foundation Trust (MFT) service changes that are linked to the disaggregation of North Manchester General Hospital from Pennine Acute Hospitals NHS Trust.	Councillor T. Robinson	Chris Gaffey	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

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. 	Councillor T. Robinson	David Regan Cordelle Ofori	

	<ul style="list-style-type: none"> • 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. 			
Manchester Equipment & Adaptations Partnership	To receive an update report that provides information on the findings and recommendations of the review undertaken of the delivery model for both minor and major adaptations.	Councillor T. Robinson	Bernadette Enright Karen Crier	Update on the report considered 22 June 2022.
The Ockenden Report - Manchester Foundation Trust's Response	<p>To receive a report that provides an update on the progress to date on Manchester Foundation Trust's Final Ockenden Action Plan (Created May 2022 in response to the recommendations of the Ockenden Report published 30 March 2022).</p> <p>This update report to include comparative data and how Manchester compared to the Shrewsbury and Telford Hospital NHS Trust and to include an update on advocacy and the voice of the women and families.</p>	Councillor T. Robinson	Chris Gaffey Kate Provan	Update on the report considered 22 June 2022.
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	
Greater Manchester Mental Health Trust	To receive a report that describes the actions and progress against the 'Our Single Improvement Plan' instigated following the CQC Inspection Report published Thursday 24 November 2022. CCQ report: https://www.cqc.org.uk/provider/RXV The Committee will focus on the improvements instigated in response to the BBC Panorama documentary and the Edenfield Centre.	Councillor T. Robinson	Neil Thwaite	A whole meeting in the new municipal year will be dedicated to this one agenda item. Patient Groups will be invited to attend.

