



Health Scrutiny Committee

Date: Wednesday, 8 February 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

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

Filming and broadcast of the meeting

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

Membership of the Health Scrutiny Committee

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

Agenda

1. Urgent Business

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

2. Appeals

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

3. Interests

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

4. [10.00-10.05] Minutes

To approve as a correct record the minutes of the meeting held on 11 January 2023.

Pages
5 - 12

5. [10.05-10.20] 2023/24 Budget Report

5A Public Health Budget 2023-26

Report of Director Public Health

Pages
13 - 32

This report provides a further update to members on the priorities for the services in the remit of this committee and details the changes to the initial revenue budget options proposed by officers in November 2022.

6. [10.20-11.00] Access to NHS Primary Care - GP, Dentistry and Pharmacy - Reports to follow

7. [11.00-11.10] Access to Patient Participation Groups in Manchester

Report of Healthwatch Manchester

Pages
33 - 38

This report provides information on a mystery shopper exercise undertaken by Healthwatch Manchester on all Manchester GP practices to review access to Patient Participation Groups by Manchester citizens.

8. **[11.10-11.40] Alcohol, Drugs, and Community Stop Smoking and Tobacco Treatment Services in Manchester** Pages 39 - 80
Report of Deputy Director of Public Health

The report provides the Committee with an updated overview of progress and activity for addiction services commissioned by Manchester Public Health Team.

9. **[11.40-12.00] Manchester's Climate Change Framework and Health** Pages 81 - 92
Report of Director, Manchester Climate Change Agency and the Deputy Director of Public Health

In 2022, the Manchester Climate Change Partnership, supported by Manchester Climate Change Agency, updated Manchester's five year Climate Change Framework (2020-2025) to provide more granular targets for staying within our carbon budget and to highlight the co-benefits of climate action, including tackling health inequality.

The Making Manchester Fairer plan was developed alongside the Framework refresh and so is aligned to it.

10. **[12.00-12.10] Overview Report** Pages 93 - 104
Report of the Governance and Scrutiny Support Unit

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

Information about the Committee

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

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

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

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public. Agenda, reports and minutes of all Council Committees can be found on the Council's website www.manchester.gov.uk.

Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
Level 3, Town Hall Extension,
Albert Square,
Manchester, M60 2L

Further Information

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

Lee Walker
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

This agenda was issued on **Tuesday, 31 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 11 January 2023

Present:

Councillor Green – in the Chair

Councillors Appleby, Bayunu, Curley, Karney, Newman, Russell and Richards

Apologies: Councillors Nasrin Ali, Riasat and Reeves

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

Michelle Humphreys, Director of Strategic Projects, Manchester University NHS Foundation Trust

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

Gordon Reid, Deputy Head of Primary Care, NHS Greater Manchester Integrated Care

Stephen Gardner, Director, Single Hospital Service Programme, Manchester University NHS Foundation Trust

HSC/23/01 Urgent Business – Local Response to Current NHS Crisis

The Chair introduced an item of urgent business by advising that she had requested the Interim Deputy Place Based Lead, NHS Greater Manchester Integrated Care and the Executive Director of Adult Social Services to address the Committee on the local response to the current national NHS crisis that had been widely reported in the media.

The Committee noted that an extraordinary meeting of the Health Scrutiny Committee had been called for 22 February 2023 to specifically discuss the issues currently experienced by Manchester residents accessing acute NHS services. The Chair stated that this would be a further opportunity to discuss the points raised by the Committee at today's meeting in further detail.

The Interim Deputy Place Based Lead, NHS Greater Manchester Integrated Care informed the Committee that the health service had experienced unprecedented demand since October 2022. He stated that these pressures were added to because of the increased incidents of Covid infection rates and an earlier start to the flu season, commenting that during the month of December, 500 patients had been admitted to hospital due to flu across Greater Manchester. He advised that this situation would continue to be monitored. He stated that these illnesses had also impacted on staff and front-line health workers that had also added to the pressures experienced across the service. He advised that the System Operation Response Task Force, which consisted of senior leaders and clinical practitioners across Greater Manchester had been meeting weekly, increasing to now daily to understand the levels of demand and manage resources appropriately system wide. He provided

an example of mutual aid as being when other local district hospitals had responded to relieve bed pressures experienced at the Children's Hospital, adding that this care had been managed by paediatric specialists.

In noting the industrial action being taken by Ambulance workers, the Interim Deputy Place Based Lead, NHS Greater Manchester Integrated Care advised that the impact of this was being closely monitored by the System Operation Response Task Force and urged anyone experiencing a life threatening emergency to contact 999 immediately. He also advised the NHS 111 service was still available, both online and via the telephone.

The Executive Director of Adult Social Services described the established multi-disciplinary teams that worked to manage patient flow. She described that Patient Target Lists were reviewed daily, six days a week to discuss and facilitate the safe discharge of patients into the most appropriate setting with the appropriate care pathways using the discharge to assess approach. She stated that data and activity was monitored at the Integrated Care Control Room, using real time data obtained via the Hive System. She also advised that Winter Discharge Monies had been used to support people living safely in their own homes, and this work had been supported by various Voluntary Community and Social Enterprise groups. She acknowledged that recruitment and retention of staff remained an issue nationally across the Adult Social Care sector, however work was ongoing locally with providers to address this. She commented that it was recognised that staff were the best and most important asset and a workforce development plan had been agreed that sought to support and develop existing staff, including the use of apprenticeships. She further noted the commitment to paying the Real Living Wage in Manchester.

The Executive Member for Healthy Manchester and Adult Social Care stated that the Government had repeatedly failed to adequately fund both the NHS and Adult Social Care, noting that across Greater Manchester there had been a funding shortfall of £430m. He stated that despite this Manchester had continued to respond to the challenge and sought innovative approaches to support the most vulnerable residents of the city. He stated that the legacy of genuine partnership working across all stakeholders that had been established across Greater Manchester following the Devolution arrangements had supported and enabled such a positive response, adding that avoiding the need to call a major critical incident in Manchester was testimony to this.

The Executive Member for Healthy Manchester and Adult Social Care further advised that he would continue to provide briefings to Members outside of the formal Committee process to ensure they remained up to date with emerging issues.

The Committee thanked officers and the Executive Member for Healthy Manchester and Adult Social Care for their update. A member noted that at the time of the meeting the Times newspaper was running a headline that reported there were currently 1000 excess deaths per week due to the national crisis in the NHS. The Committee stated that sole responsibility for this current crisis was as a direct result of the Government.

Members also discussed the impact that this ongoing crisis would be having on other important NHS Services, such as screening and other preventative initiatives due to staff and resources being redirected.

The Committee paid tribute to all staff and frontline workers working within the NHS and expressed their support and solidarity with those striking staff, adding that these workers had been left with no other option than to take industrial action.

The Committee recommended that the Executive Member for Healthy Manchester and Adult Social Care, in consultation with the Chair and all Manchester MPs writes to the Secretary of State for Health and Social Care to invite him to Manchester so he can meet with the Committee so that they can discuss the case for increased NHS funding in Manchester. A Member noted that if the invitation was refused a delegation should visit the Department of Health and Social Care to present the case for Manchester.

Decision

The Committee recommended that the Executive Member for Healthy Manchester and Adult Social Care, in consultation with the Chair and all Manchester MPs writes to the Secretary of State for Health and Social Care to invite him to Manchester so the Committee can present the case for increased NHS funding in Manchester.

HSC/23/02 Minutes

Decision

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

HSC/23/03 Adult Social Care Assurance - Care Quality Commission

The Committee considered the report of the Executive Director of Adult Social Services that provided information on the forthcoming Assurance Framework by the Care Quality Commission (CQC).

Key points and themes in the report included:

- Noting that the Health and Care Act 2022 gave the CQC new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions;
- A description of the four themes of the CQC assessment framework and their associated quality statements;
- Information on the Test and Learn pilot undertaken by CQC of Adult Social Care in July 2022 and the key outcomes; and
- Next steps.

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

- Welcoming the report and welcoming the findings of the CQC;

- The indicative rating was testament to the hard work and dedication of staff working across Adult Social Care on behalf of Manchester residents, led by the Executive Director of Adult Social Services; and
- Noting that this external evaluation of the service provided the Committee with further assurance of the good work and strong leadership of the service.

The Executive Director of Adult Social Services stated that she had welcomed the opportunity to partake in the pilot scheme, noting that it provided an opportunity for an external audit and review of the service and gave the residents of Manchester an assurance in the service provided. She stated that the CQC had met with a number of senior leaders, the Executive Member for Healthy Manchester and Adult Social Care and staff across a range of services and the feedback from the inspectors had been very positive. She stated that the positive feedback from the Committee would be communicated to staff. In response to a Member's comment regarding a specific case relating to Adult Social Care she advised that if the Member forwarded her the specific details she would make enquiries and liaise with her directly.

The Principal Social Worker stated that the inspection had been an opportunity to showcase the excellent work that was delivered in Manchester. She stated as a result of this experience other Local Authorities had been in contact with a view to learning and adopting the good practice delivered in Manchester.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to the Executive Director of Adult Social Services and all her staff. He drew the Members' attention to the section of the report that described that there was a real commitment from leaders for the local authority to be a learning organisation and that Senior leaders, including councillors, had a good understanding of the issues affecting the people of the City of Manchester. He concluded by stating that Manchester was an exemplar Authority and was recognised nationally as a beacon of good practice.

Decision

To note the report.

HSC/23/04 Planning for Liberty Protection Safeguards Implementation

The Committee considered the report of the Executive Director of Adult Social Services that provided information updates to Liberty Protection Safeguards (LPS) planning work in progress in preparing for major statutory changes.

Key points and themes in the report included:

- 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;
- Information on the Learning Disability / Autism and Mental Health Act reform and the joint work with the Learning Disability and Autism Service and Greater Manchester Mental Health Trust; and
- Information on the Deprivation of Liberty Safeguards Team.

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

- Further clarification was sought in relation to that paragraph that described Learning Disability / Autism and Mental Health Act reform; and
- Further detail was sought in relation to the figures presented within the report.

The Assistant Director Adult Social Care stated that this was a very complex piece of legislation and work was ongoing across a range of teams to understand and plan for its implementation, adding that at the time of reporting the LPS final code of practice was yet to be released. He gave an assurance that this would not change the interventions and support for patients with mental health conditions and would rather strengthen the right of citizens with Autism / Learning Disability, ensuring that the citizen was at the heart of all decision making.

The Chair advised that the Committee would revisit this subject before April 2024 and requested that any future update report included cases studies and examples. The Committee also requested that consideration was given as to how data was presented in reports.

Decision

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

HSC/23/05 Health Infrastructure in Manchester

The Committee considered the joint 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 that provided an overview of the key health infrastructure developments in Manchester.

Key points and themes in the report included:

- An update on the Wythenshawe Hospital master plan;

- The developments encompassed under the umbrella of the North Manchester Strategy, including the redevelopment of the North Manchester General Hospital site and the re-provision of the Park House mental health facility; and
- Key developments in primary care and community estates in the city.

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

- That a visit and briefing to North Manchester General Hospital be arranged for all North Manchester Councillors, with an invitation extended to all members of the Health Scrutiny Committee;
- Was there an opportunity to increase the number of jobs and apprenticeship opportunities created through the development and investment in North Manchester;
- Welcoming the Victoria North Development and asking if consideration had been given to health infrastructure to meet the demands on the local population;
- Welcoming the improvements identified for North Manchester General Hospital and noting that this had only been made possible as a direct result of the decision taken to disaggregate North Manchester General Hospital from Pennine Acute Hospitals NHS Trust;
- Expressing disappointment of progress in delivering the Wythenshawe Hospital masterplan;
- Noting the uncertainty of Government adequately funding the Wythenshawe Hospital masterplan;
- Noting the challenges and limitations presented by current Treasury rules in securing alternative funding opportunities to deliver the Wythenshawe Hospital masterplan;
- Calling for the continued lobbying of Government to secure funding to deliver the Wythenshawe Hospital masterplan;
- Expressing concern that Manchester University NHS Foundation Trust would utilise New Hospital Programme fees for 2022/23 to fund resource to March 2023, noting that there was currently no funding beyond March 2023 in place, noting that this situation could have implications for both North Manchester and Wythenshawe sites;
- Had the issues relating to historic Private Finance Initiatives (PFI) and associated contractual arrangements been addressed at Wythenshawe Hospital;
- Recognising that the number of GP practices was as a result of practices consolidating;
- Was there any information relating to the provision of dentist practices; and
- Had the views of service users been taken into consideration during the design of the Park House inpatient mental health facility.

The Interim Deputy Place Based Lead, NHS Greater Manchester Integrated Care informed the Committee that a letter dated 10 January 2023 from Manchester partners, headed by the Leader of the Council and the Chief Executive of MFT had been sent to the Secretary of State for Health and Social Care emphasizing again the vital importance of the North Manchester General Hospital redevelopment proposals. He further commented that he was happy to facilitate a visit and briefing at North Manchester General Hospital for all North Manchester Councillors, with an invitation extended to all members of the Health Scrutiny Committee.

The Director of Strategic Projects, Manchester University NHS Foundation Trust stated that she shared the frustrations expressed by the Members regarding progress at the Wythenshawe site. She described that they were working with Bruntwood and the Council as part of the wider redevelopment of Wythenshawe. She stated that she supported the call for continued lobbying of Government for adequate funding to deliver the Wythenshawe masterplan. She further commented that the PFI arrangements had been taken into account during the planning and financial modelling. In regard to North Manchester, she stated that economic growth and development was central to the vision of the development and work was underway with local schools and other partners to maximise the delivery of social value of this programme. She stated that the business case for the North Manchester development had been submitted two years ago however this had been reviewed in November 2022 to take into account increased budgetary and inflation costs and these revised figures had been submitted to the Secretary of State. In reply to questions regarding the implications of the 'New Hospital Programme' and 'Hospital 2.0' she advised that they were awaiting further information on these Government proposals.

The Deputy Head of Primary Care stated that discussions have been ongoing with developers throughout the design and planning of the Victoria North Development to ensure that appropriate consideration was given to health infrastructure to meet the demands of a growing population in the area. He further addressed the issue raised regarding dentistry by advising that since July 2022 arrangements for the commissioning of these services had transferred to the Greater Manchester Integrated Care Board. He stated that work was currently ongoing to look at this area of activity.

The Executive Member for Healthy Manchester and Adult Social Care stated that the report clearly demonstrated the scale and vision that Manchester had in regard to improving and delivering health infrastructure across the city. He acknowledged that more needed to be done to articulate this ambition to residents. He stated that the conversations regarding delivering the ambition for the city were live and ongoing and the Committee would be kept informed of developments.

Decision

To note the report.

HSC/23/06 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 commented that the 24 May 2023 meeting would be dedicated exclusively to scrutinising improvements at the Greater Manchester Mental Health Trust.

Decision

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

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 February 2023

Subject: Public Health Budget 2023-26

Report of: Director Public Health

Summary

Members will recall that at the November round of scrutiny meetings the Council was forecasting an estimated budget shortfall of £112m over the three years with £44m in 2023/24. As part of the action to address the budget shortfall officers identified potential savings options of £42.3m over three years, of which there were savings options of £1m within the remit of this scrutiny committee.

The provisional financial settlement announced 19 December reflected a change in government policy in relation to funding inflation and Social care pressures. This has given the opportunity to review the quantum and phasing of savings. It is now proposed that options of £36.2m are progressed, of which £0.730m is within the remit of this scrutiny committee.

This report provides a further update to members on the priorities for the services in the remit of this committee and details the changes to the initial revenue budget options proposed by officers in November 2022.

Each scrutiny committee is invited to consider the current proposed changes which are within its remit and to make recommendations to the Executive before it agrees to the final budget proposals on 15 February 2023.

Recommendations

The Health Scrutiny Committee is recommended to:-

1. To consider and comment on the forecast medium term revenue budget; and
2. Consider the content of this report and comment on the proposed changes which are relevant to the remit of this scrutiny committee.

The Executive is recommended to approve these budget proposals.

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 budget reflects the fact that the Council has declared a climate emergency by making carbon reduction a key consideration in the Council's planning and budget proposals.

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

Consideration has been given to how the proposed savings could impact on different protected or disadvantaged groups. Where applicable proposals will be subject to completion of an Equality Impact Assessment (EqIA) and an Anti Poverty Assessment.

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 effective use of resources underpins the Council's activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
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

The changes included within this report will, subject to Member comments and consultation, be included in the final 2023/24 revenue budget set by Council on 3 March.

Financial Consequences – Capital

None directly arising from this report.

Contact Officers:

Name: David Regan
Position: Director Public Health
Telephone: 07770 981699
E-mail: david.regan@manchester.gov.uk

Name: Simon Finch
Position: Head of Finance Adult Social Services and Public Health
Telephone: 07939132452
E-mail: simon.finch@manchester.gov.uk

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.

[Revenue Budget Report - Executive Meeting 16 February 2022](#)

[Medium Term Financial Strategy 2022/23 to 2024/25 -Executive Meeting 16 February 2022](#)

[Health and Social Care – Adults Social Care and Population Health Budget 2022/23 - Executive 16 February 2022](#)

[Resource and Governance Scrutiny – 6 September 2022](#)

[Revenue Monitoring to the end of July 2022 and Budget update 2023/24 to 2025/26 - Executive 14 September 2022](#)

1. Introduction and Purpose

- 1.1. The report sets out the final proposals for the Public Health budget programme 2023-26. It sets 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 (MTFP) are set out. The report provides an updated set of proposals for further savings for 2023-26, developed in the context of the financial challenge facing the Council, for final comments by Health Scrutiny.

2. Service Overview and Priorities

- 2.1. The Manchester Public Health Team is responsible for commissioning Children's Public Health (including Health Visiting and School Nursing Services), Wellbeing (addressing wider determinants such as housing and work alongside support to reduce smoking, reduce levels of obesity and increase physical activity), Sexual Health (treatment and prevention), and Drug and Alcohol (treatment and prevention) Services for the city. In addition, the Public Health Team leads the delivery of the city's Age Friendly Manchester programme. The team is also responsible for leading and contributing to strategic partnership work to reduce inequalities in the city and leading the city's Health Protection (infection control, immunisation programmes) and Health Intelligence (Joint Strategic Needs Assessment) functions.
- 2.2. Following the publication of 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives' (University College London Institute of Health Equity) the Public Health team led the development of Manchester's own action plan - Making Manchester Fairer (MMF) - that describes the actions that the city will take to reduce health inequalities in the aftermath of the pandemic, with a focus on the social determinants of health: the conditions in which people are born, grow, live, work and age.
- 2.3. MMF is made up of eight themes:
- Early Years, Children and Young People
 - Poverty, Income and Debt
 - Work and Employment
 - Prevention of Ill- Health and Preventable Deaths
 - Homes and Housing
 - Places, Transport and Climate Change
 - Systemic and Structural Racism and Discrimination
 - Communities and Power
- 2.4. Investment of £3m has been identified from Council Public Health reserves (£1m is contained within the Childrens Services budget report). The expectation is schemes will deliver savings to the health and social care system and wider including Education, Work and Skills and Homelessness. The use of reserves is within the overall Reserves Strategy, as part of the MTFP, with the recommended drawdown in line with reserves policy.

- 2.5. Two kickstarter schemes have been prioritised for investment for phase 1 of the Making Manchester Fairer Investment Fund. The schemes are challenged with delivering the MMF plan's principles, improving health equity and also demonstrating an 'invest to save' approach. The schemes prioritised for investment are (i) Improving Health Equity for Children and Young People, and (ii) Early Help for Adults Experiencing Multiple and Complex Disadvantage. The Making Manchester Fairer Investment Sub-Group has continued to meet during this period to consider and support the development of these business cases.
- 2.6. The first scheme, Improving Health Equity for Children and Young People will focus on children, young people and their families who are most affected by health inequalities including those most affected by the cost of living crisis, communities that experience inequalities and young people who are at increased risk of mental ill-health as a result of their lived experiences and/or identity. The scheme is expected to address the widening gap in school readiness for children in early years, through a holistic approach working with schools and families. It will also engage with young people, communities, and wider partners to identify issues in mental wellbeing support and the opportunities for prevention of mental ill-health in order to reduce inequalities.
- 2.7. The second scheme, Early Help for Adults Experiencing Multiple and Complex Disadvantage, is being delivered in the context of Bringing Services Together for People in Places, and the delivery of multi-agency case management. The target group is adults experiencing multiple barriers to health and wellbeing including homelessness, mental ill health, substance misuse, unemployment. A significant number of this cohort will also have experienced adverse childhood experiences compounding these factors, by growing up in challenging social conditions. The scheme will build on learning from the Changing Futures Pilot and will develop the service design and delivery to expand the programme to ensure that the kickstarter works with cohorts and groups that were missed in the first pilot. In the short-term individuals should see successful engagement with other support services, and improvement in individuals' physical and mental wellbeing. The long-term goal is for individuals to thrive independently within their own communities.
- 2.8. The priority for 2022/23 has been to provide continued support for commissioned services in their recovery from the impact of the pandemic on their service delivery and their clients. The key metrics for commissioned services include:

Metric	Q2 2022/23	Q2 2021/22
% of smokers who successfully quit at 4 weeks of interventions (NICE target 35%)	62.20%	45.50%
% of health visitor visits to new births (within 2 weeks) (England average 88%)	88.00%	87.00%
% of dependent alcohol users who successfully complete treatment (Comparable local authorities average 40%)	33.90%	31.50%
% of adults attending 10-12 weeks of Tier 2 weight management interventions	69.00%	71.40%

% of NHS Health Checks received by the total eligible population	42.00%	27.00%
--	--------	--------

2.9. In Q2 2022/23, 62.2% of smokers in contact with services had successfully quit 4 weeks after the intervention which is higher than the figure for the equivalent period in 2021/22 (45.5%) and the NICE recommended level of 35%. The percentage of new births visited by a health visitor within 2 weeks in Q2 2022/23 (88.0%) was slightly higher than that seen in Q2 2021/22 (87.0%). The performance of weight management services as measured by the percentage of adults attending 10-12 weeks of Tier 2 weight management interventions has fallen slightly from 71.4% in Q2 2021/22 to 69.0% in Q2 2022/23*. The percentage of dependent alcohol users in treatment who successfully completed treatment in Q2 2022/23 (33.9%) was higher than that seen in the equivalent period in 2021/22 (31.5%). In Q2 2022/23, 42% of the total eligible population in Manchester received an NHS Health Check. This compares with 27.0% of the eligible population in the equivalent period of 2021/22 suggesting that delivery has increased since the drop due to COVID pressures. Manchester is the 3rd highest ranked authority in the Northwest region (out of 23 LAs) for delivering NHS Health Checks and the 9th highest ranked nationally (out of 152 authorities) **.

*The higher-than-average performance achieved by the Weight Management Service in 2021/22 was linked to the receipt of a substantial grant from Office of Health Improvement and Disparities (OHID). By Q1 2022/23, this grant was withdrawn.

**NHS Health Check delivery is low nationally and has been slowly recovering post COVID. The NW region is the best performing region in England for delivering NHS Health Checks.

2.10. The health of the people in Manchester has generally been worse than the England average across a range of outcome measures with a worsening of health outcomes in Manchester starting to become apparent in the years prior to the start of the Coronavirus (COVID-19) pandemic in 2020. The pandemic has had the effect of accelerating and strengthening that pre-existing trend. Recently published data on life expectancy at birth over time in Manchester compared with England shows that life expectancy has fallen, i.e. got worse for both males and females in Manchester in the 3-year period 2019-21 compared with the previous period of 2018-20.

2.11. In addition, we have developed a Population Health Recovery Framework based on the following three pillars:

- Healthy People (recognises the impact of social disadvantage and socio-economic circumstances on health outcomes)
- Healthy Places (recognises the geographical inequalities within Manchester and between Manchester and other parts of the region and country)
- Health Equity (recognises the groups of people and communities that face additional multiple and compounding barriers, prejudice or discrimination)

owing to factors such as race, sexual orientation, disability, and migrant status)

Each pillar has a “flagship” programme of activity to address the root causes and wider determinants of health inequalities alongside the broader partnership working to create the conditions for healthy lives.

2.12. The three “flagship” programmes are:

- Healthy People - Manchester’s Wellbeing Model to improve the wellbeing of Manchester’s residents based on the level of support people need to look after their own health and wellbeing
- Healthy Places - Winning Hearts and Minds to work in, and with, communities to improve heart and mental health across the city, with a particular focus on North Manchester
- Health Equity- COVID-19 Health Equity Manchester to address the disproportionate adverse impact of COVID-19 on specific communities in Manchester and ensure the legacy of COVID-19 is that lessons learned are implemented and improve the broader health outcomes of these communities

2.13. The flagship programmes are integral to the Making Manchester Fairer Action Plan.

3. Service Budget and Proposed Changes

3.1. The service has a gross 2022/23 budget of £45.989m and a net budget of £42.685m. Income of £3.304m includes Better Care Fund £0.960m, contributions from health £1.290m and other income of £1.054m which includes grants.

3.2. Public Health is funded nationally through a specific ringfenced grant. However Greater Manchester locality has been part of a government pilot for a number of years whereby the funding ringfence is removed and an equivalent allocation received as an adjustment to business rates.

3.3. The position in 2022/23 regarding the public health contracts with local authorities and the associated pay costs with the NHS pay rises is that the 2022/23 Public Health Grant included an uplift to pay agreed cost increases to contracted NHS providers

Table 1: Base budget 2022/23

Service Area	2022/23 Gross budget	2022/23 Net Budget	2022/23 Budgeted posts (FTE)
	£'000	£'000	£'000
Public Health Core	4,229	3,300	57.30
Public Health - Children's Services	4,222	4,222	
Early years - Health Visitors	10,676	10,676	
Drugs and Alcohol	9,384	8,989	
Sexual Health	9,214	8,295	
Wellbeing (includes ZEST)	7,819	6,758	
Other	445	445	12.00
Total	45,989	42,685	69.30

- 3.4. In November 2022, this Scrutiny Committee was presented with £1m of cuts and saving options relating to services within the remit of this committee, for consideration. The provisional settlement on 19 December reflected a significant change in government policy and provided more funding than initially expected. This has given the opportunity to review the quantum and phasing of savings. It is now proposed options of £0.730m are progressed which are detailed in **Appendix 1**.
- 3.5. In the context of austerity and the national public health challenges post pandemic, the approach to the development of savings has been extremely difficult. The work has been informed by:
- (i) The challenging position across a range of Public Health outcome measures with a worsening of health outcomes in Manchester since the pandemic;
 - (ii) Reducing pressures on the wider health and social care system by ensuring that upstream cost effective prevention programmes are maintained;
 - (iii) The need to protect the Drug and Alcohol service budget linked to new national investment conditions relating to the new national 10-year Drug Strategy, From Harm to Hope; and
 - (iv) The scale of previous Public Health savings programmes.
- 3.6. The proposals detailed have been identified as deliverable without impacting on delivery of public health commissioned services in the city. The proposed savings programme (£0.730m) is detailed in **Appendix 1** and summarised in the table below

Table 2: Proposed Savings Programme

	2023/24 £'000	2024/25 £'000	2025/26 £000	Total £'000
November Scrutiny	1,000	0	0	1,000
Savings withdrawn	-270	0	0	-270
Revised Target	730	0	0	730
Comprising:				
Disestablish Public Health Vacancies	90			90
Use of 2022/23 underspend	330	(330)		0
MCR Active	30			30
Headroom in budget set aside for contract uplifts	280	330		610
Total	730	0	0	730

3.7. The following savings have been withdrawn:

(i) Children's (£0.270m) – the savings proposed is withdrawn.

3.8. The emerging pressures are detailed in **Appendix 2**. There are no budget pressures currently reflected in the MTFP. As per the Spending Review, it was announced the public health grant will remain the same in real terms which will significantly undermine the ability of local systems to reduce health inequalities without further investment in prevention by the NHS. However current levels of inflation will significantly erode spending power unless a further increase in grant is confirmed. The Public Health financial settlement has not yet been announced.

3.9. If the proposed changes are approved, the three-year budget position is shown in **Appendix 3**. **Appendix 4** also provides a subjective analysis of expenditure and income.

4. Workforce Implications

4.1. The savings proposals outlined at **Appendix 1** will have a limited internal workforce impact due to the roles being disestablished being vacant and planned. This is part of the wider review of roles and responsibilities as resource is shifting back to business as usual after the heightened focus on COVID-19 for the last three years.

4.2. Vacancy Factor

The Council's establishment is fully budgeted for at the top of the grade. In reality there are vacancies caused by staff turnover, recruitment difficulties and staff employed throughout the grade scale. In order to avoid budgeting for costs that will not be required and making bigger cuts elsewhere, adjustments are being made to reflect these issues by applying a vacancy factor to recognise that vacancies will always exist. The continued challenges in filling posts also means that the council is working hard on ensuring we are an employer of choice and can attract people and minimise the pressures on our existing workforce.

5. Equality and Anti Poverty Impact

- 5.1. Consideration has been given to how the proposed savings could impact on different protected or disadvantaged groups. Where applicable proposals will be subject to completion of an Equality Impact Assessment (EqIA) and an Anti Poverty Assessment as part of the detailed planning and implementation. At this stage no direct impacts on people and specifically MCC priority protected characteristics have been identified.

6. Future opportunities and Risks

MMF Action Plan

- 6.1. The MMF Action Plan (above) focuses on the social determinants of health and requires all agencies to contribute to improving the conditions in which Manchester's residents are born, grow, live, work and age. The implications and impact of the cost-of-living crisis, in 2022 initially, will affect the lives of many residents in the city and may reduce the scale of the outcomes intended to be achieved through the MMF Action Plan in the short-term.

Drug and Alcohol Programmes

- 6.2. The new national 10-year Drug Strategy, From Harm to Hope, plans to cut crime and save lives and is underpinned by a clear recognition that illegal drugs cause damage to our society, affecting both individuals and neighbourhoods. The collective ambition of the strategy is to achieve a generational shift in the country's relationship with drugs and to reduce overall drug use through three overarching priorities:
- Break supply chains
 - Deliver a world class treatment and recovery service
 - Achieve a shift in the demand for recreational drugs
- 6.3. From Harm to Hope recognises the need for alignment between national expectations and local delivery. A local outcomes framework will be introduced to sit alongside the national outcome framework detailed in the strategy and will cover all three of the strategic priorities. The £780m national funding also includes the extension of the time limited Office of Health Improvement and Disparities (OHID) Section 31 Grant for reducing crime, reducing harm, and reducing drug related deaths.
- 6.4. In April 2022, OHID announced the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) funding scheme, to support local delivery of the strategy. Local authorities' use of the SSMTRG should directly address the aims of the treatment and recovery section of the drug strategy. The outcomes are ambitious, and on a national basis, the additional funding aims to deliver:
- 54,500 new high-quality treatment places including:
 - 24,000 more people in long-term recovery from substance dependency

- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- Adequate commissioning and co-ordinator capacity in every local authority

6.5. Local delivery of these ambitions aims to drive an improvement in the quality of the service for Manchester residents, ensure more people can access our community treatment services, and support a reduction in the number of caseloads of our practitioners and clinicians delivering substance misuse services. Manchester has been identified as an 'enhanced area', benefitting from greater investment in year 1 with 51 new full time posts to be added to the workforce. The table below outlines the funding allocation for Manchester:

	2022/23 Confirmed	2023/24 Indicative	2024/25 Indicative
SSMTRG	£1,461,249	£2,394,242	£4,621,419
Inpatient Detoxification Grant	£138,535	£138,535	£138,535

6.6. Challenges in the specialist substance misuse workforce have seen delays to recruitment in Year 1 (2022/23) of the SSMTRG. This is a local position reflected nationally. The Office of Health Improvement and Disparities (OHID) have established a regional working group to support recruitment and retention in the sector. Challenges also prevail in expanding the estate of the substance misuse provider to respond to the increased workforce within the allocated timelines, as grant underspends cannot be carried forward year on year.

6.7. Manchester has been awarded a Section 31 Grant for delivery of 'Individual Placement Support' (IPS) to provide employment support within alcohol and drug treatment services. The funding is from the Department of Work & Pensions (DWP) and OHID and will support Manchester citizens engaged in treatment services to secure employment.

The table below outlines the funding allocation for Manchester:

	2022/23 Confirmed	2023/24 Confirmed	2024/25 Confirmed
Individual Placement Support	£84,606	£162,073	£167,077

6.8. Additional funding has also been made available over the next three years (Year 1 2022/23) to fund a menu of housing support options to improve the recovery outcomes for people in treatment (or in contact with the treatment system) with a range of housing support needs. The grant will be funded by the Department of Levelling up, Housing & Communities and OHID. Manchester is awaiting official confirmation of our allocation.

Wellbeing Services

6.9. We intend to re-visit work on the Citywide Wellbeing and Prevention Model (paused due the COVID-19) to review and revise, in collaboration with commissioned community services, the delivery of community prevention

services to achieve better alignment and avoid duplication in service delivery across the city. As a first stage of this work the buzz Community Development Team transferred from Greater Manchester Mental Health NHS Trust (GMMH) into MCC Neighbourhoods Directorate on 1.1.23.

Children's Public Health Services

- 6.10. The current contract for the School Health Service (5-19 years programme) expires in April 2023. We intend to extend for twelve months under current arrangement. In the period Nov 22-April 24 we intend to co-design a new service specification that consolidates the current separate contracts (Healthy Schools, School Nurse, Healthy Weight, Accident Prevention, School Immunisations) into a single 5-19 Healthy Child Programme (HCP) School Health Service. The new service specification will have new KPIs, a service model that reflects available resource and post pandemic priorities, and will be co-designed with stakeholders including the Local Care Organisation and the Strategic Director of Children and Education Services.

Appendix 1 - Savings Schedule

Service	Description of Saving	Type of Saving	RAG Impact	Amount of Saving				Indicative FTE Impact
				2023/24	2024/25	2025/26	Total	
				£'000	£'000	£'000	£'000	
Directorate	Disestablish Public Health Vacancies	Efficiency	These savings have been identified as deliverable without impacting on delivery of public health commissioned services in the city	90			90	3
Directorate	Use of 2022/23 underspend	Efficiency		330	(330)		0	None
Children's	Children's PH 5-19- due to changing and challenging circumstances regarding staffing, service delivery and finance it is the commissioning intention to review and revise the service model and specification	Efficiency		Withdrawn				None
Directorate	MCR Active - removal of budget intended to contribute to the development, implementation and licensing of the digital single pathway to design a 'one stop shop' for ALL Sport & Physical Activity opportunities. Whilst this causes a delay, MCR are confident in securing alternative financing arrangements for this development	Efficiency		30			30	None
Directorate	Headroom in budget set aside for contract uplifts	Efficiency		280	330		610	None
Total				730	-	-	730	3

This page is intentionally left blank

Appendix 2 - Pressures / Growth Schedule

Service	Description of Pressure	Amount of Pressure			
		2023/24	2024/25	2025/26	Total
		£'000	£'000	£'000	£'000
Total		0	0	0	0

This page is intentionally left blank

Appendix 3: Indicative Medium term budgets by service

Service Area	2022/2023 Budget	2023/2024 Indicative Budget	2024/2025 Indicative Budget	2025/2026 Indicative Budget
	£'000	£'000	£'000	£'000
Public Health Core	3,300	3,210	3,210	3,210
Public Health - Children's Services	4,222	4,222	4,222	4,222
Early years - Health Visitors	10,676	10,676	10,676	10,676
Drugs and Alcohol	8,989	8,989	8,989	8,989
Sexual Health	8,295	8,295	8,295	8,295
Wellbeing (includes ZEST)	6,758	6,758	6,758	6,758
Other	445	- 195	- 195	- 195
Total	42,685	41,955	41,955	41,955

This page is intentionally left blank

Appendix 4: Indicative Medium term budgets by type of spend / income

Corporate Core	2022/2023 Budget	2023/2024 Indicative Budget	2024/2025 Indicative Budget	2025/2026 Indicative Budget
	£'000	£'000	£'000	£'000
Expenditure:				
Employees	2,575	2,485	2,485	2,485
Running Expenses	43,414	44,574	43,274	42,774
Sub Total Subjective Expenditure	45,989	47,059	45,759	45,259
Less:				
Other Internal sales				
Gross Expenditure	45,989	47,059	45,759	45,259
Income:				
Contributions from Reserves	-	- 1,800	- 500	-
Other Grants Reimbursements and Contributions	- 1,054	- 1,054	- 1,054	- 1,054
Other Income	- 2,250	- 2,250	- 2,250	- 2,250
Gross Income	- 3,304	- 5,104	- 3,804	- 3,304
Total Net Budget	42,685	41,955	41,955	41,955

This page is intentionally left blank

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 February 2023

Subject: Access to Patient Participation Groups in Manchester

Report of: Healthwatch Manchester

Summary

A mystery shopper exercise on all Manchester GP practices was conducted to review access to Patient Participation Groups by Manchester citizens. Access is poor in general and patients are not being involved in their local GP practises enough.

Recommendations

The Committee is recommended to:-

- (1) To consider and comment on the information in the report.
 - (2) Access to Patient Participation Groups (PPGs) needs to improve. We suggest the following:
 - Adopt a clear method across the board of how a person can join the PPGs so that every practice has the same process
 - Make this process accessible to the wider population such as those who do not have access to the internet or those who are unable to visit the practice
 - (3) The GP practices in Manchester who we contacted need to restart their Patient Participation Groups if they have not done so already. Where possible the previous members of each practice's PPG need inviting to this reformation as well as providing this opportunity to all other patients.
 - (4) The staff in each GP practice need to familiarise themselves with the role and requirements regarding Patient Participation Groups in order to support PPGs more effectively and efficiently.
-

Wards Affected: All

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

There is 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

Improving access to PPGs must be done by GP practices in accordance with the PSED to the best of their ability.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The inclusion of the patient voice in the design and delivery of GP practice services unlocks the potential of our local communities.
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

Financial Consequences – Capital

Contact Officers:

Name: Neil Walbran
 Position: Chief Officer
 Telephone: 0161 228 1344
 E-mail: neil.walbran@healthwatchmanchester.co.uk

Name: Thomas Carr
 Position: Information and Communications Officer
 Telephone: 0161 228 1344
 E-mail: thomas.carr@healthwatchmanchester.co.uk

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.

Mystery shopper review of access to Patient Participation Groups. December 2022. Healthwatch Manchester.

<https://www.healthwatchmanchester.co.uk/report/2022-12-29/mystery-shopper-review-access-patient-participation-groups>

Good practice? A report into the accessibility of GP practice websites. September 2021. Healthwatch Manchester

<https://www.healthwatchmanchester.co.uk/report/2021-09-23/good-practice-review-gp-practice-websites>

Seen and Heard: The experiences of children and young people in primary care

<https://www.healthwatchmanchester.co.uk/report/2022-12-30/seen-and-heard-experiences-children-and-young-people-primary-care>

1.0 Introduction

1.1 Key commissioned functions of Healthwatch Manchester are to:

- Inform and signpost people to local health and care services
- Respond to and investigate information received from local people regarding these services where there is cause for concern.

1.2 The main objectives of this report are to:

- Present an analysis of access to PPGs through review methodology and key findings and
- Make recommendations regarding areas for improving access to PPGs.

2.0 Background

2.1 Following the review of all GP practice websites in Manchester by Healthwatch Manchester (see report 'Good Practice') it came to light that evidence supporting the existence of PPGs was significantly low.

2.2 From the inception of online GP services in Manchester, Healthwatch Manchester has received a significant proportion of complaints and queries regarding access to GP services and little or no evidence of patient involvement in the design and delivery of this change to online services.

2.3 It was agreed at the December 2022 board meeting that a review of PPGs by Healthwatch Manchester was a timely and required activity.

2.4 The review of the service was carried out using the 'Mystery Shopper' assessment model and was conducted by Healthwatch Manchester staff and volunteers over a period of 2 weeks in December 2022.

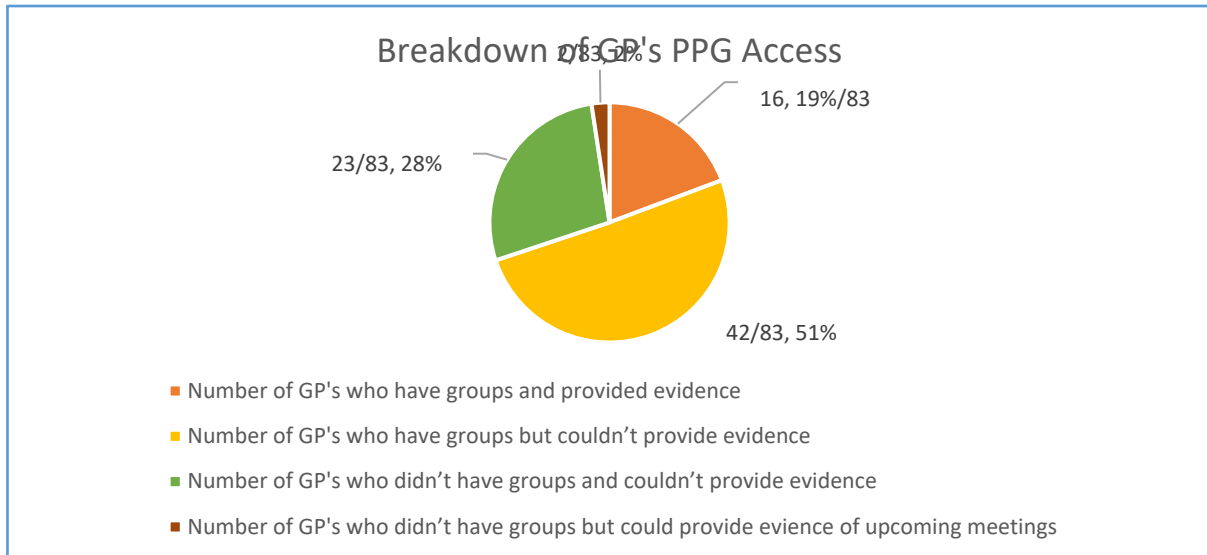
3.0 Main issues

3.1 Overall, 70% of the practices we contacted had evidence of a Patient Participation Group either on their website or via the calls we made to them. However, only 19% of the overall number of practices were able to provide clear details on how to join, where they would be and when they would be.

3.2 This means that a large number of practices who had evidence of a PPG couldn't provide details about the groups, 51% to be precise.

3.3 Moreover, our figures show that 28% of the practices did not have evidence of a Patient Participation Group either online or via the phone calls we made.

- 3.4 Aside from these results, 2% of practices we contacted outlined to us their plans to restart their Patient Participation Group and provided clear details on when they would be back, how to join and where they would be conducted.



4.0 Recommendations

1. Access to Patient Participation Groups (PPGs) needs to improve. We suggest the following:

- Adopt a clear method across the board of how a person can join the PPGs so that every practice has the same process
- Make this process accessible to the wider population such as those who do not have access to the internet or those who are unable to visit the practice

2. The GP practices in Manchester who we contacted need to restart their Patient Participation Groups if they have not done so already. Where possible the previous members of each practice's PPG need inviting to this reformation as well as providing this opportunity to all other patients.

3. The staff in each GP practice need to familiarise themselves with the role and requirements regarding Patient Participation Groups in order to support PPGs more effectively and efficiently.

This page is intentionally left blank

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 8 February 2023

Subject: Alcohol, Drugs, and Community Stop Smoking and Tobacco Treatment Services in Manchester

Report of: Deputy Director of Public Health

Summary

The report provides the Committee with an updated overview of progress and activity for addiction services commissioned by Manchester Public Health Team. This report follows an initial report to Health Scrutiny on 12th January 2022. For each programme area there is a description of the service offer, an outline of the performance and an overview of trends, positive developments and challenges.

The services discussed are the Manchester Drug and Alcohol Treatment and Support Service and Be Smoke Free (which is a community stop smoking and tobacco treatment service).^{*} Both services are provided by Change, Grow, Live (CGL) and representatives from this service will attend the Committee.

^{*}Reference will also be made in this report to mandated Stop Smoking/Tobacco Treatment Services, which are now NHS funded and provided. Please note that these services are beyond the scope of this report because they are not commissioned by the Public Health Team of Manchester City Council.

Recommendations

The Committee are asked to consider and comment on 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

Change, Grow, Live (CGL) Manchester consistently report, that most waste generated by their services is diverted from landfill into various products, or utilised for the generation of renewable energy. For example, the Manchester Integrated Drug & Alcohol Service produced 36.1 tonnes of waste over the last 12 months. This waste would have occupied up to 9.17 cubic metres of landfill.

Through waste segregation, a combined 12 Kg of Methane and Carbon Dioxide has been avoided being emitted by reducing the bacterial anaerobic decomposing process. Dry mixed recycling waste is recycled into various products such as mugs and bottles or utilized in generating renewable energy, thereby supporting the zero-carbon target for the city.

Cigarettes are one of the main causes of micro-plastic pollution globally. Reduction in smoking prevalence in our city will not only reduce our carbon footprint in terms of production and distribution of cigarettes but will contribute to an eco-system reduction in plastic pollution.

Be Smoke Free, offer an evidence-based treatment service which includes an offer of electronic cigarettes for some clients. MCC and CGL recognise that these devices are made from plastics and whilst the models used are not single use, we are working with our supplier with a view to minimising plastics used and increasing recycling opportunities.

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

The Making Manchester Fairer Plan gives context to all of the work that the Manchester Public Health team and Change, Grow, Live do in terms of working with our most vulnerable communities and with regard to tobacco in particular, trying to address the biggest cause of preventable disease and premature mortality.

Manchester Public Health Team work with partners and commissioned providers to ensure services are inclusive, meet the needs of our diverse communities and celebrate and promote this diversity in our work. Commissioned services are required to collect protected characteristics data as per the Equality Act 2010. This is also aligned to the National Drug Treatment Monitoring System. Ward data on the numbers in treatment is also collated and dynamic Equality Impact Assessments are undertaken to ensure services are accessible in the face of change.

The national Tobacco Control Plan specifies groups who are most vulnerable to becoming addicted to smoking and other forms of tobacco. Reasons for vulnerability are linked to deprivation, poor mental health and minority stress. Trends identified at a national level are reflected (and greater) in Manchester and therefore Be Smoke Free is commissioned to deliver services for all smokers aged 12 and over, but to enhance support to people from Routine and Manual Occupations, the LGBTQ+ community, people with mental health problems, people who are homeless and some Black, Asian and Minority Ethnic groups. In doing so, we aim to narrow the health inequality gaps caused by tobacco use.

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 Our Manchester Strategy underpins the work presented in this report.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Not smoking, in all cases, will improve physical and mental health and so aid engagement in work and study. There will be reduced sickness absence for employers.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	People who do not smoke will live in better physical and mental health and will have improved personal finances, thereby increasing their ability to fulfil their potential.
A liveable and low carbon city: a destination of choice to live, visit, work	Significant amounts of plastic are used in the production of cigarettes and reduction in smoking and smoking related litter will contribute to a low carbon city and reduce local ground and waterway pollution, at a visible and microscopic level.
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: Dr Cordelle Ofori
Position: Deputy Director of Public Health
E-mail: Cordelle.Ofori@manchester.gov.uk

Name: Julie Jerram
Position: Programme Lead
Telephone: 07717 531565
E-mail: julie.jerram@manchester.gov.uk

Name: Lindsay Laidlaw
Position: Commissioning Manager
Telephone: 07903 429041
E-mail: lindsay.laidlaw@manchester.gov.uk

Background documents (available for public inspection): None

1.0 Introduction

1.1 Substance misuse is defined as the use of illegal drugs and the inappropriate use of legal substances, such as alcohol and tobacco. It is a significant challenge for many residents, either directly, or as “affected others”. This could be through overuse of alcohol, tobacco, misuse of prescription medication, or use of illegal drugs. Such misuse is harmful to health and can become addictive. This is a complex subject area from a bio-psycho-social perspective, but what is clear, is that substance misuse does correlate with deprivation and health and social inequalities.

1.2 This report provides the Committee with a description of Manchester City Council (Public Health) commissioned services as follows:

- Manchester Integrated Alcohol & Drug Service for adults provided by Change, Grow, Live (CGL)
- Young Person’s Specialist Substance Misuse Service, also provided by CGL
- In-patient Detoxification and Residential Rehabilitation Services provided by various providers
- Primary Care Community Pharmacy Services provided by various providers
- Manchester Dual Diagnosis Liaison Service provided by Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Drug and Alcohol Social Work Team, delivered by Manchester City Council (MCC)
- Be Smoke Free, which is a community level Stop Smoking / Tobacco Treatment Service.

2.0 Strategic Context; National and Local

2.1 Smoking and Tobacco Use

2.1.1 Smoking is the biggest cause of preventable disease in Manchester. Up to half of all long-term smokers will die from a smoking related disease. It results in the premature death of many Manchester residents each year and may negatively impact on the health of the smoker and those that they live with, including children, for many years. Smoking impacts heavily on personal and family poverty, with a smoker of 20 cigarettes a day, in January 2023, spending in the region of £3,650 per year for the cheapest brand of duty paid tobacco.

2.1.2 The Government’s Tobacco Control Plan (Towards a Smokefree Generation: A Tobacco Control Plan for England), published in July 2017, sets out the Government’s strategy to reduce smoking prevalence among adults and young people, and to reduce smoking during pregnancy. The current Manchester Tobacco Plan is a localised, tailored version of this plan, adopting the same methodology in terms of proportionate universalism, to support those most vulnerable to smoking related health inequalities.

2.1.3 Prevention of ill health and preventable death, is one of the eight themes of Making Manchester Fairer (the city's plan to reduce health inequality in Manchester). Reducing smoking prevalence is key to reducing preventable death and our whole system approach, working with partners and communities, is how we plan to achieve this.

2.1.4 Smoking, obesity and sedentary lifestyles are the biggest causes of preventable death in Manchester and helping people not to start smoking, or helping existing smokers to stop will, in many cases, help to address these frequent co-morbidities

2.2 Drugs & alcohol

2.2.1 'From Harm to Hope: a ten-year drugs plan to cut crime and save lives' is the new national Drug Strategy published in December 2021. From Harm to Hope is underpinned by a clear recognition that illegal drugs cause damage to our society, affecting both individuals and neighbourhoods. The collective ambition of the strategy is to achieve a generational shift in the country's relationship with drugs and to reduce overall drug use. To do this, From Harm to Hope has three overarching priorities:

- Break supply chains
- Deliver a world class treatment and recovery service
- Achieve a shift in the demand for recreational drugs

2.2.2 The above priorities reflect the recommendations outlined in the Dame Carol Black Review; an independent review commissioned by the Home Office in 2020 to explore the challenges of drug supply and demand, and recommendations for drug prevention and treatment to help more people recover from dependence. The review provided detailed analytical insights into the complexities of the illicit drug market, the scale of the challenge ahead, and provided the government with evidence-based recommendations on how we can reduce the demand for illegal drugs, decrease drug related deaths and get more people into higher quality services, the latter of which is reflected in the above priorities.

2.2.3 'From Harm to Hope' recognises the need for alignment between national expectations and the challenges to local delivery. As such the strategy identified an additional £780 million to fund the initial three years of a national decade-long transformation of drug treatment and wider recovery support services. A 'place-based' approach to funding targeted the 50 areas across the country for 'enhanced funding' in Year 1 (2022/23), subsequent 50 in year 2 and remaining areas in Year 3.

2.2.4 Alongside the national strategy, guidance for local delivery has been published. The guidance identifies key principles and structures to support the formation of a new 'Combatting Drugs Partnership', a partnership to build on and work alongside existing programmes to platform and progress the priorities of the strategy. As part of this, a local needs assessment is to be undertaken and a local outcomes framework is to be introduced, to sit

alongside the national outcome framework detailed in the strategy, covering all three of the strategic priorities.

- 2.2.5 In recognition of the importance of joined up action on alcohol & drugs, Manchester works closely with the other Greater Manchester local authorities, supported by the Greater Manchester Combined Authority (GMCA). Following public consultation in 2018, the Greater Manchester Drug & Alcohol Strategy 2018-21 was developed to set out a collective approach to reducing the harm caused by substance misuse in our communities, and the pressures on public services. An Implementation Plan supports delivery of the strategy however a Greater Manchester Drug & Alcohol Transformation Board has been established to review the strategy and identify commitments to prioritise. The Transformation Board is co-chaired by David Regan (Director of Public Health in Manchester) and Kate Green (Greater Manchester Deputy Mayor) and will function as the 'Combatting Drugs Partnership' for Greater Manchester, progressing the needs analysis and local framework (delivery plan).
- 2.2.6 The Modern Crime Prevention Strategy (Home Office, 2016) identifies alcohol and drugs as two of the key drivers of crime and disorder. Tackling alcohol and drug related crime is one of the thematic priorities of the Manchester Community Safety Strategy.
- 2.2.7 The Manchester Population Health Plan 2018-2027 describes the city's overarching plan for reducing health inequalities and improving health outcomes. The Making Manchester Fairer Plan 2022-2027, gives further focus to areas of health inequality, including the prevention of disease caused by smoking and reducing the harm caused to individuals and communities by problematic substance misuse. Drug, alcohol, and tobacco addiction often co-exist with socio-economic disadvantage, poor mental health, stressful life events such as homelessness. Ensuring that physical and mental health needs are addressed as part of an integrated approach is an important part of reducing harm and supporting recovery.
- 2.2.8 The Key Performance Indicators (KPIs) in the national Public Health Profiles that are relevant to this report are:
- Smoking 4 week quit rates
 - Successful completion of drug treatment
 - Successful completion of alcohol treatment
 - Hospital admission episodes for alcohol specific conditions
 - Drug related deaths

3.0 Epidemiology of Substance Misuse and Tobacco Use In Manchester

3.1 Smoking rates and smoking related disease

- 3.1.1 Smoking is the biggest cause of preventable ill health and premature mortality in Manchester (and the UK) and is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip,

mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is a modifiable behavioural risk factor and effective tobacco control measures can reduce the prevalence of smoking in the population.

3.1.2 **Current Trends in Adult Smoking Prevalence:**

- Public Health England Tobacco Profiles suggest a reduction in adult smoking prevalence in Manchester from 21.4% in 2020 to 16.8% in 2021 (95% CI 13.1% - 20.5%). This puts Manchester 4th out of the 10 local authorities in GM (see below) and 14th in the list of Counties and Unitary Authorities in England.
- Smoking prevalence rates in Manchester are still significantly higher than the rate for England as a whole (13.0%). However, the gap between Manchester and England has been halved from 7.6 percentage points in 2020 to 3.8% percentage points in 2021.

3.1.3 **Socio-economic Inequalities in Smoking Prevalence:**

- The latest update of the Local Tobacco Control Profiles contains new (2021) data on the odds of current smoking among adults aged 18-64 with a routine and manual occupation. This is a measure of the socioeconomic gap in smoking prevalence in adults and represents the likelihood of those with a routine or manual occupation smoking compared with those with another occupation. The current figure for Manchester is 3.61, which means that adults from a routine or manual occupation living in Manchester were over three times more likely to report that they were a current smoker compared with adults with another occupation. What this reinforces, is that socio-economic disadvantage is the main driver of smoking and tobacco use, and it is the reason why Be Smoke Free focus much of their outreach and community engagement work on people with Routine and Manual occupations.

Further information is provided in Appendix 1.

- The National Tobacco Plan tells us that there are other population groups who are more likely to smoke and therefore be victims of smoking related morbidity and premature mortality. For example, people from LGBT communities, people with poor mental health, homeless people and some Black, Asian and Ethnic Minority groups.

3.1.4 There were an estimated 4,393 hospital admissions attributable to smoking in Manchester residents in 2019/20, a rate of 2,422 admissions per 100,000. This compares with 1,398 per 100,000 for England.

3.1.5 In the 3-year period 2017-2019, there were estimated to be 1,910 deaths attributable to smoking in Manchester residents, an average of 637 per year. This equates to a rate of 388.5 deaths per 100,000 population compared with 202.2 per 100,000 in England.

3.2 Drug & alcohol prevalence

- 3.2.1 There are an estimated 8,671 adults who are alcohol dependent in Manchester, a rate of 20.4 per 1,000 population. This is higher than the estimated national rate for England which is 13.7. Almost a quarter (23.4%) of adults in Manchester are estimated to drink over 14 units of alcohol per week (the recommended safe limit for alcohol with at least 2 alcohol free days), compared to 22.8% nationally.
- 3.2.2 There are an estimated 4,150 adults in Manchester who are dependent on opiate (heroin) and/or crack cocaine (OCU), a rate of 10.7 per 1,000 population. This is higher than the estimated national rate for England which is 8.9. According to the Crime Survey of England and Wales (CSEW) in the year prior to March 2020, 1 in 11 adults (aged 16-59) and 1 in 5 younger adults (aged 16-24) reported past year drug use, although recent research suggests the CSEW under reports prevalence by up to 20%.
- 3.2.3 According to the Dame Carol Black Review, cuts to funding in treatment and other support services have led to an increase in unmet treatment need. The proportion of OCUs not in treatment (drug treatment numbers for 2020-21 have been used to calculate rate of unmet need) in Manchester is 45% which is lower than the proportion for England (53%.) The proportion of dependent alcohol users not in treatment in Manchester is 85% which is higher than the proportion for England (82%.) According to a GMCA review in 2021, the gap between the estimated need for alcohol treatment and the actual numbers in treatment services is so large that even a massively expanded treatment system would struggle to help all these people estimated to be in need.
- 3.2.4 There were 194 young people (under 18's, to include any young people aged 18-24 being supported in a young person's community treatment service) in structured treatment in Manchester during 2020/21. This is a reduction when compared to 209 young people in treatment in 2019/20. The main drugs used were cannabis and alcohol.
- 3.2.5 The NHS Digital 2021 'Smoking Drinking & Drug Use among Young People in England 2021' report contains the latest data on the survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15), focusing on smoking, drinking and drug use. The report noted that 40% of pupils said they had ever had an alcoholic drink, with prevalence increasing with age, from 13% of 11 year olds to 65% of 15 year olds. Of those young people who did drink alcohol, 6% of all pupils said they usually drank alcohol at least once per week, the same as in 2018. The proportion increases with age, from 1% of 11 year olds to 14% of 15 year-olds. A fall in the prevalence of lifetime and recent illicit drug use was noted, with 18% of pupils reporting they had ever taken drugs (24% in 2018), 12% had taken drugs in the last year (17% in 2018), and 6% in the last month (9% in 2018). Prevalence data is not available at a local authority level.
- 3.2.6 There were an estimated 1,066 per 100,000 hospital admission episodes for alcohol specific conditions in Manchester in 2019/20 (this equates to 4,095

admission episodes.) This is substantially higher than the England rate of 644 per 100,000 in England.

- 3.2.7 There were 120 drug related deaths in Manchester from 2018-20, a rate of 9 per 100,000. This compares with a rate of 5 per 100,000 in England.

4.0 Update on the work of Be Smoke Free (Community Stop Smoking and Tobacco Treatment Service) January 2022 to January 2023

Provider	CGL (Change Grow Live)
Service name	Be Smoke Free
Annual budget: 2022/2023	£633,397

- 4.1 Be Smoke Free was designed in line with NICE guidance for Specialist Stop Smoking Services (NG 92, March 2018.) NICE guidance was updated in November 2021. Our service remains compliant and still exceeds minimum requirements.

Be Smoke Free is commissioned according to latest available evidence, which states that smokers are most likely to give up smoking when offered a combination of pharmacotherapy, to manage very challenging physical symptoms of nicotine withdrawal, *and* personal “behavioral” support. This support aims to help clients understand why they smoke, what their “triggers” to smoke are, what stops them “quitting” and crucially, looks at personal stressors. The latter is a very skilled piece of work, which our service delivers with compassion and with an in-depth understanding of Manchester people and communities. This will often include cross-referral to other services in the city, such as Be Well.

4.2 Current Model

- 4.2.1 Be Smoke Free launched on 1 April 2020 and our report in January 2022 outlined how the pandemic had impacted on the way that the service was allowed to operate to be compliant with regulations under COVID-19. Lessons were learnt by Public Health as commissioners *and* Change, Grow, Live, about what elements of the modified service delivery worked best for clients. In the last twelve months, these findings have informed how the service now works. Therefore, the service currently operates a “hybrid” treatment offer, which means that clients can chose whether they wish to have “face to face” treatment, or treatment via a video call, for example. Some medication necessitates that clients must be seen face to face for blood pressure checks. For the most part however, in a bid to reduce barriers to accessing treatment and support, the choice of treatment model is guided by client preference. For those clients who chose a virtual model of treatment, medicines are delivered directly to their home by courier. There is no other area of Greater Manchester which offers a Stop Smoking Service like this.
- 4.2.2 Be Smoke Free offers various forms of pharmacotherapy to help clients to manage nicotine withdrawal symptoms, which can be severe and debilitating.

These are Varenicline, Bupropion and Nicotine Replacement Therapy. Unfortunately, due to national supply shortages, Varenicline and Bupropion are not currently available. Many clients have struggled because of this and thus, Public Health commissioners approved the supply of electronic cigarettes to some clients as part of a managed “step down” treatment course for nicotine addiction. This intervention has proved very successful by providing an alternative form of Nicotine Replacement Therapy and supporting those clients for whom electronic cigarette provides a means of dealing with habitual but harmless “hand to mouth” behaviour. Commissioners and providers are very mindful of the controversy which surrounds the use of electronic cigarettes. The parameters for their supply are carefully explained to clients, making it very clear that the service does not endorse the long-term use of electronic cigarettes.

4.3 Performance of The Be Smoke Free Service

4.3.1 Measuring the performance and effectiveness of any Stop Smoking Service is complex and should take into consideration both quantitative and qualitative data. However, NICE guidance sets a Key Performance Indicator (KPI) of a 35% “Quit Rate” at 4 weeks for any Stop Smoking Service. This measurement only captures those smokers who formally “set a quit date”. However, whilst not capturing successes of smokers who cut down on smoking, moved closer towards “quitting” and improved their overall lifestyle, the 4-week measure does provide an indication of success. Be Smoke Free have consistently exceeded a 35% 4-week Quit Rate since the start of their contract. In the three months prior to this report, the 4 week Quit Rate was 65.1%. A further *recommended* performance measure is the “12-week Quit Rate”. No 12-week KPI is set by NICE, but we can report that in January 2023, of those smokers who had been able to “quit” smoking at 4 weeks, 89.9% of those have remained smoke free.

4.3.2 Activity Levels for this service were also specified, as per NICE guidance, as a function of the number of adults smoking in Manchester. This means that Be Smoke Free are contracted to see 3650 newly referred smokers per year, all of whom are entitled to a 12-week course of pharmacotherapy and personal behavioural support.

In January 2023, with a further quarter of the financial quarter remaining, the service had accepted 4617 referrals. This compares 4586 referrals accepted for the full financial year of 2021/22. The service is consistently treating more people than it was contracted to treat, reflecting both the success of the service, but also demand, which is discussed further below.

5.0 Positive Developments and Challenges for Be Smoke Free January 2022- January 2023

5.1 Positive Developments

5.1.1 When Be Smoke Free was commissioned, the nature of the service model led us to specify that the service would need to obtain Care Quality Commission

(CQC) registration. We are pleased to report that registration was achieved in December 2022. The service received a “good” rating, which is regarded very positive for a newly registered service.

- 5.1.2 When Be Smoke Free was designed by the Public Health Team we chose to specify a nurse led offer, which would be firmly embedded in the communities of Manchester, employing a “one stop shop” model. The intention was to be that clients could be given their medicine by their nurse, wherever they might be seen, without having to go anywhere else. Not only does Be Smoke Free offer this level of service, but building on lessons learnt 2020-2022, the service have continued to courier medicines to the homes of those people who request that service. This offer really benefits those for whom leaving the home is difficult and those who may be out working or studying during the day.
- 5.1.3 The service was also specified to operate outside of usual “office hours” to increase access. For example, between September 2022 and December 2022, Be Smoke Free has offered 51 face-to-face clinics and 42 evening clinics (ending 8:30pm).
- 5.1.4 The ethos of Be Smoke Free is to go out into communities talking about smoking and tobacco use, doing Very Brief Interventions and helping and encouraging people stop smoking in whichever way suits them best, including using the service. Most community NHS Health Services, including General Practice and local Health and Wellbeing Services are aware of Be Smoke Free and registered for the online referral system. However, Community Engagement staff have also been reaching out to community groups, target audiences and big employers in the city. The service are constantly exploring opportunities for community engagement and partnership working; examples of places and partners engaged in the last twelve months include:
- Regular meetings with MACC to identify and link into community organisations
 - Levenshulme Library Roma Community Group
 - Mersey Fest (Mersey Bank Housing Estate)
 - South Asian Carers Network
 - Phktoon Foundation
 - LGBT Foundation
 - Moss Side Leisure Centre
 - Stagecoach bus depot Sharston (working with employees)
 - Harpurhey Market
 - Joint working with the Winning Hearts and Minds Team
- 5.1.5 In recent months, the Be Smoke Free offer has also been rolled out to all Manchester City Council staff, irrespective of where they live. This brings parity with NHS staff in Manchester, who could already benefit from a funded NHS England stop treatment offer. We are working with Manchester City Council Human Resources Leads to ensure that this offer is particularly highlighted to those staff most likely to smoke.

- 5.1.6 Be Smoke Free now operate a growing “community volunteer programme” which aims to recruit local people to go out and raise awareness of the dangers of all forms of tobacco use and to help people to access our service if they would like to. They have also now recruited an apprentice, who is helping to manage referrals, data collection and administration. These initiatives support the services’ social value objectives.
- 5.1.7 Client feedback is monitored by the commissioner and is consistently good. Appendix 2 illustrates examples of the work of the service by case study.

5.2 Challenges

- 5.2.1 The Public Health Team as commissioner and CGL, have faced numerous challenges in the last twelve months. These issues are summarised below:
- 5.2.2 The service has seen an increase in the number of referrals. Whilst this is positive, it does mean that the service is facing the reality of waiting lists increasing beyond the specified maximum of two weeks at times. It is noteworthy that much of this increase has been due to self-referrals, which the service really welcome. We know that people who self-refer are very motivated and need a prompt response. Be Smoke Free noticed a surge in self referrals in October 2022 when the “cost of energy” crisis became an issue and smokers are often citing “cost of living” as their main reason for wanting to stop smoking, because it can cost hundreds of pounds each month.
- 5.2.3 Since January 2022 there have been system changes which have impacted on how and where smokers in Manchester are supported and treated. Integrated Care Systems (ICS) were established in sub regions of England from 1st July 2022. This now means that the ten Clinical Commissioning Groups in Greater Manchester (GM) no longer exist and have integrated to become the Greater Manchester Integrated Care Partnership (NHS GM). An interim operating model for how the local system will work within Manchester and between Manchester and NHS GM is in place to provide consistency whilst the ICS transition continues.
- 5.2.4 Furthermore, the NHS Long Term Plan has mandated the delivery of stop smoking treatment to all patients in secondary, maternity or mental health inpatient services. Therefore, the Smoking in Pregnancy Service, CURE and the Lung Health Check Service are now the responsibility of the NHS GM Integrated Care. Although this has and still does give rise to some operational difficulties, it does allow Be Smoke Free to focus more on primary prevention and treatment at a community level, as well as treating smokers with smoking related disease (secondary and tertiary prevention).
- 5.2.5 Since 2017, the Public Health Team used to fund a significant part of the Smoking in Pregnancy service and were integral to the design of the current Greater Manchester service. In the last twelve months, Manchester Public Health have continued to fund Nicotine Replacement Therapy and electronic cigarettes for pregnant Manchester smokers. However, we no longer play a

role in management of the service and expect full funding to be picked up by the NHS GM in due course.

- 5.2.6 CURE is a programme for the systematic identification and treatment of smokers in secondary care. This is funded by NHS England. CURE started at Wythenshawe hospital in 2018 and Be Smoke Free have taken referrals from CURE at Wythenshawe (as well as many other hospital teams) since they launched. However, in September 2022, CURE rolled out to North Manchester General Hospital and Manchester Royal Infirmary. The Christie is soon to follow. This roll out has had significant implications for Be Smoke Free, because in late 2020 all patients discharged from hospital were referred to Be Smoke Free for their course of treatment. As Be Smoke Free is already working at full capacity in the community, we regrettably agreed to implement a cap on the number of CURE referrals that Be Smoke Free can take. If NHS funding can be identified to support the community element of CURE, Be Smoke Free would need to scale up staffing levels, treatment space and pharmacotherapy budgets.
- 5.2.7 The Greater Manchester Lung Health Check Programme will also roll out to further sites in Manchester in 2023. Be Smoke Free have taken referrals from North Manchester Lung Health Check pilot sites since 2020, however, scale up of the Lung Health Check Programme presents very similar challenges to CURE, in terms of the need for funding to meet extra demand and this will be the subject of further work in 2023.
- 5.2.8 On 9 January 2022 NHS England commenced an Advanced Pharmacy Stop Smoking Service in Manchester. “Advanced” means that community pharmacies can choose whether or not to deliver this service. Over forty Community Pharmacies have opted in so far in Manchester. These pharmacies will be funded to provide treatment for patients discharged from CURE only. In terms of benefits to residents who are CURE patients, this increases patient choice and also alleviates some demand from Be Smoke Free. However, the interfaces between these offers will require further development.
- 5.2.9 The success of electronic cigarettes in helping smokers to stop using tobacco has been very significant and our service recognised that offering electronic cigarettes to some clients would be positive, when done in a managed way. However, Be Smoke Free have not been immune to some of the wider social issues associated with vaping and have been approached by a number of residents for help with their dependence on electronic cigarettes. Whilst this dependence is much less harmful than dependence on nicotine found in the form of tobacco, it is something that we are considering and the commissioner, who works closely with the National Centre for Smoking Cessation and Training (NCSCT) and the Office of Health Improvement and Disparities (OHID), is part of national discussions.
- 5.2.10 Be Smoke Free, as part of the Manchester Tobacco Alliance system, are also in discussion with the substance misuse service, the Healthy Schools Team and others about the impact of vaping (electronic cigarettes) on young people.

Public Health is engaged in national discussions and has joined an OHID Northwest Task and Finish Group. We have some local training planned for professionals and parents who work with/ care for young people who vape. Next steps are to be developed.

5.2.11 The Public Health team has maintained a focus on other forms of tobacco use, especially the use of Shisha. Shisha is smoked in private homes and public cafes and is extremely hazardous to health. Manchester City Council Teams enforce the Health Act in Shisha cafes to stop indoor smoking, but health promotion work is carried out too using Manchester Public Health materials. Be Smoke Free also help to raise awareness of this risk not only amongst Shisha smokers, but health professionals.

5.2.12 Recently, Change, Grow, Live has written to commissioners to outline financial pressures that Be Smoke Free faces with regard to cost-of-living increases; from energy costs in offices and treatment spaces, to staff cost of living pay rises. We will work collaboratively to manage these pressures.

6.0 Drug & Alcohol Services in Manchester

6.1 Integrated Drug & Alcohol Treatment and Support Service

Provider	CGL (Change Grow Live)
Service name	CGL Manchester
Annual budget, 2022/23	£6,237,358.00 (adults) + £6579,023 (young people) Note – Core contract only.

6.1.1 CGL Manchester are the commissioned provider to deliver an integrated, holistic drug and alcohol service in Manchester, offering a single referral, triage and assessment process for all drug & alcohol interventions delivered within a community setting. The service has a number of key components:

- **Prevention & self-care including training on alcohol & drugs for other providers and services.** A comprehensive programme of drug and alcohol awareness and early intervention training, resulting in increased capacity for prevention of drug and alcohol related harm.
- **Engagement and early intervention, including harm reduction.** In-reach/outreach services, including early help hubs and homeless/rough sleeper settings. The provision of Needle & Syringe Programmes (NSP) across service sites. The distribution of naloxone, a medication used to block the effects of opiates, to assist in reversing opiate overdoses and reduce drug related deaths.
- **Structured treatment.** A comprehensive package of concurrent or sequential specialist drug & alcohol focused interventions that address multiple/more severe needs.
- **Recovery support.** An increased focus on recovery from drug & alcohol dependence so that more individuals successfully complete their treatment

and are able to access education, training and employment opportunities and reintegrate into the community.

6.1.2 The service is available to access citywide both digitally and in a range of community settings. The service is available through a range of referral pathways with a particular focus on those individuals and groups who pose a high risk of harm to themselves and others. As well as providing clinical treatment for drug & alcohol dependency, the service works in partnership with other services to support individuals to achieve their goals. The service works in partnership with Acorn Housing Association, Emerging Futures and LGBT Foundation to provide a range structured recovery and support programmes, asset-based community development and specialist engagement and harm reduction.

6.1.3 KPI information is provided in Appendix 3.

6.2 Eclipse (Young Person’s Specialist Substance Misuse Service)

6.2.1 Delivered by CGL Manchester, Eclipse is a service for young people under the age of 19 who are using or at increased risk of using any substance, or those up to the age of 25 who may be best served in a young person’s service (for example, due to learning needs). The service employs assertive outreach and motivational techniques to work with young people and families who may be reluctant to enter treatment. A peripatetic model operates citywide where young people and their families can receive support in the community, at a location/venue most convenient and comfortable for them or via on-line digital platforms where appropriate.

6.2.2 For those that do enter treatment, a comprehensive assessment which appraises all risk and protective factors is undertaken and actively seeks to involve parents/carers and other professionals involved with the young person (where appropriate.) Specialist treatment/interventions such as psychosocial interventions are delivered, under-pinned by a young person led care plan involving family members and professionals where appropriate.

6.2.3 Key Performance Indicators (KPIs) are provided in Appendix 4.

6.3 Drugs & alcohol In-patient Detoxification and Residential Rehabilitation

Provider	Greater Manchester Framework contract – various 25 Facilities offering residential rehabilitation 8 Facilities offering inpatient detox 3 Facilities offering both rehabilitation and inpatient detox
Service name	Tier 4 Drugs & alcohol in-patient detoxification or drugs & alcohol residential rehabilitation
Annual budget, 2022/23	Approximately £1M (for spot purchasing) Note – Core contract only.

6.4 In-patient detoxification service

6.4.1 The service provides short episodes of alcohol and/or drug specialist treatment interventions in a hospital or in-patient setting, including assessment, stabilisation and assisted withdrawal/detoxification, where it is not possible, or safe, to provide these interventions in the community. This normally includes 24-hour medical cover and multidisciplinary team support as follows:

(i) Medically managed treatment:

- Care for clients whose severe and complex medical and/or psychiatric needs require supervision in a controlled medical environment
- A planned programme of medically supervised evaluation, care and treatment of mental and substance related disorders, delivered in acute care in-patient settings by clinicians including psychiatrists with appropriate substance misuse qualifications
- 24-hour clinical cover for medically supervised evaluation and withdrawal management

(ii) Medically monitored treatment:

- Care planned assessment, stabilisation and assisted withdrawal/detoxification delivered in non-acute residential settings under clinically approved and monitored policies, procedures and protocols
- 24-hour nursing cover for more complex cases with greater needs
- Care for clients with lower levels of dependence, without severe medical and/or psychiatric problems

6.5 Residential Rehabilitation Service

6.5.1 The service provides placements for residents who have been assessed by the Drug and Alcohol Social Work Team as requiring inpatient rehabilitation as part of their treatment and care plan. Residential rehabilitation provides accommodation, support and rehabilitation to clients with complex drug and/or alcohol issues who may have co-existing physical and/or mental health needs. There are a range of approaches to delivering residential rehabilitation, including “12 step” programmes, therapeutic communities, cognitive behavioural and social learning, personal and skills development, and faith-based programmes. Some services target specific groups of clients and provide programmes tailored to needs, for example, pregnant women and women with children, and individuals with severe and enduring mental illness.

6.5.2 Activity data is provided in Appendix 5.

6.6 Primary Care (Ancoats Urban Village Medical Practice and Community Pharmacies)

Provider	Ancoats Urban Village Medical Practice and various community pharmacies (cost & volume contracts)
Service name	Drug misuse 'shared care', Ancoats Urban Village Medical Practice OSA (Observed Supervised Administration), 89 community pharmacies Needle & Syringe Programmes (NSP), 27 community pharmacies
Annual budget, 2022/23	Approx. £390K

6.7 Drug Misuse 'shared care'

6.7.1 Ancoats Urban Village Medical Practice (UVMP) deliver this service alongside CGL Manchester. The service provides assessment, treatment and regular review of registered patients who are problematic drug users. UVMP are required to undertake screening for drugs and for blood borne viruses, as well as take appropriate action such as referral to treatment, prescribing substitute medication and carrying out an annual health assessment.

6.8 Observed Supervised Administration (OSA)

6.8.1 The service supervises the consumption of medication prescribed for opiate substitution to service users. The service is primarily to support users new to treatment or those individuals with greater complexity or higher needs. Pharmacies must ensure that prescribed medication is consumed under professional supervision and that appropriate information is recorded. A confidential service must be provided, and the service is required to signpost on to other services when appropriate and provide advice on safer lifestyles. Consultation and the supervision of prescribed medication must take place in a designated private area.

6.9 Needle & Syringe Programmes (NSP)

6.9.1 A [NICE Guidance Level 2](#) NSP service is provided within a community pharmacy setting for people who inject drugs (PWID). The service provides safe and sterile injecting equipment to reduce the transmission of viruses and other infections that can be caused by the sharing of equipment or poor injecting practices. The service also provides sharps boxes for the safe return of used equipment, reducing the incidences of drug related litter. Associated health promotion materials are provided, for example, information on safe injecting practice and advice on reducing the transmission of infections. Support and advice are also provided, such as signposting to other professionals and referring to CGL Manchester. The service is accessible city-wide, with 27 pharmacies now delivering the NSP service; an increase from the 13 pharmacies delivering a basic service offer in 2021. A user friendly, non- judgmental, client-centered, and confidential service is provided.

6.10 Manchester Dual Diagnosis Liaison Service

Provider	Greater Manchester Mental Health Foundation Trust (GMMH)
Service name	Manchester Dual Diagnosis Liaison Service
Annual budget, 2022/23	£141,159.00 Note – Core contract only. additional OHID (Office of Health Improvement & Disparities) not included.

6.10.1 The service provides a liaison service across mental health and drug & alcohol services in Manchester. The key components are summarised below:

- Training: the service delivers core skills in dual diagnosis training to all practitioners from alcohol and drug and mental health services. This is to ensure that practitioners are competent in the essential skills required to work with individuals experiencing both problems. Advanced skills training is also offered to practitioners.
- Policy and procedure development: the service develops and reviews joint working policies and procedures between alcohol and drug services and the mental health services. This includes a local policy on how both services should respond to individuals with co-existing alcohol and/or drug problems and mental health problems.
- Consultation and advice to practitioners: the service offers consultation and advice to support practitioners with individual service users. This may involve providing advice about other services that are available and development needs.

6.11 Drug & Alcohol Social Work Team

Provider	Manchester City Council
Service name	Drug & Alcohol Social Work Team
Annual budget, 2022/23	£295,090.00 contribution from the Public Health Grant

6.11.1 The team provide a social care service working with individuals misusing either, or both, alcohol and drugs. Social workers work primarily with individuals who are physically dependent on alcohol or drugs, as well as those individuals who are drinking at high risk levels where there is an identified social care need (and where an individual may be experiencing problems as a direct result of their substance misuse, such as homelessness or exploitation). The team works with individuals who are seeking support to address their substance misuse as well as those who may be change resistant, working with individuals to design interventions to address barriers that prevent them accessing treatment services.

6.11.2 The team manages the budget for residential rehabilitation and form part of the panel for in-patient detoxification and residential rehabilitation along with CGL Manchester and the Manchester Public Health Team.

7.0 Positive Developments and Challenges

7.1 Grant funded opportunities

7.1.1 Over the last 2 years, additional government funding has been made available to support drug and alcohol treatment services. The interventions are varied, to support the Covid recovery response for some of our most vulnerable groups and residents to broader initiatives to meet the priorities of the 'From Harm to Hope' strategy. These Grant funded work-streams are summarised as follows:

7.1.2 Rough Sleeper Drug & Alcohol Treatment Grant (RSDATG)

	2020/22 & 2021/22 grant awarded Q4 20/21	2022/23 Confirmed	2023/24 Indicative
RSDATG	£1,104,079	£945,429	£1,114,823

7.1.2 In 2020, the MHCLG announced £16M for drug & alcohol treatment services for people who sleep rough in targeted local authorities, to provide additional support to the Covid-19 response. This was to be part of a wider settlement over 4 years, for drug and alcohol treatment and related provision, specifically to meet the needs of people experiencing rough sleeping or at imminent risk of doing so. The purpose of the 2020-21 funding was to –

- Ensure that the engagement that people have had with drug & alcohol treatment services whilst in emergency accommodation as part of the Covid-19 response is maintained as they move into longer term accommodation.
- Support people to access and engage in substance misuse services who have not yet done so.
- Build resilience and capacity in local drug & alcohol treatment systems for future years.

7.1.3 As a MHCLG Taskforce Priority Area (area with the highest numbers of people sleeping rough moved into emergency accommodation during the pandemic), Manchester was eligible to apply for this grant funded scheme, along with 42 other local authorities across the country. This provided the opportunity to bolster the substance misuse support offer to those individuals housed in emergency accommodation, to take account of the greater complexity of need. The project is made up of the following components:

- Wrap around engagement & support – to support individuals in accessing, engaging with and sustaining engagement with drug and alcohol treatment

and other relevant services. This component will resource two additional Dual Diagnosis Key Workers, a Senior Social worker, additional Consultant Psychiatrist time within the GMMH Homeless Team and two Social Workers in the Drug & Alcohol Social Work Team based within MCC.

- Structured drug & alcohol treatment – to boost structured drug & alcohol treatment services, to account for additional costs from increased access and engagement from this population. This component resourced 15 additional members of staff within CGL Manchester. This includes a variety of posts to deliver key worker support to individuals engaged in treatment, non-medical prescriber resource, prison in-reach, communications and a newly formed team to deliver trauma informed psychological support.
- Commissioning and project coordination – support to existing commissioning teams to ensure services are integrated with drug and alcohol treatment as part of wider health and care support alongside homeless outreach services, including a Commissioning Co-ordinator and a Data Analyst.
- Workforce Development - To increase the skills and knowledge of keyworkers working with people sleeping rough. This component has funded a training development coordinator working alongside the Manchester Homeless Partnership and a training budget to deliver courses.

7.1.4 As at the end of 2021/22, the RSDATG team were working with 129 people who were rough sleeping, 267 at risk of rough sleeping and had supported 31 people into Tier 4 inpatient provision.

7.1.5 **Supplementary Substance Misuse Treatment & Recovery Grant**

	2022/23 Confirmed	2023/24 Indicative	2024/25 Indicative
SSMRTG	£1,461,249	£2,394,242	£4,621,419

7.1.5 In April 2022, OHID announced the 3-year Supplementary Substance Misuse Treatment & Recovery Grant (SMTRG) funding scheme, to support local delivery of the From Harm to Hope drug strategy. Local authorities were invited to apply for funding to deliver a range of interventions to drive an improvement in the quality of the service for Manchester residents, ensure more people are able to access our community treatment services, and support a reduction in the number of caseloads of our practitioners and clinicians delivering substance misuse services.

7.1.6 Manchester Public Health worked closely on the development of the application for the SSMRTG, building on the continued and sustained relationships between key partner agencies and services. A focussed steering group worked to identify the strengths, opportunities, and challenges into a

strategic and operational plan to deliver against the strategy objectives. A brief summary of the interventions is outlined in Appendix 6. Additionally, the SSMRTG funding should aim to deliver:

- Improved criminal justice pathways to optimise access to treatment for individuals referred from custody suites, courts and secure estate (with 75% of prison leavers accessing treatment 3 weeks from release).
- A reduction in drug and alcohol deaths.
- Increase the number of people starting a residential rehabilitation placement (2%).

7.1.7 Successful delivery of the 'From Harm to Hope' drugs strategy and investment will rely on co-ordinated action across a range of local partners, including enforcement, treatment, recovery and prevention. Outcomes to date include:

- As of December 2022, the treatment service has increased the number of people in treatment for their substance use by 5.9% since December 2021. This has been achieved alongside a steady improvement in the rate of successful completions.
- The proportion of people in treatment in contact with the criminal justice system has increased from 8% (306) in May 2021 to 15.8% (693) in December 2022.
- Within Q1 and Q2 2022-23, the service has improved its continuity of care rate by 8.7%.
- Within Q2 and Q3 2022/23, 1082 new clients were triaged and entered structured treatment: 294 of those were opiate clients; 359 alcohol; 429 non-opiate or alcohol and non-opiate.
- Within Q2 and Q3 2022/23, the number of criminal justice clients in treatment increased by 110, with successful completion of treatment for criminal justice clients also improving by 50%.

7.1.8 As an 'enhanced area' Manchester was awarded additional funding in Year 1 (2022/23) however eligibility for future SSMTRG funding is dependent on maintaining existing (2020/21) investment in drug and alcohol treatment. The SSMRTG also funds the extensions of key elements of the OHID Section 31 Grant for Reducing crime, reducing harm, and reducing drug related deaths from 2021/22.

7.1.9 In-patient Detoxification

	2022/23 Confirmed	2023/24 Indicative	2024/25 Indicative
Inpatient Detoxification Grant	£138,535	£138,535	£138,535

7.1.10 A Greater Manchester (GM) consortium has developed to enable the 10 GM local authorities to work together as a regional integrated care system to commission additional medically managed capacity in local hospital or in-patient settings. This is additional SSMTRG funding targeted to increase the number of people accessing support for inpatient detox services.

7.1.11 In GM, the local providers are Smithfield Detoxification Unit in Manchester (provided by Turning Point) and the Chapman Barker Unit located on the Prestwich Hospital site (provided by GMMH.) The grant for 2022/23 includes a small element for Capital improvements. This funding provides an additional 420 bed nights for Manchester in 2022/23.

7.2 Individual Placement Support

	2022/23 Confirmed	2023/24 Confirmed	2024/25 Confirmed
Individual Placement Support	£84,606	£162,073	£167,077

7.2.1 Manchester has been awarded a Section 31 Grant for delivery of 'Individual Placement Support' (IPS) to provide employment support within alcohol and drug treatment services. The funding is from the Department of Work & Pensions (DWP) via OHID and will support Manchester citizens engaged in treatment with CGL Manchester to secure employment or enhance their skill set in order to do so.

7.3 Housing Support Grant

7.3.1 Additional funding has also been made available over the next three years (Year 1 is 2022/23) to fund a menu of housing support options to improve the recovery outcomes for people in treatment (or in contact with the treatment system) with a range of housing support needs. The grant will be funded by the Department of Levelling up, Housing & Communities and OHID. Manchester is awaiting official confirmation of our allocation.

7.4 Developments

7.4.1 Reducing drug and alcohol related harms is critical to supporting our citizens to achieving their full potential and reducing the serious risks associated with substance use. Reducing the upward trend in drug related deaths is a key element of the 'From Harm to Hope' strategy and provides the foundation for the broader interventions in improving quality and access to treatment services. Understanding the risks and mitigating factors involved in drug related deaths is key to prevention. On behalf of GM, the GMCA have commissioned Liverpool John Moores University (LJMU) to develop and run a 'Drug Related Death Surveillance Panel'. With support of the Manchester Coroner and local treatment provider, the panel aims to develop local intelligence on drug related deaths, inform learning and share good practice. Manchester is currently working through the governance and membership of the panel.

7.4.2 Manchester are currently working with the Greater Manchester local Pharmaceutical Committee and partners to develop a community pharmacy Naloxone (a life-saving medication that can reverse an overdose from opioids) service. Naloxone is readily available to people engaged in community drug treatment services, however in acknowledgment that a significant number of drug related deaths happen outside of treatment episodes, it is hoped Naloxone would be made readily available with open access to those requiring this medication from selected pharmacies. The provisional time-line for this service is April 2023.

7.5 Alcohol Care Teams (ACTs)

7.5.1 ACTs provide specialist expertise and interventions to alcohol dependent patients in hospital settings, including those presenting in Emergency Departments (ED.) Wythenshawe Hospital has provided an ACT for a number of years. As part of the NHS Long Term Plan, NHS England & Improvement (NHSE&I) made a commitment to optimise alcohol care teams across England to reduce alcohol related harm in alcohol dependent patients. All three main hospitals in Manchester (North Manchester General Hospital, Manchester Royal Infirmary and Wythenshawe Hospital) have received funding to develop ACT services.

7.5.2 Research and consultancy commissioned by Manchester Public Health (undertaken by Manchester Metropolitan University) to support the development and implementation of the North Manchester Hospital ACT identified a number of good practice recommendations to optimise the service. This included recruiting to an ACT Clinical Lead and 2 officers to support an engage patients who may be reluctant to access community-based treatment services, ensuring those who are most at risk access the support they need. The positions are now in post, working with CGL Manchester to support people into treatment and expanding networks to support place-based models of care (such as Multi Agency Planning meetings).

7.5.3 The Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) has developed the Alcohol Care Team Innovation & Optimisation Network (ACTION). This peer led approach supports ACTs within acute hospitals in sector led improvement. North Manchester General Hospital have recently participated in the ACTION peer review, with the peer team noting the achievements in the team since its implementation. Manchester Public Health will continue to support the development of the ACTs through the multi-agency steering group.

7.6 Challenges

7.6.1 Substance misuse impacts on the lives of residents, their families and communities. From Harm to Hope outlines ambitious targets to affect real change, investing in local partnerships and systems, providing opportunity to improve and advance. However, the pace of change has presented local challenges, reflected nationally:

- Recruitment & workforce development – recruiting to the number of specialist keyworkers and clinicians required to support the increase in treatment numbers is an on-going challenge. Demands and competition within the market has resulted in delays to both recruitment and retention and is the most significant challenge to delivery.
- Securing available premises to support expansion of the integrated drug and alcohol service. Manchester Public Health are working with Neighbourhood Services and Planning to support the community treatment provider
- Cost of living and inflation.
- Identifying and engaging new cohorts for treatment
- Multiple grant planning and progress reporting schedules
- Partnership development and other pressures on key partner organisations in supporting the targets
- Ambitious targets for the numbers in treatment and continuity of care
- Demonstrating sufficient progress through project initiation, to secure continued investment for next spending review

7.6.2 To help support local authorities with these challenges, OHID are reviewing the national and regional offer. This includes a number of themed working and task and finish groups covering Tier 4 inpatient detox and rehab, clinical leadership, workforce development and drug and alcohol related deaths.

8.0 Next steps and recommendations

- The committee is asked to note the breadth of work taking place in the fields of substance misuse and smoking and tobacco use.
- Both services will align with Making Manchester Fairer work, as needed in coming months.

Appendix 1: Analysis of Currently Available Smoking Prevalence Data

New data on smoking prevalence in adults aged 18 and over for 2021 was published by ONS on Tuesday 6 December and included in an update of the [Local Tobacco Control Profiles](#).

Methodology

The figures are based on the number of persons aged 18 and over who are self-reported smokers in the ONS Annual Population Survey (APS). Each eligible participant (18 years and over) in the Annual Population Survey (APS) was asked two smoking related questions;

1. Have you ever smoked cigarettes regularly? (yes/no)
2. And do you smoke cigarettes at all nowadays? (yes/no)

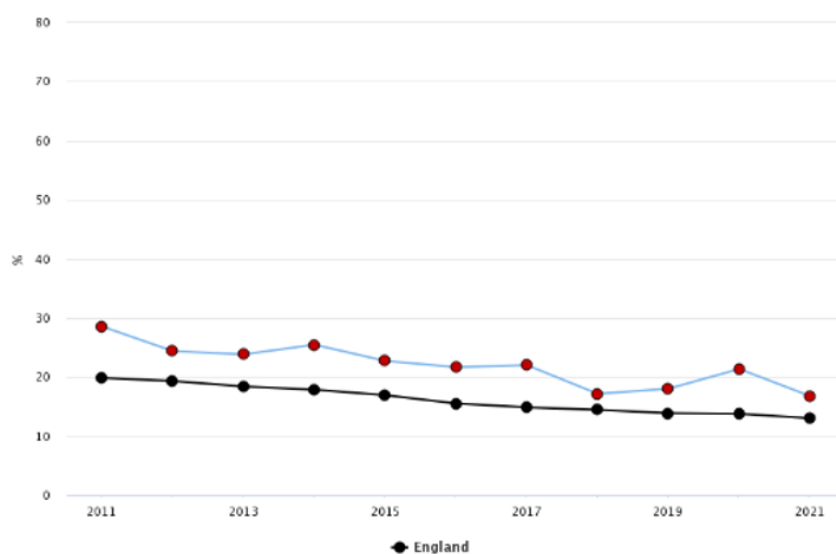
From this smoking status was derived as “current”, “ex-smoker” or “non-smoker”.

The number of respondents has been weighted in order to improve representativeness of the sample and to take into account survey design and non-response. The prevalence rate is calculated by dividing the weighted number of self-reported smokers aged 18 and over by total number of respondents with a valid smoking status in the same age group.

Trends in adult smoking prevalence:

The latest release includes a refresh of data for 2020 which replaces the previous "2020 definition" data, where data had been affected by the COVID pandemic. This means that it is possible to add the data points for 2020 and 2021 to the existing trendline (see below).

Chart 1: Smoking Prevalence in adults (18+) - Trend



The figures suggest a reduction in smoking prevalence from 21.4% in 2020 to 16.8% in 2021 (95% CI 13.1% - 20.5%). This puts Manchester 4th out of the 10 local authorities in GM (see below) and 14th in the list of Counties and Unitary Authorities in England.

Table 1: Smoking Prevalence in adults (18+) – Greater Manchester:

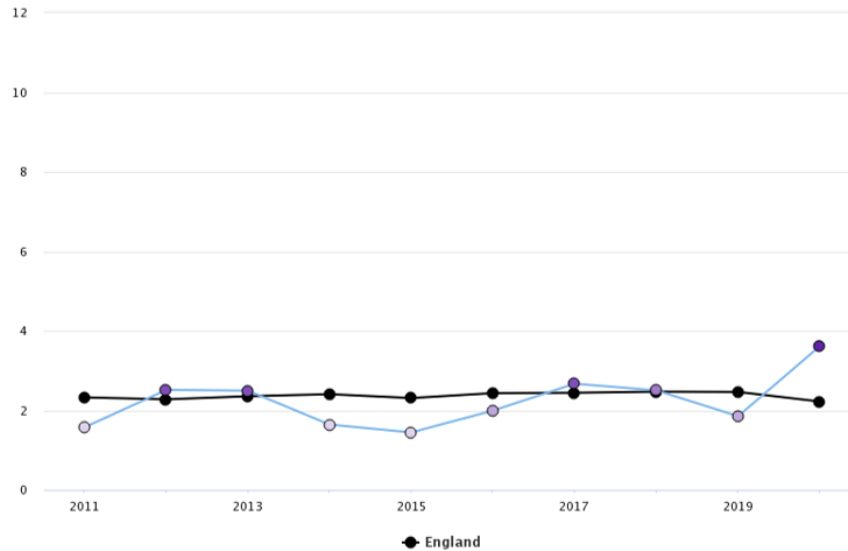
Area	Prevalence (%)	95% Lower CI (%)	95% Upper CI (%)	Difference from England
Bolton	18.4	14.2	22.6	Worse
Bury	11.4	8.4	14.4	Similar
Manchester	16.8	13.1	20.5	Worse
Oldham	19.3	14.8	23.8	Worse
Rochdale	15.6	12.3	19.0	Similar
Salford	13.9	10.4	17.4	Similar
Stockport	12.6	9.3	15.9	Similar
Tameside	19.2	15.3	23.1	Worse
Trafford	11.1	7.4	14.8	Similar
Wigan	13.9	10.3	17.4	Similar
Greater Manchester	15.4	14.1	16.6	Worse
England	13.0	12.7	13.3	-

The prevalence rate in Manchester is still significantly higher than the rate for England as a whole (13.0%). However, the gap between Manchester and England has been halved from 7.6 percentage points in 2020 to 3.8% percentage points in 2021

Socio-economic inequalities in smoking prevalence:

The latest update of the [Local Tobacco Control Profiles](#) contains new (2021) data on the odds of current smoking among adults aged 18-64 with a routine and manual occupation. This is a measure of the socioeconomic gap in smoking prevalence in adults and represents the likelihood of those with a routine or manual occupation smoking compared with those with another occupation.

Chart 2: Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)



The current figure for Manchester is 3.61, which means that adults from a routine or manual occupation living in Manchester were over three times more likely to report that they were a current smoker compared with adults with another occupation.

Caveats:

1. Self-reported smoking status may be prone to respondent bias.
2. These data have not been age-standardised and, therefore, variation between area values may be a result of differences in population structure. The numerator and denominator counts (weighted to improve representativeness) are based on a sample of the population and, as such, are not true counts. In the most recent data collection period (July 2021 to June 2022), the size of the APS sample in Manchester was just 645 people

This page is intentionally left blank

Appendix 2: Be Smoke Free Case Studies:**Case Study 1.**

Profile	<p>Jack (pseudonym) is a 32yr old male. He is mixed British and Black Caribbean. He lives in supported housing outside Manchester city centre. He referred to Be Smoke Free at a Community Engagement event at the LGBT Foundation Community Group on 17/12/22</p>
Presenting Concerns	<p>At the time of referring Jack was motivated to stop smoking for his health and to help with the cost of living and hope that he can save some more money for a deposit on a new flat.</p> <p>Jack's fagerstrom score is 5, he has been smoking for 16yrs, has around 15-20 cigarettes per day and has the first smoke within 30mins of waking up. He also very occasionally smokes cannabis. We gave harm reduction advice about cannabis use and advised that we could signpost to other substance misuse services if needed.</p> <p>Jack has a past medical history of asthma, no known allergies and takes no medications for health conditions. Jack is diagnosed with depression and is well managed on Sertraline.</p> <p>Jack has stopped smoking in the past using chewing gum but found it didn't last. He finds his cravings to smoke are based around his drinking as he will always smoke more heavily on a night out than any other time.</p>
Support and Outcomes	<p>Jack underwent a three-month treatment programme with nurse telephone appointments every 2 weeks, and postal delivery of products. Jack was informed of the benefits of combination therapy and we decided together on a plan.</p> <p>Nicotine replacement therapy commenced, and Jack was placed on a 21mg/24hr patch and a Totally Wicked Skope Vape and 1.6% Nicotine E-liquid.</p> <p>Jacks' nicotine products arrived via post and he selected a quit date. He was able to go three days without smoking but when Jack went out at the weekend he still continued to smoke cigarettes.</p> <p>Behavioural support was given alongside nicotine replacement, which supported Jack to stop smoking. We spoke about triggers and distraction. Jack stopped mixing tobacco in his cannabis joints and started taking his vape on nights out with him. He was smoke free from both the cannabis and cigarettes soon after. Following this, Jack's nicotine products were reduced at a rate he was comfortable with once he was smoke</p>

	<p>free we reduced his liquids and he is currently smoking a 0% Nicotine free liquid and is working now on stopping the vape use altogether.</p> <p>Jack has been smoke free for over 6 weeks as of now. He is due to be discharged at the beginning of March when Jack will be given Be Smoke Free's contact details in case he needs them in future for more support.</p>
--	---

Case Study 2:

Profile	<p>Kal (pseudonym) is a 42-year-old male. He is British-Asian and lives in South Manchester with his wife and his two young children. He works full time as a taxi driver.</p>
Presenting Concerns	<p>Kal was referred to the service by his GP. At the time of his referral his fagerstrom score of 2. He was smoking only 2-3 cigarettes per day, but he smokes shisha for long periods with friends every weekend.</p> <p>He is motivated for his health and his finances as he has young children at home. He also has a history of COPD in his family.</p> <p>He has a past medical history of asthma – he uses inhalers for his asthma. He has suffered from anxiety and depression in the past, but currently his mood is stable, and he takes no medication for his mental health.</p> <p>He has attempted to stop smoking in the past by using nicotine patches, nicotine gum, and Champix, but did not manage to stop smoking with any product.</p>
Support and Outcomes	<p>Kal underwent a three-month treatment programme with nurse telephone appointments every two weeks, and postal delivery of products. He was educated on the use of Shisha as he thought it was not as harmful as his cigarette smoking and he decided to quit that too.</p> <p>On assessment Kal was commenced on a vape, 1.0% vape liquid and a nicotine patch 25mg/16hr. Normally, his low fagerstrom score would lead to a reduced nicotine dosage in Nicotine Replacement Therapy, but due to his heavy shisha use the nurse and Kal agreed to have higher dose patches and e-liquid to start off.</p> <p>Kal set a quit date on first assessment and managed to stop smoking tobacco cigarettes completely. He also started going to his friends house to socialise and stopped frequenting shisha bars.</p>

	<p>With regular behavioural support sessions from Be Smoke Free nurses Kal was able to cope well with his cravings and became smoke free from both cigarettes and his shisha use.</p> <p>Kal's nicotine was reduced as tolerated once Kal was tobacco free. At the end of the three-month treatment programme, Kal had stopped using tobacco and shisha completely, as well as stopped using nicotine patches. He still occasionally uses (average once per week when drinking and socialising) his vape with vape liquid 0.6%.</p> <p>Kal plans to purchase 0% nicotine liquid for his vape in the future as he wanted to keep the low nicotine liquid for now even though Be Smoke Free do offer a nicotine free option.</p> <p>Kal will be contacted at the six month and one year mark to check quit status and to check vape use.</p>
--	--

This page is intentionally left blank

Appendix 3: Key Performance Indicators for the Manchester Drug & Alcohol Service 2021- 2022

3 weeks wait -

People who need drug and/or alcohol treatment need prompt help if they are to engage in treatment and recover from dependence. Keeping waiting time short plays a vital role in supporting recovery.

- 3% of alcohol users waited longer than 3 weeks for an intervention, compared with 2.3% in England.
- 1.4% of opiate drug users waited longer than 3 weeks for an intervention, compared with 1.2% in England.

Treatment engagement :

When engaged in treatment, people use alcohol and illegal drugs less, commit less crime, improve their lives, and manage their health better which also benefits the community. Preventing unplanned drop out and keeping people in treatment long enough to benefit contributes towards these improved outcomes. As people progress through treatment, the benefits to them, their families, and their community start to accrue. The information below shows the proportion of people in Manchester who left treatment in an unplanned way before 12 weeks.

- 12.2% of opiate users left treatment in an unplanned way before 12 weeks, compared with 16.4% in England.
- 8.5% of non-opiate users left treatment in an unplanned way before 12 weeks, compared with 18.1% in England.
- 14% of alcohol users left treatment in an unplanned way before 12 weeks, compared with 13.2% in England.

Average time in treatment -

NICE Clinical Guideline CG115 recommends that mildly dependent and some higher risk drinkers receive a treatment intervention lasting 3 months, those with moderate and severe dependence should usually receive treatment for a minimum of 6 months while those with higher or complex needs may need longer in specialist treatment. The optimum time in treatment is agreed based on individual assessment of need. In Manchester, the typical length of time in treatment for alcohol users is 6 months though 7% of users were in treatment for longer than a year in 2021/22 (compared with 11% in England.)

Opiate users that have been in treatment for lengthy periods of time (6 years or over) usually find it harder to successfully complete treatment. Current data shows that opiate users who successfully complete within 2 years of first starting treatment have a higher likelihood of sustaining recovery.

- 50% of opiate users in treatment have been in treatment for 2 years or less, compared with 49% in England.
- 28% of opiate users in treatment have been in treatment for 6 years or more, compared with 26% in England.

Successful completions -

An alcohol evidence review by the former Public Health England indicated that treatment is effective and cost effective and is a necessary part of any overall approach to reduce alcohol related harm. Although there is no single measure of effective treatment for alcohol dependence, the following data gives an indication of how well the current system is working in treating those in structured treatment.

Likewise, helping people to overcome drug dependence is a core function of any drug treatment system. Many individuals require a number of separate treatment episodes spread over many years. As stated above, most individuals who successfully complete do so within 2 years of entry.

- 33.2% of alcohol users as a proportion of all in treatment completed their treatment free of dependence and did not represent within 6 months. This compares with 36.6% in England.
- 3.7% of opiate users as a proportion of all in treatment completed their treatment free of dependence and did not represent within 6 months. This compares with 5% in England.
- 32.2% of non-opiate users as a proportion of all in treatment completed their treatment free of dependence and did not represent within 6 months. This compares with 34.5% in England.

Deaths in treatment:

- In 2020/21, there was a 18% increase at a national level of the number of people who died while they were in treatment for drug misuse. It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdown, as well as Covid-19 itself will have contributed to this increase.
- 2.3% of the opiate treatment population (52 people) died while they were in treatment. This compares with 1.7% in England.
- 0.3% of the non-opiate treatment population (1 person) died while they were in treatment. This compares with 0.3% in England.
- 0.38% of the alcohol treatment population (3 people) died while they were in treatment. This compares with 1.54% in England.

Appendix 4: Key Performance Indicators for the Young Person's Substance Misuse Service, 2020/21:

Numbers in specialist treatment:

- 194 young people were in specialist treatment including 111 new presentations to the service. For young people under aged 18, education services are the main referral route.

Time in treatment:

Young people spend less time in specialist treatment than adults because substance misuse is not as entrenched. However, those with complex needs often require support for longer.

- The majority of young people in Manchester spend 13-26 weeks in treatment. This is 41% as a proportion of all exits, compared to 33% nationally.

Successful completions (as a proportion of all exits):

- 84% (72 young people) completed treatment successfully. This compares with 79% nationally.

Appendix 5: Activity data for in-patient detoxification and residential rehabilitation, 2021/22:

Number of in-patient detoxification placements:

- 178 drug users were admitted to in-patient detox (6% of the treatment population).
- 117 alcohol users were admitted to in-patient detox (17% of the treatment population).

Number of residential rehabilitation placements:

- 41 drug users were placed in residential rehab (1% of the treatment population. This compares with 2% nationally.)
- 10 alcohol users were placed in residential rehab (1% of the treatment population. This compares with 2% nationally.)

Appendix 6 – Summary of Supplementary Substance Misuse Treatment Grant menu of interventions:

System Co-ordination & Commissioning	Additional posts with the substance misuse service and the Public Health Team to support local partnership coordination and strategic planning. This includes the interface between the treatment service, primary and secondary care, and a commissioning and safeguarding resource. The SSMRTG
--------------------------------------	--

	will also fund the continuation of the Manchester Drug Related Death Surveillance Panel.
Enhanced harm reduction provision	Dedicated Children and Young Person Exploitation Worker within the Young person's Specialist Substance Misuse Service to work directly with young persons and other agencies to provide additional capacity to resource multi-agency case management responses for young people with multiple of wider risk factors. Additionally, an Early Intervention Coordinator will provide a resource to support partners with training, education, and pathway development where there is an identified need for early intervention. We will expand the use of Naloxone and training.
Increased treatment capacity	Additional posts within the treatment service to increase capacity to respond to need. This will include specialisms around non-opiates, prescribing and increasing the support available to children and family/carer members affected by substance misuse. The grant will also fund the wider roll-out of Buprenorphine.
Increased integration and improved care pathways between the criminal justice settings and drug treatment	A Criminal Justice Project Manager within the treatment service will provide strategic support to develop pathways and partnerships between CGL and criminal justice settings. This will support the development and application of community service treatment requirements and support improved compliance with court mandated orders. This resource will also provide necessary oversight to continuity of care engagement and retention from secure estate to community treatment services and implement strategies to improve systems.
Enhancing treatment quality	Additional clinical support within both the substance misuse service and the newly developed alcohol care team, which will see a consultant clinical lead to oversee the ACT's and supportive outreach and engagement to support pathways into treatment services and multi-agency planning for vulnerable people who may have complex needs. The grant will also fund a specific post in CGL to support workforce development and recruitment to improve quality and reduce caseloads.
Residential rehab and inpatient detox	Additional inpatient detox and residential rehab placements. An additional social worker in Adult Social Care will provide a resource to respond to responsibilities under the Care Act 2014. The grant will also fund the continuation of a specialist criminal justice social worker.
Better and more integrated responses to physical and mental health issues	Priority work-streams will focus on the interface between the substance misuse service, primary and secondary care to respond to non-fatal overdoses and co-morbidities affecting both physical and mental health.
Enhanced recovery support	Development and expansion of a recovery community and peer support network, including in treatment, to sustain long-

	term recovery and increase the visibility of recovery and social integration. This will include funding to build the capacity of community mutual aid and recovery groups, linked to the 5 ways of well-being.
Other interventions which meet the aims and targets set in the drug strategy	The substance misuse service aim to expand on the number of physical bases within the north and east of Manchester to increase accessibility to face to face interventions and specialist clinical provisions.
Expanding the competency and size of the workforce	The service will see an increase in the number of keyworkers delivering structured treatment, aligned both to local demand and unmet need. Alongside service managers and clinical staff, the grant will fund an addition 20 key workers.

This page is intentionally left blank

Appendix 5: Activity data for in-patient detoxification and residential rehabilitation, 2021/22:

Number of in-patient detoxification placements:

- 178 drug users were admitted to in-patient detox (6% of the treatment population).
- 117 alcohol users were admitted to in-patient detox (17% of the treatment population).

Number of residential rehabilitation placements:

- 41 drug users were placed in residential rehab (1% of the treatment population. This compares with 2% nationally.)
- 10 alcohol users were placed in residential rehab (1% of the treatment population. This compares with 2% nationally.)

This page is intentionally left blank

Appendix 6 – Summary of Supplementary Substance Misuse Treatment Grant menu of interventions:

System Co-ordination & Commissioning	Additional posts with the substance misuse service and the Public Health Team to support local partnership coordination and strategic planning. This includes the interface between the treatment service, primary and secondary care, and a commissioning and safeguarding resource. The SSMRTG will also fund the continuation of the Manchester Drug Related Death Surveillance Panel.
Enhanced harm reduction provision	Dedicated Children and Young Person Exploitation Worker within the Young person's Specialist Substance Misuse Service to work directly with young persons and other agencies to provide additional capacity to resource multi-agency case management responses for young people with multiple of wider risk factors. Additionally, an Early Intervention Coordinator will provide a resource to support partners with training, education, and pathway development where there is an identified need for early intervention. We will expand the use of Naloxone and training.
Increased treatment capacity	Additional posts within the treatment service to increase capacity to respond to need. This will include specialisms around non-opiates, prescribing and increasing the support available to children and family/carer members affected by substance misuse. The grant will also fund the wider roll-out of Buprenorphine.
Increased integration and improved care pathways between the criminal justice settings and drug treatment	A Criminal Justice Project Manager within the treatment service will provide strategic support to develop pathways and partnerships between CGL and criminal justice settings. This will support the development and application of community service treatment requirements and support improved compliance with court mandated orders. This resource will also provide necessary oversight to continuity of care engagement and retention from secure estate to community treatment services and implement strategies to improve systems.
Enhancing treatment quality	Additional clinical support within both the substance misuse service and the newly developed alcohol care team, which will see a consultant clinical lead to oversee the ACT's and supportive outreach and engagement to support pathways into treatment services and multi-agency planning for vulnerable people who may have complex needs. The grant will also fund a specific post in CGL to support workforce development and recruitment to improve quality and reduce caseloads.
Residential rehab and inpatient detox	Additional inpatient detox and residential rehab placements. An additional social worker in Adult Social Care will provide a resource to respond to responsibilities under the Care Act 2014. The grant will also fund the continuation of a specialist criminal justice social worker.

Better and more integrated responses to physical and mental health issues	Priority work-streams will focus on the interface between the substance misuse service, primary and secondary care to respond to non-fatal overdoses and co-morbidities affecting both physical and mental health.
Enhanced recovery support	Development and expansion of a recovery community and peer support network, including in treatment, to sustain long-term recovery and increase the visibility of recovery and social integration. This will include funding to build the capacity of community mutual aid and recovery groups, linked to the 5 ways of well-being.
Other interventions which meet the aims and targets set in the drug strategy	The substance misuse service aim to expand on the number of physical bases within the north and east of Manchester to increase accessibility to face to face interventions and specialist clinical provisions.
Expanding the competency and size of the workforce	The service will see an increase in the number of keyworkers delivering structured treatment, aligned both to local demand and unmet need. Alongside service managers and clinical staff, the grant will fund an addition 20 key workers.

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 8 February 2023

Subject: Manchester’s Climate Change Framework and Health

Report of: Director, Manchester Climate Change Agency
Deputy Director of Public Health

Summary

In 2022, the Manchester Climate Change Partnership, supported by Manchester Climate Change Agency, updated Manchester’s five year Climate Change Framework (2020-2025) to provide more granular targets for staying within our carbon budget and to highlight the co-benefits of climate action, including tackling health inequality.

The Making Manchester Fairer plan was developed alongside the Framework refresh and so is aligned to it.

Recommendations

The Committee is asked to note the content of the 2022 Update of the Manchester Climate Change Framework (2020-25), its reference to health and wellbeing and its alignment to the Making Manchester Fairer 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

The Manchester Climate Change Framework 2020-25 is the city's high-level strategy for tackling climate change. It sets out how Manchester will 'play its full part in limiting the impacts of climate change', a commitment in the Our Manchester Strategy 2016-25. The Framework’s key aim is for “Manchester to play its full part in limiting the impacts of climate change and create a healthy, green, socially just city where everyone can thrive.”

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

Actions set out in the Manchester Climate Change Framework 2020-25 relate to the need for a just and equal delivery of climate action across Manchester. This includes areas such as community engagement, warmer homes, accessible transport, access to green spaces and tackling fuel poverty. There is also detail in the Framework on creating a ‘just transition’ and a chapter on creating an inclusive, net zero and climate resilient economy.

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 Manchester Climate Change Framework has the core objective: “To ensure that Manchester establishes an inclusive, zero carbon and climate resilient economy where everyone can benefit from playing an active role in decarbonising and adapting the city to the changing climate.
A highly skilled city: world class and home grown talent sustaining the city’s economic success	The Manchester Climate Change Framework notes: “By 2025 Manchester will be a key player in the global zero carbon economy, recognised as one of the best places in the world to innovate, invest and roll-out new solutions to climate change. Manchester businesses will be rewarded for their commitment to climate action by saving money, attracting talented workers and exporting their products and expertise across the UK and internationally.”
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The Manchester Climate Change Framework has the core objective: “To ensure that Manchester establishes an inclusive, zero carbon and climate resilient economy where everyone can benefit from playing an active role in decarbonising and adapting the city to the changing climate.
A liveable and low carbon city: a destination of choice to live, visit, work	The Manchester Climate Change Framework notes: “By 2025 Manchester residents will have cleaner air, be walking and cycling more, be living in more energy efficient homes, have access to high quality green spaces in their neighbourhoods, and be securing good, well-paid jobs in socially and environmentally responsible Manchester businesses.”
A connected city: world class infrastructure and connectivity to drive growth	The Manchester Climate Change Framework has the core objective: “To ensure that Manchester establishes an inclusive, zero carbon and climate resilient economy where everyone can benefit from playing an active role in decarbonising and adapting the city to the changing climate

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Delivery of the Update to the Manchester Climate Change Framework will require revenue expenditure by stakeholders across the city, including the City Council.

Financial Consequences – Capital

Delivery of the Update to the Manchester Climate Change Framework will require capital expenditure by stakeholders across the city, including the City Council.

Contact Officers:

Name: Samantha Nicholson
Position: Director, Manchester Climate Change Agency
E-mail: Samantha.Nicholson@manchesterclimate.com

Name: Dr Cordelle Ofori
Position: Deputy Director of Public Health, Manchester City Council
E-mail: Cordelle.Ofori@manchester.gov.uk

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.

2022 Update of Manchester's Climate Change Framework 2020-2025:

<https://www.manchesterclimate.com/content/2022-update>

Making Manchester Fairer plan

https://www.manchester.gov.uk/download/downloads/id/28760/making_manchester_fairer_plan_-_pdf.pdf

1.0 Introduction

- 1.1 The Manchester Climate Change Partnership (MCCP) and Agency (MCCA) have been given the responsibility to set the city's strategy for tackling the climate emergency.
- 1.2 In 2020 the Manchester Climate Change Framework was published; it is the city's high-level strategy for tackling climate change. The Framework's key aim is for "Manchester to play its full part in limiting the impacts of climate change and create a healthy, green, socially just city where everyone can thrive". This is aligned to a key commitment in the Our Manchester Strategy 2016-25.
- 1.3 The Framework was updated in 2022 to ensure it remains a live document, responsive to a changing city and an increasingly urgent climate emergency, to provide more granular information on the scale of action needed for the city to stay within its carbon budget, and to highlight the co-benefits of climate action including on tackling health inequalities.

2.0 Background

- 2.1 Manchester's Climate Change Framework 2020-25 (the Framework) was developed with support from the Tyndall Centre for Climate Change Research at the University of Manchester.
- 2.2 It calculates a science-based target for the city to reach zero carbon emissions by 2038 and sets a total carbon budget of 15m tCO₂ for the period 2018-2100. It also sets a target for the city to reduce its emissions by 50% by 2025, with further milestones along the way to 2038.
- 2.3 The Tyndall Centre method includes direct, energy-related emissions in the city's carbon budget, sometimes described as territorial emissions. Indirect emissions are not included in the budget but are addressed by the Framework.
- 2.4 The Framework identifies four headline objectives for the city to tackle:
 - Staying within our carbon budgets
 - Climate adaptation and resilience
 - Health and wellbeing
 - Inclusive, zero carbon and climate resilient economy
- 2.5 It also identifies six priority areas:
 - Buildings (existing and new)
 - Renewable energy
 - Transport and flying
 - Food
 - The things we buy and throw away
 - Green infrastructure and nature-based solutions

3.0 The 2022 Update to the Climate Change Framework Update

3.1 The purpose of the 2022 Update to the Framework is to:

- Present the findings of detailed modelling done to identify granular targets for reducing the city's direct emissions by 50%, to help the city stay within its carbon budget.
- Provide an overview of ongoing work carried out in support of the Framework's other headline objectives, notably on adaptation to climate change.
- Recommend specific actions for delivery at local, regional, and national level by government and the wider public sector, private companies and third sector organisations, and communities and individuals, that will support our transition to a zero carbon and climate resilient city.

4.0 The city's direct emissions

4.1 Manchester's carbon budget relates to its direct emissions. These are defined by the Tyndall Centre as carbon dioxide emissions from our energy system, i.e., the gas, electricity and liquid fuels used to power and heat our homes and businesses and to transport us around the city.

4.2 Manchester has not been reducing its direct emissions by the targeted 13% per year and so we are not currently on track to stay within our carbon budget and are at risk of missing our first milestone: to reduce the city's direct emissions by 50% by 2025.

4.3 The Update unpacks the sources of Manchester's current direct emissions to clarify where focus is required to get back on track. It sets out in granular detail the scale of action needed to reduce our direct emissions from buildings and transport by 50%, and the scale of increase in renewable energy generation needed to support this, using an evidence base provided by Anthesis' SCATTER carbon data tracking model.

4.4 The Update sets out two scenarios for the city to remain within its carbon budget and reach zero carbon by 2038. It does not identify a preferred scenario, rather, it illustrates that an increased scale and urgency of action is needed to meet the city's goals.

5.0 Consumption-based emissions

5.1 The city's indirect, or consumption-based, emissions are those that occur from the services and goods we buy, use, and ultimately dispose of. Whilst they are not included within our carbon budget, indirect emissions are important as they are commonly 60% larger than direct emissions and so contribute to the city's overall climate impact.

5.2 The Update provides an overview of research by the University of Manchester to help the city understand its indirect emissions – it estimates the city's footprint was over 3m tCO₂e in 2019; and identifies sectoral hotspots for us to

focus on for maximum impact, including construction, food and drink, waste, and wastewater.

- 5.3 The Update also presents a new agreement reached by members of Manchester's Climate Change Partnership (MCCP), with support from its Zero Carbon Advisory Group, which notes the importance of tackling aviation emissions through national policy to avoid displacement of emissions from one UK airport to another, and of international industrial collaboration to deliver the technologies and processes needed for zero emission flights.

6.0 Adaptation and resilience

- 6.1 While bold action on climate change mitigation (reducing our emissions) is vital, the global and local climate is already changing, and many climate impacts are already 'locked in' and deemed irreversible even under the most ambitious emissions reduction scenarios.
- 6.2 The Update provides an overview of work by Manchester Metropolitan University and MCCP's Adaptation and Resilience Advisory Group to help the city assess its vulnerability to climate risk, define the characteristics of a climate resilient city, and establish principles to guide both ambition and practical action, including how green infrastructure and nature-based solutions can support these efforts.

7.0 Health and wellbeing

- 7.1 The actions we need to take to reduce our emissions and adapt the city to climate change also have the potential to improve the health and wellbeing of Manchester's residents. Conversely, actions that improve our health and wellbeing can also help to tackle the climate crisis.
- 7.2 The Update presents a summary of the link between health inequalities and climate change, including both direct and indirect impacts. It also presents seven recommendations that were co-designed with stakeholders where direct control for delivery lies within Manchester:
- 7.2.1 To carry out a vulnerability assessment to map where climate change will exacerbate health inequality so action can be prioritised.
- 7.2.2 To develop city-scale indicators to track the impacts of climate change on health inequalities.
- 7.2.3 To incorporate health equity and climate action into Council policies and strategies.
- 7.2.4 To implement the Making Manchester Fairer plan.
- 7.2.5 To share knowledge across the health sector to support its decarbonisation and adaptation.

- 7.2.6 To maximise uptake of Carbon Literacy and NHS toolkits to support climate action in the health sector.
- 7.2.7 For MCCP's Health & Wellbeing Advisory Group (which also reports to the Health & Wellbeing Board) to expand this list of recommendations to encompass collaborative action across Greater Manchester and a clear set of asks of national government.
- 7.3 Throughout the Update, the co-benefits of climate action are highlighted and categorised by their potential to help us reduce our carbon emissions; boost our adaptive capacity; increase the inclusivity, productivity, and sustainability of our economy; and improve the health and wellbeing of our communities – with over 20 co-benefits to Health and Wellbeing cited.

8.0 Inclusive, zero carbon and climate resilient economy

- 8.1 Meeting our goals on climate action can also help Manchester to establish a more inclusive economy where everyone can benefit from playing an active role in decarbonising and adapting the city to the changing climate.
- 8.2 The Update provides an overview of activity underway to build demand for, and increase supply of, green skills into make sure that local businesses and residents can make the most of the new opportunities that the shift to a zero carbon city offers.

9.0 Challenges, enablers and examples of good practice

- 9.1 The transition to a zero carbon, climate resilient city presents significant economic, technical, institutional, societal, and regulatory challenges. The Update highlights a selection of these to provide context to the topics covered and the actions being recommended.
- 9.2 It also highlights where policies at local, regional, and national level are incentivising and enabling actions of a similar type and magnitude to reinforce the feasibility and credibility of the actions being recommended.
- 9.3 Finally, to illustrate that climate action is possible, the Update signposts examples of good practice from within Manchester, the wider city region and across the UK.

10.0 Ensuring a just transition

- 10.1 Ensuring that all of Manchester's residents are protected from the impact of climate change, that actions to help the transition to a zero carbon and climate resilient city do not have a negative impact on the most vulnerable people, and that the costs of change do not fall unevenly on those that are least able to afford them, is a constant theme throughout this Update.

10.2 The recommended actions have been developed with this in mind and the cost of living crisis is recognised as a key challenge in this chapter of the Update.

11.0 Financing the transition

11.1 The cost of the transition to a zero carbon and climate-resilient city, is significant. The Local Area Energy Plan for Manchester estimates the cost to decarbonise the city's energy system is over £13bn (£4 billion by 2030).

11.2 This level of capital investment is beyond the reach of public finances and so private finance is critical to our success. The scale of private funds available is sufficient to support substantial activity, however, new approaches must be developed to unlock this resource.

11.3 The Update summarises the challenges and developing climate measures at sufficient scale, volume, and predictability to attract the patient capital investment needed to accelerate progress and achieve the ambitious climate change targets that Manchester has set.

12.0 Recommended Actions in the Update

12.1 To achieve our climate goals, action needs to be taken urgently and by everyone – by government at local and national level, by institutions and organisations in the public, private and voluntary sector, and by residents and communities across the city.

12.2 The Update has co-designed over 175 recommended actions organised into four categories according to where there is agency to act; that is, where there is direct control to deliver, affect or influence the required change or outcome:

- To be delivered locally, where direct control lies in Manchester
- To work on at city-region level, with Greater Manchester partners
- To advocate for national government to do
- To do differently, where there are opportunities to innovate

13.0 Key messages of the 2022 Update

13.1 There are five key messages within the Update:

- Urgent action is needed to reduce direct emissions from our buildings and ground transport, and to increase renewable energy generation, if Manchester is to stay within its carbon budget.
- Decisive action is needed to assess the city's vulnerability to climate change and to ensure we are adapting our infrastructure, buildings, economy, and residents to be resilient to a changing climate.
- Everyone has a role to play – individuals, organisations, local and national government – and there is a great deal we have the power to achieve locally, if we work collaboratively.

- The cost of transitioning to a zero carbon, climate resilient city cannot be borne solely by the public purse, so we need to find innovative ways to unlock private finance investment.
- Tackling the climate crisis brings opportunities to deliver wider strategic ambitions, including improving people's health, reducing fuel and food poverty, creating new jobs and economic growth, and delivering a greener city for everyone.

14.0 Alignment with the Making Manchester Fairer plan

- 14.1 The Global report of the Lancet Countdown states: *“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 we face. 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. These impacts are compounding with today’s multiple, concurrent crises.”*
- 14.2 Professor Sir Michael Marmot, Advisory Group Chair and Director of the UCL Institute of Health Equity (IHE) said: *“When we talk about climate change health inequalities are often forgotten. Action to improve health equity can be consistent with measures to reduce GHG emissions. But this requires careful consideration of who benefits and who pays for different policy measures: the costs must not be unfairly borne by people on low incomes, who bear least responsibility for the emissions that cause climate change. To avoid this health equity must be an explicit policy goal of achieving net-zero emissions by 2050.”*
- 14.3 The Making Manchester Fairer plan recognises that: *“Places that provide the conditions for good health have good air quality, transport links and easy access to green space. Climate change is one of the biggest public health threats and challenges we face. The people whose health is being harmed first and worst by the climate crisis are the people who contribute least to its causes.”*
- 14.4 The Making Manchester Fairer theme ‘Improving housing and creating safe, warm and affordable homes’ recognises that *“Working across all tenures, and in particular the private rented sector, we must make significant progress towards achieving a net zero carbon housing offer in order to reach our target to become a zero-carbon city by 2038.”* This directly aligns to the targets and recommendations within the Buildings section of the city’s Climate Change Framework.
- 14.5 The Making Manchester Fairer theme ‘Places, transport and climate change’ recognises that:

- *“Living in a greener environment can promote and protect good health, aid recovery from illness and help with managing poor mental and physical health conditions”.*
- *“Climate change will mean that Manchester will face warmer summers with an increased likelihood of very intensive heatwaves. This will negatively impact health with increased levels of dehydration, heat stroke and death.”*
- *“Neighbourhoods and communities in Manchester with the worst transport links and access to green spaces have some of the poorest health outcomes.”*
- *“People living in disadvantaged areas of the city are more likely to have other health conditions due to their socioeconomic position which are then further impacted by poor air quality.”*

These directly align to the targets and recommendations in the Transport and Adaptation & Resilience sections of the city’s Climate Change Framework.

- 14.6 Manchester Climate Change Agency (MCCA) co-leads with Manchester City Council the section of Making Manchester Fairer called ‘Improving our surroundings, the environment where we live, transport, and tackling climate change’; within which there are six actions listed. Each action is described below and includes a read across to the text, targets, and recommendations in the city’s Climate Change Framework and where appropriate an update on activity by MCCA to enable delivery.
- 14.7 The first action states: *“We will work 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”.* This aligns to the Green Infrastructure section of the Climate Change Framework which states:
- Green Infrastructure and Nature Based Solutions have an essential role to play in helping Manchester to meet its climate change objectives, both adapting the city to the changing climate (by helping to manage flood risk and heat stress) and helping to reduce our CO2 emissions (to stay within our carbon budget we need to become a net remover of carbon).
- 14.8 The second action states: *“With partners, we will map risk and vulnerability to climate change and health inequalities to better understand their distribution and demonstrate the impact of climate change on health in Manchester, monitoring progress over time so we can target those most at risk and support a just and equitable transition to becoming zero carbon.”* This aligns to the Adaptation and Health sections of the Climate Change Framework and the following recommendations:
- Manchester City Council (MCC) to lead a detailed climate risk and vulnerability assessment of the city and produce an adaptation plan, directing priority action towards increasing the resilience of our critical infrastructure and most vulnerable communities, and ensuring that nature-based solutions are given sufficient time to develop their adaptive services.

- 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.

[MCCA](#) have supported progressing these actions, having produced a city wide framework for vulnerability assessment and principles for progressive resilience as well as a [City Pack for Manchester](#), with the Met Office UK Climate Resilience programme, describing the broad impacts of climate change on the city over the 21st century.

14.9 The third action can be summarised as “*We will produce 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....*”. This specific action is not replicated in the framework, however the following recommendation within the Health section of the Climate Change Framework reflects the city’s broader ambition to better understand, track and monitor the link between climate and health:

- 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.
- In developing city-scale indicators, the direct (extreme heat, flooding) and indirect (air quality, food and energy insecurity) impacts of climate change would be considered.

MCCA and MCC have worked with the Met Office’s Urban Heat Service to develop a Heat Pack for Manchester with a particular focus on areas more vulnerable to heat exposure. In addition, MCCA has worked with the University of Exeter to support development of their Local Climate Adaptation Tool (LCAT) which is intended to better inform decision-makers on the impact of heat and actions that can be put in place to mitigate the impact for residents and inform future planning decisions that adapt to a changing.

14.10 The fourth action includes “*Improving the quality and connectivity of walking and cycling routes across the city....*”, which aligns to the Transport section of the Climate Change Framework. This includes multiple recommendations around access to public transport, improved connectivity of modes of transport, as well as behaviour change to support the transition to active travel, for example:

- Schools to encourage walking/wheeling and cycling to school via road safety education campaigns and school street schemes.
- Deliver the Streets for All Strategy and Bee Network ambition for an integrated, affordable, and sustainable transport system, which will join up buses, trams, cycling and walking by 2024 and rail by 2030.
- Incentivise sustainable travel behaviour change and deliver public transport and active travel schemes into and within the city centre, targeting 90% of all morning peak trips to the city centre by public transport or active travel.

14.11 The fifth action includes “*Make sure all city strategies put both climate change and health equity at the heart of planning and ensure a just and equitable transition to a zero-carbon city....*”. This aligns to the Health and Transport sections of the Climate Change Framework, including the following recommendations:

- Manchester City Council (MCC) 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.
- MCC to adopt the principles of the 15-20-30 minute neighbourhood within planning policy to ensure residents can access essential services without the need for a car.
- MCC to implement reductions in speed limits across the city to help reduce emissions and support delivery of road safety programmes.

14.12 The sixth action includes “*Monitor and evaluate actions to improve air quality and the resulting health outcomes...*” which aligns to the Health section of the Climate Change Framework (see 14.9) and to the following recommendation within the Transport section:

- Deliver the GM Clean Air Plan to improve air quality.

15.0 Recommendations

The Committee is asked to note the content of the 2022 Update of the Manchester Climate Change Framework (2020-25), its reference to health and wellbeing and its alignment to the Making Manchester Fairer plan.

16.0 Appendices

2022 Update to the Manchester Climate Change Framework 2020-2025:
<https://www.manchesterclimate.com/content/2022-update>

Making Manchester Fairer:
https://www.manchester.gov.uk/download/downloads/id/28760/making_manchester_fairer_plan_-_pdf.pdf

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 February 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:

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

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

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

Date	Item	Recommendation	Response	Contact Officer
11 January 2023	HSC/23/01 Urgent Business – Local Response to Current NHS Crisis	The Committee recommended that the Executive Member for Healthy Manchester and Adult Social Care, in consultation with the Chair and all Manchester MPs writes to the Secretary of State for Health and Social Care to invite him to Manchester so the Committee can present the case for increased NHS funding in Manchester.	A letter of invitation was sent 16 January 2023 to the Rt. Hon. Steve Barclay MP, Secretary of State for Health and Social Care.	Lee Walker Scrutiny Support Officer

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 January 2023**, 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 Reports

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England.

Key to Inspection Ratings

Services are rated by the CQC according to how safe, effective, caring, responsive and well-led they are, using four levels:

- **Outstanding** – The service is performing exceptionally well.
- **Good** – The service is performing well and meeting expectations.
- **Requires improvement** – The service isn't performing as well as it should and the CQC have told the service how it must improve.
- **Inadequate** – The service is performing badly and the CQC have taken enforcement action against the provider of the service.
- **No rating/under appeal/rating suspended** – There are some services which the CQC can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by the CQC and will be published soon.

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
Change Grow Live	Change Grow Live Be Smoke Free Phoenix Mill Piercy Street Manchester M4 7HY	https://www.cqc.org.uk/location/1-9975515358	22 December 2022	Community Substance Misuse Service	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Mediline Supported Living	Swallow 20 Swallow Street Longsight Manchester M12 4GH	https://www.cqc.org.uk/location/1-191191197	31 December 2022	Care Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement
Didsbury Medical Centre	Didsbury Medical Centre 645 Wilmslow Road Didsbury Manchester M20 6BA	https://www.cqc.org.uk/location/1-571125789	30 December 2022	GP Practice	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Routes Healthcare (North) Ltd	Routes Healthcare Manchester Jactin House 24 Hood Street Manchester M4 6WX	https://www.cqc.org.uk/location/1-11902319450	5 January 2023	Home Care Service	Overall: Inadequate Safe: Inadequate Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate

Avery Homes Moston Ltd	Acacia Lodge Care Home 90a Broadway New Moston Manchester M40 3WQ	https://www.cqc.org.uk/location/1-343004792	12 January 2023	Care Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Mediline Supported Living Ltd	Mediline Supported Living 20 Swallow Street Longsight Manchester M12 4GH	https://www.cqc.org.uk/location/1-191191197	11 January 2023	Care Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement
Connect Care Consultancy	Connect Care and Support Room 261 Manchester Business Park 3000 Aviator Way Manchester M22 5TG	https://www.cqc.org.uk/location/1-11175133135	19 January 2023	Home Care Service	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Unique Community Services Ltd	Unique Community Services Manchester Suite 22, Parkway Two Parkway Business Centre Princess Road Manchester M14 7LU	https://www.cqc.org.uk/location/1-11738182244	20 January 2023	Home Care Service	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Fortify Clinic Ltd	Fortify Clinic Ltd Adamson House Towers Business Park Wilmslow Road Manchester M20 2YY	https://www.cqc.org.uk /location/1- 7668856583	16 January 2023	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 percentage of people testing positive for COVID-19 continued to decrease in England. In the week ending 17 January 2023 it is estimated that 1.62% of the population (or around 1 in 60 people) tested positive for COVID-19 - a decrease from 2.61% in the previous week. T

On 25 January 2023 the [Joint Committee on Vaccination and Immunisation \(JCVI\) advised](#) that, thanks to the success of the programme, the offer of an initial booster dose should end when the current autumn campaign ends, which will be on Sunday 12 February. Anyone yet to come forward for their COVID booster is being urged to do so before the end of the campaign. **For more information go to www.manchester.gov.uk/getmyjab**

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

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	To receive an update report from the Manchester Climate Change Agency. This will include information on the Updated Climate Change Framework and how this aligns with the Making Manchester Fairer actions.	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 2022 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	

Wednesday 24 May 2023, 2pm (Report deadline Friday 12 May 2023)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
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 Greater Manchester Mental Health Trust	This will be a single item agenda. Patient and Carers Groups are to be invited to contribute to the discussion.

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	

This page is intentionally left blank