



Health Scrutiny Committee

Date: Wednesday, 8 March 2023

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

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Membership of the Health Scrutiny Committee

Councillors - 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 8 February 2023 and the minutes of the extraordinary meeting held 22 February 2023.

4a. Minutes of the meeting held on 8 February 2023

5 - 18

4b. Minutes of the extraordinary meeting held 22 February 2023

19 - 24

5. [10.05-10.45] Update on Pathway Developments for Unpaid Carers

25 - 88

Report of the Executive Director of Adult Social Services

This report describes progress to develop a comprehensive pathway of support for Unpaid Carers in the city.

6. [10.45-11.20] Dementia Developments in Manchester

89 - 104

Report of the Executive Director of Adult Social Services and the Director of Public Health

This report describes recent work to invigorate the Dementia pathway and improve services for people diagnosed with Dementia and their Carers.

7. [11.20-11.50] Pennine Acute Disaggregation Update

105 - 124

Report of the Director of Strategy, MFT and Locality Director of Strategy/Provider Collaboration (MICP)

This report presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust and re-provision of services by both Manchester University NHS Foundation Trust and the Northern Care Alliance.

8. [11.50-12.00] Overview Report

125 - 132

Report of the Governance and Scrutiny Support Unit

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

Information about the Committee

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

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

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

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Further Information

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

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This agenda was issued on **Tuesday, 28 February 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 8 February 2023

Present:

Councillor Green – in the Chair

Councillors Curley, Newman, Reeves, Riasat, Richards and Russell

Apologies: Councillors Nasrin Ali, Appleby, Bayunu and Karney

Also present:

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

Councillor Akbar, Executive Member for Finance and Resources

Councillor Foley, Deputy Executive Member for Environment and Transport

Cllr Shilton Godwin, Chair, Environment and Climate Change Scrutiny Committee

Caroline Bradley, Associate Director of Primary Care (Manchester Locality), NHS Greater Manchester Integrated Care

Dr Paul Wright, Deputy Medical Director (Manchester Locality), NHS Greater Manchester Integrated Care

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

Ben Squires, Head of Primary Care (Greater Manchester), NHS Greater Manchester Integrated Care

Jim Rochford, Secretary, Manchester Local Dental Committee

Don McGrath, Chair, Manchester Local Dental Committee

Lara Shah, Deputy Head of Medicines Optimisation Strategy (Manchester), NHS Greater Manchester Integrated Care

Jamie Higgins, Senior Medicines Optimisation Adviser, NHS Greater Manchester Integrated Care

Samantha Nicholson, Director, Manchester Climate Change Agency

Anna Bond, Manchester Climate Change Agency

Charlotte Brien, Nurse Manager, Be Smoke Free Manchester

Katherine Miller, Citizen Representative, Be Smoke Free Manchester

Laura Taggart, Services Manager, CGL Manchester

Jackie McVan, Head of Services - Greater Manchester, CGL Manchester

Lucy-Rose Graham, Citizen Representative, CGL Manchester

Neil Walbran Chief Officer, Healthwatch Manchester

Thomas Carr, Healthwatch Manchester

HSC/23/07 Minutes

Decision

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

HSC/23/08 Revenue Budget Update

The Committee considered the report of the Deputy Chief Executive and City Treasurer that set out the latest forecast revenue budget position, and the next steps.

Following the provisional finance settlement announced on 19 December the Council was forecasting a balanced budget for 2023/24 and 2024/25. The risk had moved to the next spending review period 2025/26 where a shortfall of £57m was forecast. This reduced to £40m after the proposed use of £17m smoothing reserves.

The report further described that in November 2022 scrutiny committees were presented with cuts and saving options totaling £42.3m over three years for consideration. The provisional settlement on 19 December reflected a change in government policy and provided more funding than initially expected. This had given the opportunity to review the quantum and phasing of savings. It was now proposed that options of £36.2m were progressed. The settlement also gave some scope for targeted investments which would put the council in a more sustainable position to face the next spending review in 2025.

The Executive Member for Finance and Resources paid tribute to the Deputy Chief Executive and City Treasurer and her team for all of their hard work in bringing forward the suite of budget reports following the settlement announcements. He stated that the budget settlement needed to be considered in the context of over a decade of austerity that had been imposed on Manchester. He stated that the result of this was that the Council's budget had reduced by £428m in total over this period. He commented that the decision to cut local authority funding was a result of ideological decisions taken by the Government, noting that the Government had failed to recognise or apologise for the instability they had caused to the national economy. He further referenced the impact of inflation, population growth in the city and the cost-of-living crisis that all impacted on budgetary pressures. He commented that the Government had failed to communicate their financial decisions for the city, noting the recent experience of announcements of the Levelling Up bids.

The Executive Member for Finance and Resources stated that the funding decisions of the Government had effectively forced the Council to increase Council Tax. He advised that the Council was able to deliver a balanced budget and Council Tax would be used to support the most vulnerable residents in the city; support the social care sector and invest in the future of the city.

The Executive Member for Healthy Manchester and Adult Social Care reiterated the need to consider the suite of budget reports in the context of more than a decade of austerity and repeated cuts to funding. He stated that, despite the lack of appropriate funding for NHS Services and Adult Social Care, both nationally and locally, Manchester Council had remained committed to supporting the most vulnerable residents in the city. He also paid tribute to the work of the City Treasurer, the Deputy City Treasurer and the officers for bringing forward these reports.

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

- Thanking the Executive Member and officers for their continued work to support the residents of Manchester and supporting the key priorities identified;
- Commenting that the decision to delay future cuts to local authority budgets was a cynical move by the Government, noting the timing of the next General Election;
- Request that any Adult Social Care charging be handled sensitively; and

- Noting that Steve Barclay, the Secretary of State for Health and Social Care had declined the invitation to visit Manchester and meet with the Committee.

Decision

To note the report.

HSC/23/09 Public Health Budget 2023-26

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

Key points and themes in the report included:

- Describing the final proposals for the Public Health budget programme 2023-26;
- Providing an overview of the services within the remit of this scrutiny committee and the key priorities;
- Describing the budget growth assumptions in the Medium Term Financial Plan (MTFP); and
- Providing 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.

Decision

To note the report.

HSC/23/10 Adult Social Care Budget 2023-26

The Committee considered the report of the Executive Director of Adult Social Services that provided a further update to Members on the priorities for the services in the remit of this committee and detailed the changes to the initial revenue budget options proposed by officers in November 2022.

Key points and themes in the report included:

- Providing an overview of Adult Social Care services and key priorities;
- Providing a detailed overview of the budget, including:
 - The financial requirements to conclude the existing three-year Better Outcomes Better Lives savings programme;
 - The budget growth assumptions for the service as set out in the Council's Medium Term Financial Plan (MTFP);
 - An updated set of proposals for the necessary savings for 2023-26, developed in the context of the financial challenge facing the Council, for final comments by Health Scrutiny, with notable changes from the previous proposals; and
 - Detail of the additional funding announcements made in the Autumn Statement and included in the provisional finance settlement and the recommendations made for how this funding was deployed.

Decision

To note the report.

HSC/23/11 Access to NHS Primary Care: GP, Dentistry and Pharmacy

An overview on the provision and access to General Practice services across Manchester

The Committee considered the report of the Deputy Medical Director, NHS Greater Manchester Integrated Care (Manchester Locality) and the Associate Director Primary Care, NHS Greater Manchester Integrated Care (Manchester Locality) that provided information and an overview on the provision and access to General Practice services across Manchester.

This report built upon the information presented to Health Scrutiny in September 2021 specific to access to General Practice; and provided the context, services in place that were currently providing access to General Practice, as well as describing the challenges and pressures General Practice was facing and plans to make sure patients could get access to their GP Practice and appropriate care.

Key points and themes in the report included:

- Providing an introduction and background;
- Information on the introduction of Integrated Care Systems;
- Information on the implications of these arrangements both in a national and Manchester context;
- Noting that there were 83 GP Practices in Manchester that provided access to primary medical care services and the contractual requirements;
- Information relating to the Primary Care Network Enhanced Access;
- Information on the Greater Manchester Clinical Assessment Service;
- Information on the GP Out of Hours service;
- Providing an update on current access and provision, noting that the Covid pandemic had resulted in a significant shift in the way that patients accessed services at their GP Practice;
- Describing that as part of winter planning 2021/22, Manchester Health and Care Commissioning (MHCC) had established a pilot to provide access to additional GP appointments by an online video consultation provider (Livi), funded via the national Winter Access Fund (WAF) allocation;
- Winter pressures and surge planning;
- General Practice Pressures, with information on Primary Care Situation Reporting;
- Discussion of the additional issues that had impacted upon General Practice in Manchester over recent years adding to the increase in demand and pressure;
- Information on recovery, highlighting some of the work underway and planned to support this; including workforce recruitment and retention and Primary Care Quality Recovery and Resilience Scheme (PQRRS) which aimed to reduce

unwarranted variation, tackle inequalities in health outcomes and support general Practice in recovery; and

- Conclusions.

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

- Recognising the important and hard work undertaken on behalf of residents by all Manchester GPs and Practice staff;
- Welcoming the information provided in relation to NHS Greater Manchester Surge Hubs and if the intention was to continue with this model;
- Welcoming the information within the report, however the anecdotal evidence from residents was that it was still very difficult to secure a GP appointment;
- Condemning any aggression or threats to GPs and Practice staff;
- The information for the public relating to Walk In Centres needed to be updated on the website as this still referred to modifications introduced during the pandemic;
- The Committee had argued against the closure of Walk In Centres in Manchester, commenting that additional Walk In Centres would have taken the pressure off GP Practices;
- The need for planning of GP Practices when developing new housing schemes across the city to ensure the demand was met;
- Welcoming the support described that was provided for refugees in the city, adding that the Government had failed to fund resources required in Manchester to support refugees; and
- Noting the important thread of Health Equity that ran through the suite of reports.

The Deputy Head of Primary Care (Manchester Locality), NHS Greater Manchester Integrated Care advised that the Surge Hubs had significantly increased capacity and had been introduced rapidly to respond to unprecedented demand. He commented that this had been funded using Greater Manchester resources. He advised that analysis of this model was currently being undertaken and it was anticipated that these would remain until the end of March this year. He further referred to the MARIS (Manchester Acute Respiratory Infections Service) service that had been introduced to support patients with respiratory conditions.

The Deputy Head of Primary Care (Manchester Locality), NHS Greater Manchester Integrated Care advised that under the new ICB arrangements the NHS were working much closer with the Council when new housing schemes were being developed. He made further reference to the work that had been reported to the previous meeting of the Committee that had discussed the approach to improving and maximising the use of the existing GP estate.

The Deputy Medical Director (Manchester Locality), NHS Greater Manchester Integrated Care responded to the comments made regarding difficulty experienced by residents attempting to access appointments by advising that all feedback was welcomed and considered. He said that best Practice in regard to this was shared, recognising that a one size fits all approach was not appropriate and resources needed to be managed efficiently. He further commented that workforce recruitment would also address pressures experienced at sites. In response to a question regarding data and 'pressure points in the city' he stated that this would be supplied

following the meeting. Similarly, he advised that data in relation to the uptake of Child Vaccinations would be provided following the meeting.

The Associate Director of Primary Care (Manchester Locality), NHS Greater Manchester Integrated Care welcomed the comments and feedback from the Committee. She stated that demand on GP Primary Care had risen across the city and she acknowledged the comments made regarding funding for refugees in Manchester. She advised that they continued to work with the Home Office to seek increased investment to support this activity.

The Executive Member for Healthy Manchester and Adult Social Care reiterated the point raised regarding the failure of the Government to adequately fund the needs of refugees in the city. He said despite this Manchester had a long and proud history of welcoming refugees into the city. He reassured the Members that the Deputy Leader, along with members of the Public Health team had undertaken a visit to all hotels used to accommodate refugees and he suggested that the Committee may wish to receive a report on this area of activity at a future meeting. The Committee endorsed this suggestion.

The Executive Member for Healthy Manchester and Adult Social Care advised that GPs were very much included in the conversations that were undertaken by the various Boards that were referred to in section 2.1 of the paper.

Decision

To note the report.

An overview on the provision and access to NHS Dental services across Manchester

The Committee considered the report of the Director of Primary Care & Strategic Commissioning, NHS Greater Manchester that provided an overview on the provision and access to NHS Dental Services across Manchester.

This report provided the context of current provision and services which were in place that were currently providing access to NHS dental services, as well as describing the challenges and pressures dental services were facing and initiatives to support patients in both improving their oral health and to access appropriate care through NHS dental services.

Key points and themes in the report included:

- Providing an introduction and background;
- Information on General Dental Care, Specialised Dental Services and Secondary Care Dental Services;
- Discussion on the impact of Covid, noting that the risk of cross-infection was significantly increased for services operating in and around the mouth;
- Information on the national contracting and performance arrangements;
- Patient feedback information and analysis;

- Information on the actions to improve access to NHS dental services, noting that all NHS General Dental Practices continued to prioritise patients in pain, children, patients who were deemed as high risk, such as those receiving treatment for cancer, and those who were mid-way through a course of treatment;
- Information on access to Urgent Dental Care services; noting that there were 13 Urgent Dental Care sites across Greater Manchester, with provision in the City of Manchester;
- Information on Secondary Care Dental services;
- Information on the initiatives to address health inequalities, including the Dental Home for Looked After Children;
- An update on the Healthy Living Dentistry (HLD) project;
- Child Friendly Dental Practice (CFDP) Scheme; and
- Projects to improve oral health, noting that oral health was particularly poor in Manchester and across Greater Manchester.

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

- Recognising the challenge presented by the pandemic to the delivery of dental services;
- Patients who had not accessed dentists during the pandemic should not be penalised and removed from a Practice's patient list;
- Noting and condemning the national contract arrangements that resulted in Practices only being funded to deliver NHS services for 55% of the adult population;
- Residents experienced difficulties in registering with NHS Dentists;
- Recognising the importance of oral health on wider health outcomes;
- Further data was requested in relation to children's oral health;
- Support the call for water fluoridation in Manchester as a means of improving oral health, noting the positive outcomes this had delivered in Birmingham; and
- What was being done to support access for vulnerable residents.

The Head of Primary Care (Greater Manchester), NHS Greater Manchester stated that the frustrations and challenges articulated by Members were not unique to Manchester and were a national issue. In response to requests for additional Manchester specific data following the meeting he advised that this would be provided. In response to a question regarding the numbers of children accessing NHS Dentistry, he advised that in Manchester this was 52.2% of children compared to the national average of 46.9%, commenting that children were a priority group in recognition of the importance of oral health and wider health outcomes. Reference was further made to 'Baby Teeth DO Matter' as one example of initiatives to improve children's oral health.

The Chair, Manchester Local Dental Committee stated that an important Public Health intervention to improve oral health in Manchester and Greater Manchester would be the introduction of fluoridation and he called for the Council to lobby for this. Members endorsed this suggestion and recommended that the NHS Greater Manchester Integrated Care lobby for the introduction of water fluoridation in Manchester.

The Secretary, Manchester Local Dental Committee advised that COVID had significantly impacted on the service due to the nature of transmission. He advised that following the relaxation of rules activity had begun to increase by approximately 50% compared to the previous year, noting that they were still in a recovery phase. He commented that it had been noted that patients who were now presenting were requiring more treatment due to not seeing a dentist during the pandemic.

The Head of Primary Care (Greater Manchester), NHS Greater Manchester Integrated Care acknowledged the comment regarding support for vulnerable residents. He advised that it was recognised and that this need would increase due to the changes in the demography of the city. He commented that work was underway to address and plan for this through workforce recruitment and training to increase capacity and specialist provision. He further commented that Practices were encouraged to support patients if a patient felt that they had unfairly been removed from a Practice's patient list.

The Executive Member for Healthy Manchester and Adult Social Care thanked Jim Rochford, Secretary, Manchester Local Dental Committee and Don McGrath, Chair, Manchester Local Dental Committee for agreeing to attend the meeting at short notice and contribute to the discussion and answer Members' questions.

Decision

The Committee recommend that the NHS Greater Manchester Integrated Care lobby for the introduction of water fluoridation in Manchester.

An overview on the provision and access to Community Pharmacy services across Manchester

The Committee considered the report of the Director of Primary Care & Strategic Commissioning, NHS Greater Manchester that provided an overview on the provision and access to community pharmacy services across Manchester, supporting the recently published Pharmaceutical Needs Assessment for Manchester.

This report provided the context of current provision and services which were in place that were currently providing access to community pharmacy, as well as describing the challenges and pressures facing these services.

Key points and themes in the report included:

- Providing an introduction and background; noting that the needs of the population of the City of Manchester for pharmacy services were determined by the locally developed Pharmaceutical Needs Assessment (PNA)
- Noting that the PNA assessment had been recently reviewed, and the Manchester Health and Wellbeing Board had endorsed the publication of the latest PNA on 25 January 2023;
- Discussion of the main issues, including current provision, opening hours, advanced and enhanced services;
- Future service provision; and
- Consideration of the pressures in service delivery.

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

- Recognising and welcoming the range of services delivered by community pharmacies and the important role these played in local communities, particularly during the response to the pandemic; and
- Reiterating and recognising the importance of this service in the context of health equity.

Decision

To note the report.

HSC/23/12 Access to Patient Participation Groups in Manchester

The Committee considered the report of Healthwatch Manchester that described that a mystery shopper exercise on all Manchester GP Practices had been conducted by Healthwatch Manchester with the purpose to review access to Patient Participation Groups by Manchester citizens.

Key points and themes in the report included:

- Providing an introduction and background;
- Describing the main issues identified, concluding that access to Patient Participation Groups was generally poor and patients were not being involved in their local GP practises enough; and
- Recommendations.

One of the key points that arose from the Committee's discussions was: -

- Was there any guidance to address barriers to inclusion and participation in Patient Participation Groups.

The Chief Officer, Healthwatch Manchester stated that NHS England had produced useful written guidance in relation to Patient Participation Group and this included consideration of inclusivity.

The Associate Director of Primary Care (Manchester Locality), NHS Greater Manchester Integrated Care commented that she had welcomed the report and was happy to work with Healthwatch with a view to progressing their recommendations.

Decision

To note the report and endorse the recommendations that.

1. Access to Patient Participation Groups (PPGs) needs to improve and that GP Practices:

- 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 were 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.

HSC/23/13 Drugs, Alcohol and Tobacco Control

The Committee considered the report of the Deputy Director of Public Health that provided information and an updated overview of progress and activity for addiction services commissioned by Manchester Public Health Team. This report followed an initial report to Health Scrutiny on 12 January 2022.

Key points and themes in the report included:

- Describing that Manchester City Council (Public Health) commissioned services were:
 - 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.
 - Drug and Alcohol Social Work Team, delivered by Manchester City Council.
 - Be Smoke Free, which was a community level Stop Smoking / Tobacco Treatment Service.
- Providing a description of each service's offer;
- An outline of performance and an overview of trends; and
- Describing positive developments and challenges identified.

The Committee then heard from Lucy-Rose Graham and Katherine Miller who spoke of their individual experiences. They described their respective reasons and circumstances that resulted in them accessing the service; their experience of treatment and support; and the positive outcomes achieved.

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

- Thanking the two citizens for attending the meeting and sharing their experience with Members;

- What key message would the citizens present give as a means of improving the services described;
- Calling on the Government to adequately fund these important services, noting the positive impact they had on people's lives;
- Noting the proliferation of Vape shops on the high street and the increased occurrence of vaping witnessed amongst young people;
- What was the approach to Nitrous Oxide, commonly known as laughing gas; and
- What provision was made by the services to accommodate people for whom English was not their first language.

Lucy-Rose Graham and Katherine Miller both stated that increased publicity of the respective services would be welcomed, noting that it was important for people to access the correct services and means of support. Consistency of staff was also noted as being important, commenting that trusted relationships were formed during the recovery period.

The Programme Lead commented on the points made regarding vaping. She stated that there was a need for a distinction to be made between vaping as a means of stepping down from tobacco addiction and the use of vaping as a recreational substance. She described that currently the legislation surrounding vaping was very limited and primarily fell under the remit of Trading Standards. She commented that the restrictions placed on the promotion and marketing of tobacco was not applicable to vaping. She advised that work was underway with schools to address the issue and highlight the harms of vaping amongst young people and in addition to this the North West Task Force was currently considering this also.

The Commissioning Manager stated that the issue of Nitrous Oxide was recognised as an issue across Greater Manchester. She stated that work was underway to raise awareness of the associated harms across a range of different professionals and with young people. She stated that it was important to change the perceptions of this substance. She further described that Nitrous Oxide is also a priority for the Community Safety Team, following increased reports of ASB related to its use. The Services Manager, CGL Manchester advised that the legal status of Nitrous Oxide was currently being reviewed and CGL were delivering specific work on this issue with schools.

The Nurse Manager, Be Smoke Free Manchester and the Services Manager, CGL Manchester both described the range of initiatives they used to accommodate and support all residents to access their respective services. These included using interpreters, drop in clinics, text service, attending events to support homeless people and targeted sessions in localities.

Decision

To note the report.

HSC/23/14 Climate Change and Health

The Committee considered the report of the Director, Manchester Climate Change Agency and the Deputy Director of Public Health that described that 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 was aligned to it.

Key points and themes in the report included:

- Providing an introduction and background to the Climate Change Framework;
- Describing the purpose of the 2022 Climate Change Framework Update;
- An overview and update on the city's direct emissions;
- Discussion of the city's indirect, or consumption-based, emissions;
- An overview of work by Manchester Metropolitan University and Manchester's Climate Change Partnership Adaptation and Resilience Advisory Group;
- Health and wellbeing, noting the link between health inequalities and climate change
- The Making Manchester Fairer plan was developed alongside the Framework refresh and so is aligned to it; and
- Recommended actions and key messages of the 2022 Update.

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

- Noting the impact poor air quality and pollution had on health;
- Was air quality monitored;
- Noting the importance and relationship between active travel and health outcomes;
- The need to ban single use vape pens;
- Was the NHS considering their carbon footprint and taking actions to reduce these; and
- Noting the heatwave experienced in 2022 consideration needed to be given to providing cool banks, especially for older residents noting the impact that extreme heat had on health outcomes.

The Deputy Director of Public Health commented that the Making Manchester Fairer approach involved a collaborative approach across all directorates and partners, noting the consideration given to health outcomes that informed the Draft Active Travel Strategy. Members were advised that the Environment and Climate Change Scrutiny Committee would be considering the Draft Active Travel Strategy at the meeting of 9 February 2023. The Chair requested that the Scrutiny Support Officer circulate this report to Members of this Committee for information.

The Deputy Director of Public Health acknowledged the comments made regarding clean air and stated that there was a range of work to address this, especially working with schools and young people via the Neighbourhood Teams. In regard to the issue raised regarding cool hubs she advised that she would feed these comments back to the Health Protection Team.

The Director, Manchester Climate Change Agency advised that air quality was monitored in Manchester and actions around this specific issue were included in the Framework. She further stated that the relationship between health outcomes and active travel was fully understood and again was included in the Framework. In response to the comments made regarding Making Manchester Fairer when considering the previous agenda items the need for a just transition was fully understood and included in the Framework.

The Director, Manchester Climate Change Agency stated that the NHS were looking at their carbon footprint and devising and implementing plans to reduce this across a range of activities.

The Committee welcomed Councillor Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee. She thanked the Committee for considering this important report. She commented that the acknowledgement and recognition of the relationship between health and climate change was increasingly recognised and informed the responses to this.

The Chair advised that the Committee would continue to schedule items on health and climate change in the new municipal year, with the scope of these items to be determined. The Chair noted that this work would also be reflected in the Making Manchester Fairer work that would be reported to the Committee.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to the response of the Public Health Team during the unprecedented heatwave that Manchester experienced in 2022. He advised that the learning from that experience would inform future responses.

Decision

To note the report.

HSC/23/15 Overview Report

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

Decision

The Committee notes the report and agrees the work programme.

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Health Scrutiny Committee

Minutes of the meeting held on 22 February 2023

Present:

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

Apologies: Councillors Reeves and Russell

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Tom Hinchcliffe, Deputy Place Based Lead
Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation
Bridget Hughes, Interim Associate Director of Operations, Greater Manchester Mental Health Trust
John Foley, Acting Chief Operating Officer, Greater Manchester Mental Health Trust
Dan Smith, Head of Operations, North West Ambulance Service
Ian Moses, Area Director, North West Ambulance Service
Dr Sarah Follon, Associate Medical Director, NHS GM (Manchester Locality Team)
Sarah McGovern, Director of Transformation, Manchester University NHS Foundation Trust
Darren Banks, Group Director of Strategy, Manchester University NHS Foundation Trust
Professor Matt Makin, Medical Director, North Manchester General Hospital, Manchester University NHS Foundation Trust
Dr Rachael Barber, Medical Director, Royal Manchester Children's Hospital
Alison Lynch, Group Deputy Chief Nurse, Manchester University NHS Foundation Trust

HSC/23/16 Accessing NHS Services

The Committee considered the report of the Manchester Health and Care System Partner Organisations that described that the Health Scrutiny Committee had requested an extraordinary meeting to discuss the issues experienced by Manchester residents in accessing health and care services over the winter period (2022/23).

Key points and themes in the report included:

- Setting out the challenging operating environment this winter, including high demand across all sectors, increased Covid, Flu and strep A infections, industrial action and high staff sickness rates;
- Describing the work undertaken, as part of wider winter planning, to ensure people continued to have access to the services they needed when they needed them; and
- Specific information requested by the Committee in relation to:
 - A&E waiting times

- Ambulance waiting times
- Patient discharge from acute hospital settings
- Waiting times for those patients requiring elective and cancer treatment
- Access to vaccination

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

- The Committee thanked all NHS workers for their continued commitment to supporting Manchester residents;
- Recognising the unprecedented pressure placed on the already fragile health and social care system by the pandemic;
- Describing the local and national situation as a crisis, resulting from years of underfunding from government;
- Recognising the pressures this had placed on all staff working across this sector;
- Highlighting the stark statistic detailed within the report that people in Manchester were disproportionately affected by the pandemic, with mortality rates more than 25% higher than the national average;
- The Committee would be seeking an urgent meeting with Secretary of State for Health and Social Care to discuss the concerns raised by the Members on behalf of the residents of Manchester;
- How could patients access Virtual Wards;
- Would the Surge Resilience Hubs continue to be delivered, noting the positive impact these had on facilitating increased numbers of GP appointments;
- What types of treatment did the Same Day Emergency Care cover;
- Clarification was sought regarding the data in relation to Ambulance hand over times and how this was reported in the paper;
- Noting that delays in Ambulance hand overs resulted in crews being delayed and unable to respond to other patients;
- Further information and an assurance was sought on the validation exercise, of which 10% of those who responded back had opted to be removed from the waiting list;
- A&E Departments needed to have appropriate facilities to support those patients attending who presented experiencing a mental health crisis; and
- Further information was sought on the M-Thrive programme and how schools could access this support.

In introducing the report, the Director of Public Health advised that all partners contributed to the GM SORT meetings that were described in the paper and they currently met three times per week. In response to a Member's question he advised that these meetings would continue in some form under the new Integrated Care Board arrangements.

The Group Director of Strategy, Manchester University NHS Foundation Trust described that, whilst it was recognised that Manchester University NHS Foundation Trust (MFT) were not currently able to deliver the level of service they wished to as a result of the current pressures and the remaining issue of COVID, it was worth noting that the numbers of patients currently admitted to hospital with a diagnosis of COVID was only short of the maximum figures experienced at the height of the pandemic. He advised that the number of elective surgery procedures had reduced, due to the

workforce and resources having to be redeployed during the pandemic. He described that this situation had impacted significantly on patient waiting lists. He described that all GM Hospitals, services and partners had worked together to respond to the pandemic, with a mutual aid approach. He described that this approach would continue during the recovery stage. He stated that all opportunities to increase capacity, including using facilities across the UK were being explored with NHS England. He stated that the priority remained patient safety and all options and decisions were considered in line with national clinical guidance.

In relation to cancer care, the Group Director of Strategy, Manchester University NHS Foundation Trust said that, despite the challenge presented during the pandemic, Manchester had continued to sustain a level of cancer treatment, adding that further significant improvements had been realised in waiting times since November 2022.

In relation to Urgent and Emergency Care, the Group Director of Strategy, Manchester University NHS Foundation Trust stated that Manchester had witnessed a significant increase in patients presenting to these services, many of which required admittance to hospital, adding that this increased demand for bed space significantly impacted on pressures experienced in hospitals. He added that another pressure experienced was due to the number of people, approximately 300 patients, who were currently admitted to hospital in Manchester but were medically fit to be discharged. He advised that the Resilient Discharge Programme would be evaluated with the intention to roll this out more widely if viable. Clarification was also provided in regard to the 'back to basics' pilot that was referred to within the report; commenting that this involved staff being trained and supported to engage with patients at an early stage to plan for a safe and managed discharge from hospital, using a strength-based approach. Members requested further data on these patients following the meeting and it was agreed that this could be provided.

In relation to Children's Services the Group Director of Strategy, Manchester University NHS Foundation Trust stated that the pandemic had resulted in a significant increase in demand for mental health services, noting that there had been an 82% increase in demand for Child and Adolescent Mental Health Services (CAMHS). He added that the importance of these services for both the young person and their families was understood. The Medical Director, Royal Manchester Children's Hospital described that the M-Thrive Hubs had been initiated in response to this increased demand. She described that this resource was designed to assist and support young people and their families in their home and school settings. She advised that young people could be referred to this resource via a number of routes, including youth workers, health professionals and schools.

The Associate Medical Director, NHS GM (Manchester Locality Team) advised that the Surge Resilience Hubs were funded until the end of March 2023. Following this an evaluation of this and other initiatives would be undertaken to inform future planning and service delivery.

In relation to the validation exercise and patient waiting lists, the Director of Transformation, Manchester University NHS Foundation Trust advised the Committee that this exercise had been undertaken by contacting patients by a number of different methods. She advised that the responses from patients were

reviewed by clinical teams, in consultation with the patient to agree a way forward. The Medical Director, North Manchester General Hospital, MFT reassured the Committee that there was no patient coercion and further commented that muscular skeletal issues that had rectified themselves over time accounted for the majority of cases that opted to be removed from the waiting list. He advised that this did not stop patients being rereferred for treatment if required. The Group Director of Strategy, Manchester University NHS Foundation Trust commented that the issue of health inequalities and the harms related to delays in treatment on communities was understood and an exercise to understand patterns and trends in this approach was underway.

In regard to the issue of health inequalities, the Group Director of Strategy, Manchester University NHS Foundation Trust commented that this was acutely understood in Manchester. He made reference to the approach undertaken to Health and Lung Checks that saw services go to communities and neighbourhood settings in a targeted approach. He advised that this approach had been pioneered in Greater Manchester. The Director of Public Health further made reference to the work of COVID Health Equity Manchester (CHEM) that arose from the local response to the pandemic as evidence emerged that Covid 19 had a disproportionate impact on some communities who already experience health inequalities in our city. Black, Asian and minority ethnic people, people born outside the UK, disabled people, and those at high occupational risk and/or in poverty were more likely to contract Coronavirus and had poorer mortality outcomes at varying rates. The Committee also noted the Making Manchester Fairer work that had also been reported to the Committee.

In response to a specific question that sought his ask of the Secretary of State for Health and Social Care, the Group Director of Strategy, Manchester University NHS Foundation Trust advised that this would be the need for a system wide approach to investment and policies.

In regard to Same Day Emergency Care, the Medical Director, North Manchester General Hospital, MFT provided examples of the types of procedures that could be undertaken using this model, advising that this approach reduced the need for hospital admissions and reiterated that patient safety was the priority.

The Chief Operating Officer, Manchester Local Care Organisation (MLCO) advised that patients would only be considered for Virtual Wards if clinically appropriate and safe to do so. He advised that both clinicians and patients would be involved in these decisions. The Medical Director, North Manchester General Hospital, MFT provided examples of the types of illness or conditions that could be remotely monitored using this model of patient care. He stated that this approach was strengthened by the introduction of shared patient records. He added that patients and their families were provided with clinical contacts. The Medical Director, Royal Manchester Children's Hospital described the Virtual Wards that existed to support children, noting that that these predominately related to respiratory care pathways.

In response to the discussion regarding A&E Departments needing to have appropriate facilities to support those patients attending experiencing a mental health crisis, the Executive Director of Adult Social Care stated that she had recently met

with colleagues at the MRI site, along with colleagues from Greater Manchester Mental Health NHS Foundation Trust (GMMH) to consider how this could be improved at this location, using a partnership approach. The Medical Director, North Manchester General Hospital, MFT referred to the improvements made at the North Manchester General Hospital (NMGH) A&E site that had seen the introduction of the Green Room, describing this as an appropriate space for mental health patients. He further described that NMGH had very strong established relationship with GMMH. The Chair noted that Members of the Committee would be visiting NMGH on 2 March 2023 and if it was appropriate Members would be interested in visiting the Green Room facility.

The Acting Chief Operating Officer, Greater Manchester Mental Health Trust stated that Manchester had experienced significant underinvestment in mental health services from government over a number of years. He further added that an additional ask from government would be for a Workforce Strategy, to recruit at all levels as this was critical to delivering mental health services. In response to a specific question from a Member, the Interim Associate Director of Operations, Greater Manchester Mental Health Trust stated that they did utilise translation services and provided printed material in a number of different languages for patients for whom English was not their first language. A Member discussed the need for cultural sensitivity when patients underwent a mental health assessment and asked that specific information on this activity was provided in future update reports from the Trust.

Representatives from the North West Ambulance Service provided clarification in regard to the terminology used within the report and the data sets presented. In response to the discussion regarding concern for staff wellbeing, the Area Director, North West Ambulance Service acknowledged the significant impact the pressures were having on staff wellbeing and morale. He stated that everything was done to support and relieve staff, adding that the results of the staff survey were also reviewed.

The Executive Member for Healthy Manchester and Adult Social Care expressed his gratitude to all representatives for attending and contributing to the discussion. He stated that the detailed report that had been submitted clearly demonstrated the strong established working relationship that existed across all the health and social care partners in Manchester. He advised that despite the continued lack of funding from the government, services in Manchester continued to work collaboratively and imaginatively to support Manchester residents.

The Executive Member for Healthy Manchester and Adult Social Care stated that the welfare of frontline staff was paramount, and he expressed his continued admiration and gratitude for their continued commitment and professionalism.

In concluding its deliberations, the Committee resolved to convene a delegation to visit the offices of the Department of Health & Social Care to seek an urgent meeting with Secretary of State for Health and Social Care. At this meeting the delegation would present the case, using the evidence presented today, for increased investment in the health and social care sector in Manchester to improve the health outcomes of all Manchester residents.

Decision

The Committee agree to convene a delegation to visit the offices of the Department of Health & Social Care to seek an urgent meeting with Secretary of State for Health and Social Care. The delegation will present the case for increased investment in the health and social care sector in Manchester to improve the health outcomes of all Manchester residents.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 March 2023

Subject: Update on Pathway Developments for Unpaid Carers

Report of: Executive Director of Adult Social Services

Summary

Health Scrutiny has been updated annually on the progress to develop a comprehensive pathway of support for Unpaid Carers in the city. Through the 'Carers Manchester Network' organisations there is a strong offer via Information, Advice and Guidance via a helpline, moving through to locality support in neighbourhoods and, finally, close linkages with Adult Social Care through a formal Care Act statutory carer's assessment.

The Carer's pathway is a key component of the strategy to prevent, reduce and delay long term care and such cost avoidance is part of the overall approach to effective demand management that is integral to the savings programme and management of demographics costs under Better Outcomes Better Lives.

A new Carer's Commissioning Strategy sets out the progress to deliver a comprehensive Carer Pathway, achievements to date and a forward plan of new and emerging work areas. Commissioners are preparing to retender one contract (delivery of Carers Manchester Contact Point) and refresh the grant arrangements for Network Coordination since mainstream funding has been identified

The report also provides the latest Census results for Carers, led by the Office of National Statistics (ONS) who have recently released the Census 2021 information on the number of Carers in Manchester.

Recommendations

The Committee is recommended to consider and comment on the developments for Unpaid Carers in the city.

Wards Affected: All

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

Delivering tailored support to carers through Carers Manchester Contact Point helpline is an effective and efficient means to delivering rapid information, advice and guidance to carers and supports the environmental considerations of the city

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

Unpaid Carers are now considered to be included as one of the protected characteristics. Carers are not only Manchester residents, they are also MCC employees. This work ensures that the needs of carers (and carers in employment) is highly visible and meets our equality, diversity and inclusion priorities and considerations.

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	Supporting Carers in employment is a key objective of the strategy, so that carers feels supported and knowledgeable about how they can continue caring and working, with the right amount of support they need on an ongoing basis
A highly skilled city: world class and home grown talent sustaining the city's economic success	Supporting Carers in employment allows the city to retain the huge skills and knowledge and contributes to the city's economic success.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Carers arise from all parts of our communities and care for people with some of the most complex needs and for significant periods each week. This strategy/pathway ensures that Carers are aware of their rights to an assessment and to receive help and advice when they need it.
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

No direct revenue consequences arising from the report.

Financial Consequences – Capital

There are no financial consequences for the Capital Budget

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Background documents (available for public inspection):

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

Report to Health Scrutiny 8 December 2021

<https://democracy.manchester.gov.uk/documents/s30552/Our%20Manchester%20Carers%20Strategy.pdf>

Report to Health Scrutiny 3 September 2019

<https://democracy.manchester.gov.uk/documents/s9717/Our%20Manchester%20Carers%20Strategy.pdf>

Report to the Health and Wellbeing Board 4 July 2018

https://democracy.manchester.gov.uk/Data/Health%20and%20Wellbeing%20Board/20180704/Agenda/GMCarers_Report_MCC_HWB.pdf

1.0 Introduction

1.1 This report is part a regular update on progress to Health Scrutiny for Members. By way of a recap, an Unpaid Carer (referred to as Carers in this report) is defined (and widely adopted) by the Carers Trust as:

“Anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without their support”

1.2 Significant work has been achieved over the past five years to recognise the importance of Carers in the city and improve access to a whole range of services including:

- Information, Advice and Guidance (IAG)
- Helpline support, including emotional support
- Support close to where Carers live in the city through locality carer services
- Access to specialist Carer support citywide e.g. Parent Carers, Learning Disability, Mental Health (including specialist Dementia support)
- Emergency help for Carers, particularly the Carers Emergency Fund from MCC
- A seamless pathway to a Care Act statutory assessment via the Adult Social Care Carers Team

1.3 As a Manchester Carer you can expect:

- To be identified as a carer as early as possible, be informed, be respected, and included by health and social care professionals
- To have choice and control about your caring role, get the personalised support you need as a carer to meet you and your family’s needs
- To be able to stay healthy and well yourself, and for your own needs and wishes as an individual to be recognised and supported
- To be socially connected and not isolated
- To be supported to fulfil educational and employment potential, and where possible, in maintaining employment
- If you are a young carer or young adult carer, to be supported so you are able to thrive and develop educationally, personally, and socially, and you are protected from excessive or inappropriate caring roles.

1.4 This report focuses on Adult Carers who are aged 18+ years. Young Carers are the responsibility of Children’s Services, although there is strong collaboration between the Young Carers leads in the Council and Adults Commissioners, as well as the Carers Team, who work with young carers approaching adulthood for a seamless journey when they reach 18 years of age.

2.0 Background

- 2.1 As contained in the background documents, work around Carers has been a high priority for this Committee, with the Health and Wellbeing Board endorsing a new partnership approach between Adult Social Care in the City Council and the Carers VCSE organisations in the city. Enabled by Greater Manchester Transformation Fund (GMTF) and the Our Manchester Investment Fund, services for Carers have significantly improved. This investment arose at the same time as the Covid-19 pandemic, however, it did not detract from services being mobilised during very challenging times, such as Carers Manchester Contact Point – the ‘go-to’ helpline for all Carers in the city.
- 2.2 Commissioners, working together with Carers Manchester Network, have agreed a pathway of support for Carers, often referred to as the 3-conversation model (opportunities to listen to carers and meet their identified needs), which involves:
- **Conversation 1** – at the initial contact – do you want to carry on caring?
 - **Conversation 2** – once contact established – how can we support you?
 - **Conversation 3** – when more detailed needs are identified, how can Adult Social Care’s Carers Team help you?
- 2.3 It should be noted that all contact opportunities with Carers, whether through the helpline or more targeted support, this is discharging Adult Social Care’s statutory duties set out in the Care Act 2014.
- 2.4 Investment in the Carers VCSE organisations has been at the heart of the work, with all funding targeted at different organisations to deliver certain aspects of the work. This includes:
1. Coordination of the **Carers Network Organisations**
 2. **Carers Manchester Contact Point** – the helpline for Carers
 3. **Locality Lead Providers** – North/Central and South Manchester to coordinate activities and support to carers in their local area
- 2.5 Updates from these respective areas are contained in the next section of the report.
- 2.6 Adult Social Care’s Carers Team have also worked dynamically with the Carers VCSE organisations in order to ensure there is a seamless pathway for referrals; both from the Contact Point to the Carers Team and vice versa
- 3.0 Key updates on progress**
- 3.1 The overall vision for Our Manchester Carers Strategy is to deliver the Carers Manchester Support Pathway, utilising a process of coproduction and partnerships with both Carers and their support organisations to ensure that the right support is delivered, at the right time, and in the right place. The Carers Manchester Support Pathway is our road map for the development of a clear, responsive, system-wide support offer to carers across Manchester, within which it is recognised that many informal, unpaid carers carry

significant day to day caring responsibilities for their friends and loved ones, frequently at a cost to their own health, quality of life and economic wellbeing. The main emphasis of the Pathway is to engage with carers at the earliest opportunity in their caring journey, providing them with the advice and support as necessary. This includes further work with GPs in the city to ensure that carers are identified within local GP practices, and also ensuring that carers in employment are well supported through strong HROD practice and management recognition of carers within their teams.

3.2 Carers Manchester Network (CMN)

3.2.1 This brings together 18 VCSE organisations to provide support to unpaid carers across the city, plus a number of affiliated (partner) organisations, with the following objectives:

- To promote and facilitate the voice and interest of unpaid Carers within service planning and across the city
- To promote the pathway and coordinate service development, driving improved standards for carers through joint training, agreed service quality standards and consistent data collection
- To provide a vehicle for ongoing coproduction with commissioners

3.2.2 There is a dedicated Network Coordinator role whose role is to ensure that the Network works cohesively together, with good examples of national events such as Carer's Rights Day, being led by the Network Coordinator and involving all the other VCSE organisations. This results in well-coordinated events for the city, with the aim of reaching more carers, particularly those not known to VCSE or statutory services.

Examples of achievements from the past year are as follows:

3.2.3 Events

- **Halle** - 2022 saw the partnership between Carers Manchester Network and the Halle orchestra continue. This partnership involves the orchestra donating 50 free tickets per month (excluding summer months) to concerts at the Bridgewater Hall.
- **Carers Week** - Carers week 2022 saw a number of events take place across the network. Carers Manchester Coordination served to help raise the profile of these events, producing a month in advance of the week-long celebration a comprehensive timetable of what was due to take place. Carers Manchester put on a variety of events via its L&D Resource as well as taking a group of carers to the Halle Orchestra.
- **Carers Rights Day** - (Thursday 24th November) in 2022 saw the CMN coordination work in partnership with the wider network to arrange a central event in the centre of Manchester. This event served to amplify carer voices and provide carers with key information around their rights, including information on important financial tools carers can use to protect their assets. 48 carers attended this event. Over the lunch time period carers were provided with a buffet and a carer choir

performed. In addition to this carers Manchester coordination delivered a Saturday morning session to carers in paid employment, this event had a panel of speakers featuring independent carers, as well as staff from ACAS and Carers Manchester Contact point. 18 carers attended this event.

3.2.4 Network Governance

Meeting Name	Quantity of meetings	Average attendances
CMN Network meeting	7	16.5
Communication group	5	7.5
Executive group	2	5

- **Consultation** - CMN Coordination function also supported the process of evaluating the network / pathway and its structure through facilitating an internal appraisal of its work. This consultation contributed to the work of the independent consultant and their analysis of the network.
- **Affiliates** - In January 2022 two new network member affiliates were welcomed by the wider membership. These were Manchester Parent Carer Forum and Better Health MCR.

3.2.5 Projects

- **Language Audit** - In the summer of 2022 CMN coordination conducted an audit of the languages spoken across the network and the support which is delivered in a language other than English.
- **CMN Films** - CMN coordination also produced 4 films relating to the work of the pathway. These can be viewed via this link: <https://www.youtube.com/@carersmanchester6758>

3.2.6 Impact of the Cost-of-Living increase

- **Cost-of-living response** - CMN coordination facilitated 3 meetings with network members to try and understand what level of welfare benefits advice was being delivered within the CMN. This served to support the coordination of essential benefit advice for carers during the cost-of-living crisis.

3.3 Carers Manchester Contact Point

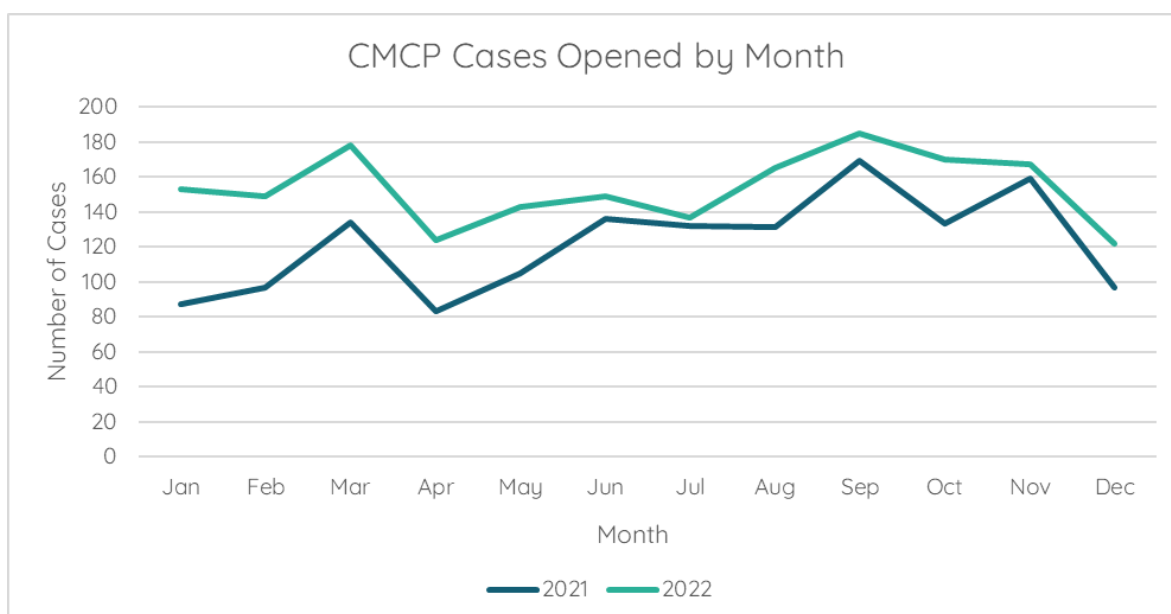
3.3.1 This is the dedicated helpline for carers and operates Monday to Friday with one late evening opening for carers who perhaps work or prefer to ring later in the day. The main aim of the Contact Point is to provide the primary gateway to information for all carer-related information, advice and guidance, as well emotional and practical support. The service is currently hosted by Gaddum as the lead provider, through a grant agreement, with other Network partners such as Manchester Carers Forum, Wai Yin Society, and LMCP to ensure that the Contact Point has clear support for Black and Minority Ethnic (BAME) carers through specialist BAME carer organisations. This partnership works

well with staff seconded from their employing organisation and working as a team at the Contact Point under delegated leadership and management arrangements.

3.3.2 A further requirement of the Contact Point is work around communications and engagement with the provider expected to maintain a multi-channel approach to the provision of information, advice, and guidance, maintaining telephone and electronic enquiry forms, alongside the [website](#) and strong social media campaigns and material.

3.3.3 Carers Manchester Contact Point 2022 Outcomes

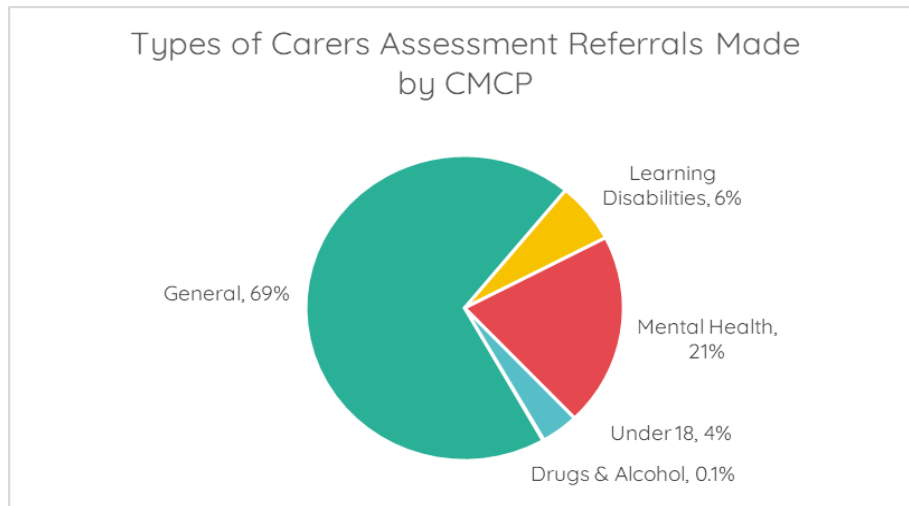
In 2022, 1840 cases were opened by CMCP. This is compared with 1463 in 2021. Over the 2 years, 3303 cases have been opened.



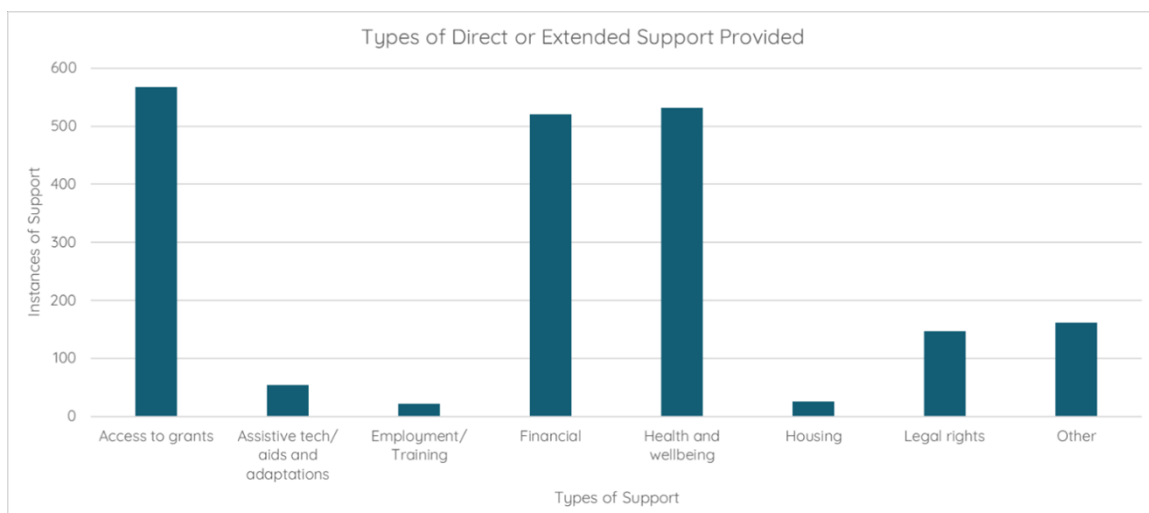
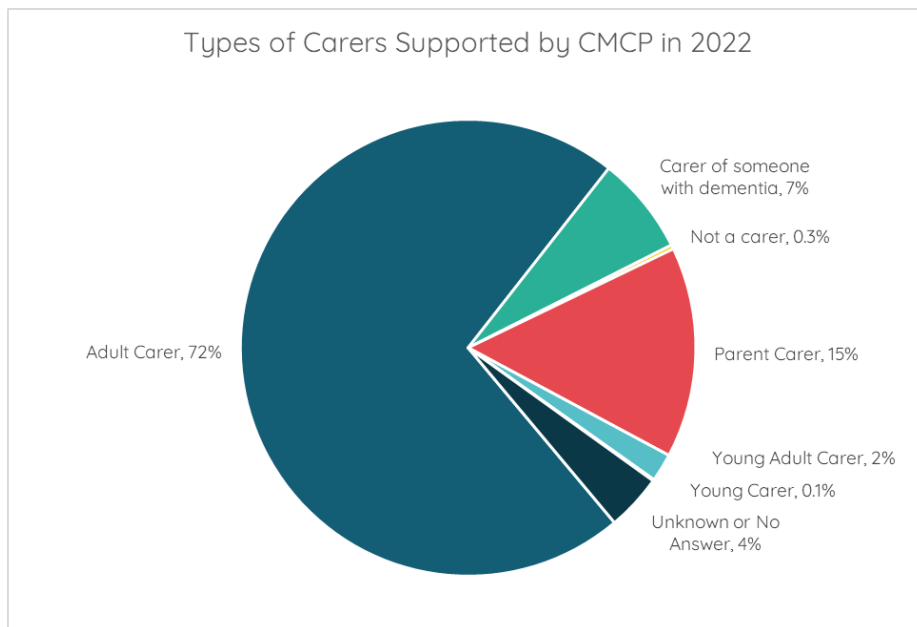
3.3.4 Of the cases opened in 2022:

- 1658 of these are now resolved.
- 110 are still being worked on.
- 72 were not accepted into the service (for example, as a result of not fitting the eligibility criteria) or were review calls (initiated by CMCP).

3.3.5 Of the 1768 resolved or ongoing cases, 1525 unique carers were supported. 671 of these carers were new to the pathway, i.e. had not received a Carers Assessment, and were not already being supported by another carers' organisation. 811 carers were referred for a Carers Assessment, with the majority of these (561) being 'General' assessments.



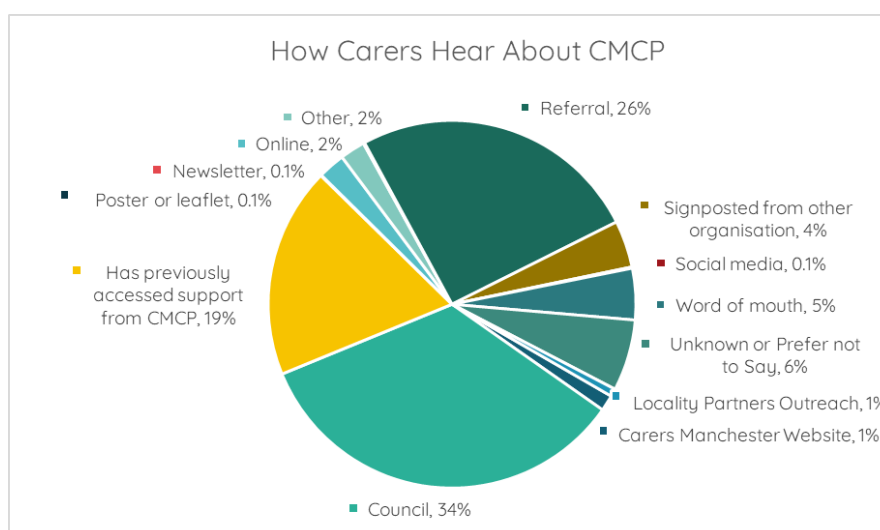
3.3.6 Most of carers supported by CMCP are adult carers. This means that they are over the age of 18, caring for someone over the age of 18, who does not have dementia.



3.3.7 The majority of carers received some kind of direct or extended support (over 60% of cases), meaning that the support worker provided more than just signposting or a referral for the carer's support needs.

3.3.8 An application to the Carers Emergency Fund was made in 38% of cases, and a benefits check, or benefits advice, was provided in 25% of cases. The most common reasons for carers being referred for support outside of Carers Manchester, were financial support (15% of cases) and wellbeing support (13% of cases).

3.3.9 The majority of carers getting in contact with CMCP are self-referred (68%). 9% of carers are formally referred by MCC Contact Centre, and 9% are formally referred into CMCP by Carers Manchester Network Members.



3.3.10 The most common way Carers find out about CMCP is through Manchester City Council.

3.3.11 Demographics of carers supported by CMCP in 2022 are as follows:

- 70% of carer were female, and 25% male
- Over 50% of carers were aged between 40 and 64 years old
- Nearly 60% of carers were White British
- Nearly 60% of carers were unemployed

3.4 Communications and Marketing

- E-Newsletters - 1456 subscribers in December 2022
- 28 e-newsletters sent out in 2022
- 4 quarterly newsletters printed and mailed out in 2022
- Website – 15,594 web users in 2022

3.4.1 Changes made to the website:

- New information sheets added – carer support groups and male carers support

- New events page calendar view
- New promo video added to home page
- Separate Professional Referrals and Complaints page under Contact us menu
- Contact us page wording edited
- New e-learning course added
- 'Benefits and Financial Advice' page changed to 'Cost of living and benefits advice' page

3.4.2 Social media and Videos:

- 128 new Twitter followers in 2022
- 105 new Facebook followers in 2022

Videos Main video - <https://www.youtube.com/watch?v=blyP6B7uX-s>

Highlights of events in 2022 –

<https://www.youtube.com/watch?v=tKpB0wbVN4U>

Strategic partners addressing carers' needs during the pandemic -

<https://www.youtube.com/watch?v=6snaFSVIWhI>

Carers feedback – support during the pandemic -

<https://www.youtube.com/watch?v=IOCJTk29BLM>

So what is Carers Manchester -

<https://www.youtube.com/watch?v=ol8FoZ2Pppc>

3.5 Support for Carers in their respective localities and neighbourhoods



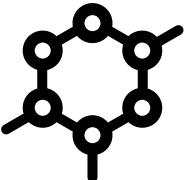
3.5.1 As part of the Pathway for Carers, the transformation and investment funding enabled commissioners to trial a new model whereby 3 successful Carers Organisations from within the Network act as the lead provider for a geographical part of the city. This was designed to ensure that any face to face support (when possible, post covid) was delivered by Carer Organisations in that area for more targeted support beyond the Contact Point helpline. The three successful organisations were:

- Manchester Carers Centre (North Manchester)
- African Caribbean Care Group (Central Manchester)
- Manchester Carers Forum (South Manchester)

3.5.2 All lead providers are funded through a grant agreement and are also enabled by Our Manchester VCS Grants, with the central aims to:

- Support carers locally within their locality
- Arrange different activities and support that benefit Carers such as short breaks/trips out etc
- Provide more intensive support, often face to face, beyond what the Contact Point can help with
- Reach out to affiliate/partner organisations for more targeted support for Carers such as Dementia, Stroke, or Parent Carers
- Act as overall coordinator of activities within their patch

Reports from each of the 3 Lead Providers can be found in [Appendix 1](#) and a case study from Manchester Carers Centre below shows the nature of the work undertaken to support Carers in place.

<p>Presenting needs</p> 	<p>RA is a carer and single parent, whose primary caring responsibility is for her young (20s) son who has significant mental health problems and experiences episodes of psychosis - severe mental disorder in which thoughts and emotions are so impaired that contact is lost with external reality. RA also has additional caring responsibilities for her teenage daughter as well who also suffers with mental health issues. There was also a history of domestic abuse with a former partner. RA was very stressed and isolated due to the demands on her time and the nature of the caring role the Carer was experiencing housing issues, and financial cost-of-living issues.</p>
<p>Intervention</p> 	<p>We identified that there was the potential for Carer breakdown and potential safeguarding issues. We referred to Carers Manchester Contact Point for an Urgent Carers Assessment to identify holistic needs and risk and this was undertaken. We directly referred RA to Connect Support, a mental health organisation which was part of Manchester Carers network and gave information on mental health resources within Manchester to help RA develop a strategy for coping with her situation. To combat loneliness and isolation MCC staff also contacted culturally appropriate groups/women's groups for emotional support, to find a relevant service to signpost RA to for more in depth and specific support from her specific community. MCC Staff also signposted to relevant services, such as Citizen's Advice and the Greater Manchester Law Centre for financial and housing advice.</p>
<p>Outcome</p> 	<p>The Carer is better informed and able to access specific mental health resources that will help her situation. She received specific help and advice on housing and financial matters, she was given emotional support from Manchester Carers Centre and Connect Support. She was referred to Carers Manchester Contact Point to facilitate an Urgent Carers Assessment to mitigate any risk that the family were experiencing. She was introduced to culturally appropriate organisations that she felt comfortable with, which could sustain her on an ongoing basis. The Carer is registered and connected with Carers Manchester Pathway which will give a valuable perspective to ongoing support with re-referrals as required.</p>

3.6 Carers Emergency Fund

3.6.1 The Carers Emergency Fund is administrated by MCC's Revenues and Benefits Service and was established as part of the support offered to Manchester residents during the Covid-19 pandemic. For Carers during the pandemic, it was recognised that they were undertaking a higher burden of caring during lockdowns and isolation with an inevitable financial strain on

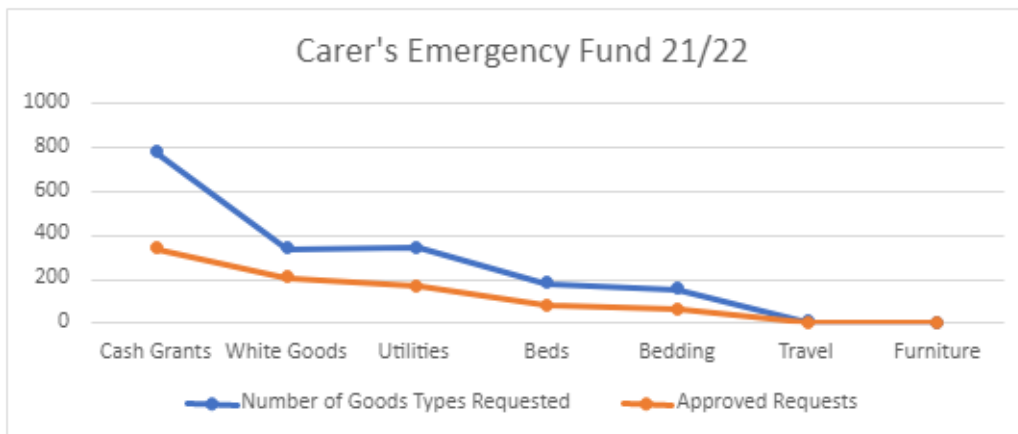
their available resources. It was not envisaged at that time how beneficial the Fund was to Carers and the successful, positive outcomes it delivered for Carers. Ultimately, removing worries and anxieties from Carers helps them continue carrying for very little cost.

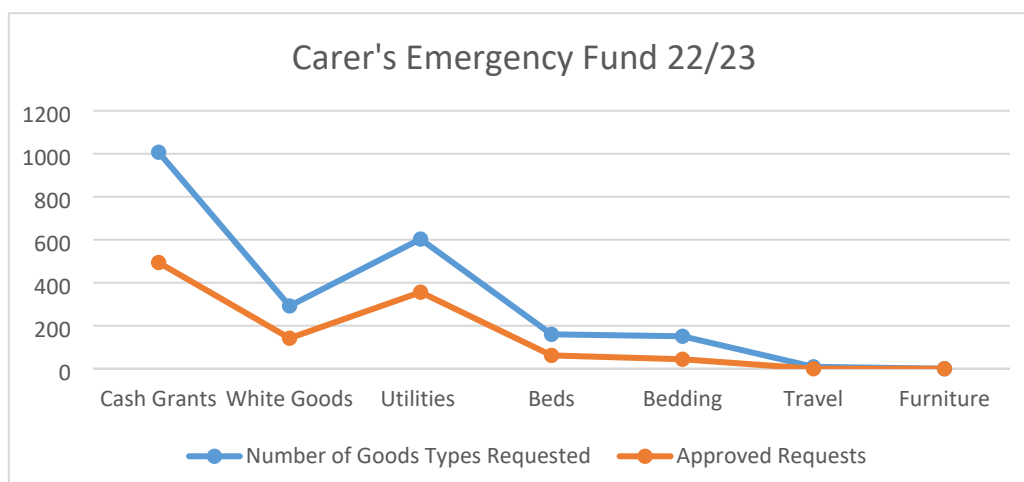
3.6.2 Members may recall in the December 2021 update report that Committee included a recommendation for the fund to continue. This fund is part of the Council's Welfare Provision Scheme so is a discretionary arrangement. This means that, should the Welfare Provision Scheme be ended, then this funding would also cease. Funding for the next financial year (23/34) has been secured.

3.6.3 The Carers Emergency Fund is not 'advertised'; it is a discreet budget where staff from the Contact Point or the Carers Assessment Team can recognise emergency financial difficulties and make an appropriate referral to the Welfare Provision Team in Revenues and Benefits. There are a number of 'help' options that are available:

- Cash Grants (up to £60)
- White Goods (limited choice from the procured framework provider)
- Utilities Grants (up to £30)
- Beds (limited choice from the procured framework provider)
- Bedding (limited choice from the procured framework provider)
- Travel Grants (up to £15 per week, maximum of £60 with strict criteria)
- Furniture (limited choice from the procured framework provider)

3.6.4 In terms of activity, the following charts show activity over the past 2 years:





3.6.5 In terms of Ward breakdown, [Appendix 4](#) shows activity data across two years to show trends:

3.6.6 Case study

There is high satisfaction from Carers who receive the Emergency Fund. Below is just one example of positive feedback from a Carer:

Decision sent to Carer regarding their application to the Carers Emergency Fund

I am pleased to inform you that the application for a fuel and cash voucher has been successful. The fuel voucher is for £30 which the most our scheme can award any Manchester household. The cash voucher is for £60 which the most our scheme can award any Manchester household. As you selected payment by BACS £90.00 will be paid into to the bank details provided on the application within the next working day, by late afternoon.

Reply from Carer recipient

Hello to you all
I would just like to say a big heart felt thank you from myself and my family for the support that you have allowed us to have. I can fully appreciate that funds are limited, and sometimes there isn't enough to go round.so that is why I am sending a massive thank you. I hope you have a nice day...

3.7 Adult Social Care Carer's Team

3.7.1 The Carers Team in Adult Social Care comprises of a Team Manager and 5 Social Care Assessors who are mainly responsible for statutory Carer's Assessments across the city. Social Workers, working in the Integrated Neighbourhood Teams, can also undertake Carer's Assessments, where chosen, alongside a citizen's assessment, although the numbers are generally much lower. Carers often tell us that they prefer to have their assessment separately so they can talk confidentially about their role/life as a Carer.

3.7.2 Each Social Care Assessor has an average caseload of 40-50 active cases per week with an average turnaround of 4-6 weeks (including monitoring of when a Personal Budget award is made by Corporate Finance. All team

members take part in a Duty Rota which is available Monday to Friday to triage any emergency Carer needs and prevent Carer breakdown, offering vital support in emergency situations. The majority of Carer's Assessments receive a Carers one-off payment in recognition of their presenting needs and solutions that promote their wellbeing (in the spirit of the Care Act 2014). Each carer is followed up approximately 6 weeks later to check that their support plan is meeting their identified needs. The Carer's Personal Budget has been fully spent for the past three years.

3.7.3 Since October 2021, a new post-assessment survey was developed which is routinely sent to Carers. For Carers who are not using ICT devices (laptops or smartphones) then a paper copy with a freepost envelope is supplied. The main aim of the survey was to seek feedback on the assessment process and gauge satisfaction levels. Some of the survey results from 294 survey responses highlight:

- 98% of respondents felt they were treated with respect
- 98% of respondents said they were listened to, and the Assessor understood their needs
- 98% had no negative comments on their Assessment
- 83% gave an overall satisfaction rating score of 5/5

3.7.4 Case Study Examples

Case Study No. 1

Carer's husband diagnosed with Dementia, Carer has not been offered any additional advice or support. Carer struggles in public due to the cared-for person has Dementia, Husband becomes anxious and distressed and will follow his wife into the female toilet. This causes embarrassment as the carer must try and quickly finish using the facilities as security and other females using the toilets become upset.

Carer had to disclose his dementia diagnosis to strangers where the majority of the public are not sympathetic and some quite rude. Due to his behaviour, the Carer has started to refrain from going out in public which is increasing her isolation. Social Care Assessor solution was to recommend a **RADAR KEY** for the disabled toilet facilities this way she can use the toilet and take the cared-for person in with her. A very simple solution but preventing isolation and high impact and support in dignity.

Case Study No. 2

Carer provides 24-hour care for her husband who has Dementia and has had a stroke. He is confused and unable to mobilise independently, he wakes up in the night and can be awake for a few hours then can sleep all afternoon the following day. He is unable to do any daily living tasks for himself.

The Carer does not want to receive any services and is happy to continue to care for him. However, she has her own health conditions (Arthritis) being the one that cause her significant pain and discomfort. The Carer said she used to go to Hydrotherapy sessions 2 x per week which eased the pain, however, this has now

stopped as she feels guilty leaving him alone. When the Social Care Assessor asked her what she would spend her carers Personal Budget on she laughed and said a hot tub in the garden! The Assessor advised her she could spend the payment on a hot tub if that would meet her needs and promote her wellbeing.

On the 6-week review, the carer informed the Assessor that she had purchased a hot tub and her grandson had put up some extra fencing in the garden to make it private. She said when her husband has a nap in the afternoon, she spends time in the hot tub, and it has really helped to ease her pain. She said she now feels recharged and relaxed and experiences less pain from her Arthritis.

3.7.5 Thematic outcomes from Personal Budget awards

There are various thematic outcomes if a Carer's Personal Budget is awarded, following a Carer Assessment, including: travel and holidays, health and wellbeing activities, indoor or outdoor activities (such as gym membership, for example), training and personal development or household use (e.g. decorating, gardening or white goods). All identified activity is monitored by the Social Care Assessor at the 6 week follow up review to ensure an audit trail.

3.7.6 Carer's Emergency Card

The carer's emergency card is issued to a carer as a means of informing other professionals should the carer be involved in an accident or emergency admission to hospital. The card informs allied health care professionals that they are a carer and that they have a cared-for person who is dependent upon them for support. The card is intended to act as a trigger for allied health care professionals to alert adult social care contact centre that a cared for will possibly be in need of support. This will trigger a referral to Duty services to respond by ensuring that the cared for has the necessary support to maintain their health and wellbeing during the emergency.

3.8 Work with Manchester GPs and Health partners

- 3.8.1 Throughout the past two years, a significant number of briefings have taken place with GPs to set out the pathway to support and raise Carer identification with primary care colleagues, including a key emphasis on Carer registers at GP surgeries to ensure that carers are recognising for the health impact caring has on a patient. NHS England recognise that there will be large differences in the scale and accuracy of Carer Registers and not all Registers are linked to patient records. This area is being specifically addressed by NHS England colleagues.
- 3.8.2 Commissioners work proactively with health colleagues on carer-related improvements via NHS England North West, where there is strong collaboration across health and social care via the NW Commitment to Carers group.

3.8.3 The NHS Long Term Plan has set out the deliverables to carers 2020-2025 as follows:

1. Identifying and supporting carers, particularly those from vulnerable communities
2. Adoption of Carers' Passports/introduction of quality markets in secondary care
3. Ability to share caring status with healthcare professionals wherever they present via electronic health record
4. Carers understand the out-of-hours options that are available to them and have appropriate back up support in place for when they need it
5. Young Carer 'top tips' for general practice to include preventative health approaches, social prescribing and timely referral to local support services
6. Introducing best quality markers for primary care

3.8.4 NHS quality standards for adult carers are centred on the following National Health and Care Excellence (NICE) guidance:

<https://www.nice.org.uk/guidance/qs200> &

<https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/supporting-people-who-provide-unpaid-care-for-adults-with-health-or-social-care-needs>

3.9 Carers in Employment

3.9.1 As a large-scale employer in the City, the Council has an active workforce policy to better support 'working carers' and ensure that their needs (often just for flexibility around working patterns or time off to support family members to appointments) are discussed with their line manager and captured in the well-established Carers Passport.

3.9.2 Commissioners have, alongside other GM LA colleagues, signed up to the Carers UK toolkit which provides organisations with access to a range of information to support carers in the workplace. We are working with HROD colleagues to launch this toolkit this year for all Council employees.

3.9.3 In addition, Manchester Foundation Trust (MFT) is developing a new Carers Strategy and policy and commissioners intend to work with MFT leads to contribute to their work and ensure that information is reflective of the Carer developments in the city and also aligns to the Carers in Employment work.

3.9.4 The Chief Officer of Manchester Carers Forum also chairs the Carers in Employment Workstream within the pathway as the vision is to raise awareness of Carers in all the workplaces across the city and roll out the Carers UK toolkit, which is free of charge to participating organisations (including MFT).

3.10 Commissioning Strategy and priorities for the next two years

3.10.1 A new Carer's Commissioning Strategy has been developed (see Appendix 2) that captures much of the progress made over the last 2-3 years, an overview of the Carer VCSE organisations that work together under the Carers Manchester Network, and a forward plan of priorities. The priorities are:

- Financial hardship and support for Carers
- Continued development of Carers Manchester Contact Point
- Continue to raise the profile of Carers across health and social care professionals and wider stakeholders
- Further develop the offer to Carers in 'place' through the locality work
- Further improve and better coordinate data, and expand the Dashboard
- Develop a range of Carer short breaks and improve access to overnight 24/7 respite care
- Continue to build strong relationships with Children's colleagues around Young Carers
- Demonstrate a commitment to Parent Carer Standards (endorsed through the GM Carers Group)
- Improve recognition of Carers in MCC/MLCO, by working with HROD colleagues and also contributing to MFT's Carers Strategy developments

3.10.2 As mainstream investment has been secured from Adult Social Care, there is a need to retender the Carers Manchester Contact Point and pathway management due to the financial value and fair competition procurement rules. The specification has been drafted and will be released on The Chest late March onwards. Similarly, the Network Coordination grant will be subject to a competitive process, although ring-fenced to existing network members. Locality lead providers will continue via existing grant arrangements (funding still to be confirmed).

3.11 High level financial overview

3.11.1 Prior to the pandemic, significant resources were made secured from both Greater Manchester Transformation Fund and Our Manchester Investment Fund to transform the pathway and range of support available to Carers. This £1.5m of investment was focused on improving carer identification and support, delivered by the Carers Network and was for a two year period (March 2020 to March 2022) with new mainstream funding identified within Adults budget setting process.

3.11.2 The support to carers remains a core strategic priority for Adult Social Care in discharging its statutory responsibilities under the Care Act to ensure that Carers can access timely information, advice, guidance, emotional support, and signposting to a range of specialist and local services. Alongside this, Our Manchester VCS Grants also supports the work of a number of the Carers Network organisations, as well as NHS Greater Manchester Integrated Care, which has funded the Carer Learning and Development Programme for the past five years.

3.12 Developing an integrated performance dashboard with VCSE partners

3.12.1 During the past 12-18 months, work has focused on bringing together key data sources into an emerging integrated dashboard – see [Appendix 3](#). This is still very much work in progress but is starting to show key demographic information on Carers using the Carers Manchester Contact Point and the Carer's Assessment Team, alongside information on satisfaction levels and outcomes from the Carers Emergency Fund. The next step is to bring in information and data from the Locality Leads over the next 6 months, which has been a barrier so far due to the ICT systems used in the localities and has to be adapted/aligned so that reporting is consistent across the city.

3.12.2 From the current integrated dashboard, there are some interesting insights:

Data from the Carers Manchester Contact Point helpline calls:

- 1,710 contacts have been made since February 2022, from 1,247 Carers (showing Carers are using the Contact Point more than once)
- 183 contacts in January 2023
- Circa 65-69% of Carers (in the past 12 months) live with the person they care for
- The highest age group of Carers using the Contact Point is 40-64 years of age
- More women than men ring the Contact Point (73% female, 23% male, 3% not recorded)
- Circa 65% of Carers are White (all groups), with the next highest group being Asian (all groups)
- Circa 20% of Carers consider themselves to be disabled

3.12.3 Carers Emergency Fund

- There are more female Carer applicants; in January 82% were female, 18% male
- The highest age range of applicants in January 2023 was 25-39 years (55%), followed by 40-64 years (36%) and small % across the other age groups

3.13 New Census information released 13/2/23 by the Office of National Statistics (ONS)

3.13.1 Information just released from the ONS highlights that there are 37,095 Carers living in Manchester. The Census results are important for service planning and will be extremely useful once the Ward numbers are released by ONS. For more detailed analysis, see Appendix 5.

3.14 Referral Information

[How to get in touch with Carers Manchester Contact Point](#)

If you are a Carer:

Call us on 0161 543 8000 or Email: contactpoint@carersmanchester.org.uk
Our phone lines are open Monday – Friday 10am – 4pm except bank holidays, and 10am – 6pm on Wednesdays

For out of hours emergencies please contact [Manchester City Council](#) (0161 234 5001 or email: mscreply@manchester.gov.uk)

If you are a professional and would like to refer a carer:

Email: contactpoint@carersmanchester.org.uk Or complete an [online referral form](#) (www.manchester.org.uk/make-a-referral)

3.15 Carers Attending Scrutiny

Members routinely express an interest in hearing from people with lived experience; accordingly, two Carers have volunteered to attend Scrutiny Committee and share their experiences/stories. They are:

Liaqat is a Carer for his wife who has multiple health issues including Diabetes, Arthritis, poor mobility, and heart problems. He has been a Carer for his wife for over 6 years. Liaqat has found his caring role challenging and has received support from LMCP (one of the 18 Network Organisations) around accessing:

- A Carer's assessment
- Securing Carer's Allowance
- Referral to IAPT (increasing access to psychological therapies)
- Gaining a blue badge
- Emotional Support during the pandemic via virtual calls
- Provision of Equipment and Adaptations
- Helping secure PIP including back-dating of claim
- Attending 6 Carer workshops, regularly attending the monthly Carers meeting, personally facilitating self-help groups organized by LMCP
- Financial support via a Carer's Personal Budget and the Carers Emergency Fund

Lisa is both a Cared-for person and a Carer for her youngest daughter (28 years old). Laura has multiple care needs for a genetic connective tissue disorder, bipolar disorder, and autism. Her needs can be challenging at time but it's a rewarding role too. Lisa's caring role began after Laura returned home from university, very unwell, 7 years ago. Things became very problematic and overwhelming a year ago and her GP referred her for a Carer's assessment, to Gaddum, ACCC and, in turn, Lisa received a more tailored support with Connect Support. This support has been vital in allowing her to manage her role as an informal Carer, with one-on-one support, workshops to understand severe mental health and contact with other Carers.

4.0 Conclusion and Recommendations

- 4.1 It is recognised that this is an extensive update on Carers, evident due to the significant investment that has been made by the City Council in Carers, supported by Adult Social Care where there are statutory duties to meet the

needs of Carers. The latest Census results for 2021 provide a late addition to the report in order to ensure that Members are fully sighted on the Manchester picture, which will help in future service improvements for Carers.

- 4.2 The Committee is recommended to consider and comment on the developments for Unpaid Carers in the city.

5.0 Appendices

Appendix 1 - Update from the 3 Locality Lead Carer Organisations

Appendix 2 - Carers Commissioning Strategy 2023-2025

Appendix 3 - Carers Dashboard

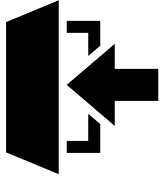

Appendix 4 - Carers Emergency Fund applications by Ward




Appendix 5 - Latest Census Information on Unpaid Carers 2021



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Appendix 1 – Update from the 3 Locality Lead Carer Organisations

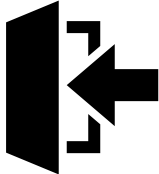
Manchester Carers Centre – North Manchester





<p>Introduction</p> 	<p>At a local level, Locality partnerships are ideally placed to identify Carers within their communities and link their specific needs and issues to support across the whole Carers Manchester Pathway. The local partnerships are ideally placed to listen to and respond to Carers needs and map unmet needs and promote Carers voices to feed into the development of the ongoing Carers Support Pathway. Referrals both ways between the localities and Carers Manchester Contact Point is a key function, providing a clear route to Carers for information and advice, access to statutory services and the range of services provided by the 19 organisations who form part of the Carers Manchester Network.</p> <p>Sharing skills, extending reach and combatting carer poverty and promoting carer equality as well as building links with neighbourhood teams, GP practices and wider stakeholders to connect and signpost carers, are key focuses of Locality Partnerships. Developing health and wellbeing opportunities and ways to connect carers with each other is another important feature of the locality partnership and combats isolation and promotes connectivity so Carers are proactively included at earlier stages of a Carers journey. We work with professionals and stakeholders across Manchester to influence the practice towards Carers and promote developments as we all work towards a Carer friendly city, where Carers needs are at the heart of all that we do, given that they contribute so much to our City.</p>
<p>Working with the Contact Point</p> 	<p>Carers Manchester North Partnership (CMNP) consists of 6 organisations working together to identify, reach, and support Carers across the 12 neighbourhoods of the North Locality. Manchester Carers Centre is the lead organisation, working in partnership with Alzheimers Society, Moodswings, Talbot House, The Fed, and Hopewell (Formerly North Manchester Black Health Forum). Our key role is to identify new Carers and connect them with the rich tapestry of support available to Carers within their local community. The partnership provides a range of Carer specific services based on the known and articulated needs of Carers, as well as undertaking the important role of connecting Carers with information and advice services delivered centrally by Carers Manchester Contact Point.</p> <p>To substantiate, for example, from 1st April 2022 to 31st December 2022 (Quarters 1-3) the partnership have referred 87 Carers directly to CMCP and received 34 Carer referrals from CMCP in this period for locality services. We make referrals to CMCP for financial support, benefits checks, Carers Assessments, learning and development opportunities, newsletter access, registration on the central database, specialist information, and safeguarding referrals. Carers Manchester Contact Point make referrals to us to link Carers into our local services. All these Carer referrals require significant individual support, time, and resources on a 1-1 basis as the pandemic and the cost-of-living crisis has disproportionately affected Carers and their families. There are good referral systems, back and forth that ensure Carers benefit from accessing support across the Carers Pathway; centrally and locally.</p>



	<p>The Carers Manchester North Partnership (CMNP) have worked effectively in every neighbourhood of North Manchester to market and promote the Carers Manchester Contact Point phone number and contact details. We do this through outreach activities involving information stalls. From 1st April 2022 to 31st December 2022 (Quarters 1-3) the CMNP have facilitated 18 roadshow outreach information stalls in wards across North Manchester which has identified new Carers and promoted referrals to connect Carers with organisations that can help them and raised awareness of Carers issues for the general community and professionals.</p>
<p>Engagement work with Carers</p> 	<p>Carers Manchester North Partnership engage with Carers through the direct delivery of local services developed to respond to Carers expressed needs. Carers are some of the most socially isolated people, the value of our partnership is being able to connect them and sustain them with a range of activities that are accessible and free for all. For example, we deliver regular respite, social opportunities, health & wellbeing opportunities for Carers of all ages from diverse communities with a range of needs. We deliver our services in statutory, voluntary, business, and community settings. We monitor and evaluate all our activities for positive outcomes. We link Carers with organisations that can deliver continuity and build relationships as well as encouraging Carers to develop relationships with their peers and to recognise and develop all their strengths.</p>
<p>Equality, Diversity and Inclusion</p> 	<p>The partnership recognise that the particular needs of each Carer are unique, and services and responses need to be inclusive, accessible, and respectful. We do our best to accommodate all and make our services accessible as possible using multiple access points and communication formats (telephone, email, letter, social media, outreach in the community). As a partnership we have great diversity in the focuses of our organisations to ensure everyone is included. The Fed provide specialised support to the Jewish community in Manchester, Talbot House to Carers of people with Learning disabilities/difficulties, Hopewell to people living with long-term health conditions including mental health resulting in loneliness and isolation exasperated by poverty, poor environment, unemployment, Moodswings to Carers of people with Mental health problems. Alzheimers Society support Carers for people living with Alzheimers. Manchester Carers Centre offers generic services to Carers so all Carers issues are attended to within available resources. As further evidence of this, from 1st April 2022 to 31st December 2022 (Quarters 1-3) 150 of the 434 Carers that Manchester Carers Centre worked with were from ethnic minority backgrounds; a fantastic 34% of the total Carers worked with. These are just some examples of the diverse communities that we offer specialist support to and our commitment to supporting the particular needs of all Carers from any background.</p>
<p>Working with local organisations</p> 	<p>Carers Manchester North Partnership develops close connections with a range of statutory, voluntary and business organisations across the North. Our agenda is to raise the profile of Carers issues so that organisations can adopt Carer-friendly practices. As well as referring Carers for support across the whole Carers Manchester Pathway. We attend multi-agency meetings as part of our influencing work, for example, deliver presentations to GP surgery networks. We have introduced national organisations with additional resources to add value to our services in Manchester. For example we worked with CREATE, a national creative arts charity, to link local Carers with creative</p>

	<p>opportunities that they wouldn't normally experience and the outcomes achieved for Carers were excellent.</p> <p>We are proactive in helping Carers deal with the cost-of-living crisis and our partnership makes regular referrals to Manchester North foodbank, Citizens Advice, Woodstreet Mission, and a whole host of other organisations working to address poverty issues within the north.</p>
<p>Making a difference to Carers</p> 	<p>Carers Manchester North Partnership have a keen focus on making a real positive difference to Carers in North Manchester and work to improve outcomes across a range of areas; including financially, socially, and emotionally. From 1st April 2022 to 31st December 2022 (Quarters 1-3) the partnership have supported an average of 164 Carers each quarter and a total of approximately 466 unique Carers overall. As a partnership the support we offer to make a difference and improve outcomes for Carers is varied. We help connect Carers with sources of practical support through financial grants like the Carers Emergency Fund, social opportunities like Manchester Carers Centre's Short Breaks service and Moodswings Social supporters group for North Carers. Alzheimers and Moodswings also offer support to Carers via their telephone helplines and in-depth casework, a key focus of this work being to develop and improve emotional resilience and wellbeing.</p>
<p>Working with stakeholders and professionals</p> 	<p>Carers Manchester North Partnership work closely with other local organisations to raise awareness of the Carers Pathway and the support that it offers to Carers, from 1st April to 31st December 2022 (Quarters 1-3) the partnership attended 96 meetings with a total of approximately 391 professional attendees. This clearly shows the level of work achieved through work with partners to promote awareness of the pathway and connect carers with additional support services. The more partners we can positively influence means we can promote more Carer friendly service developments and practices. These are just some examples of our work. We are leaving a real legacy and footprint, if we can influence just one GP to improve their approach to Carers within their surgery, this can have a resounding impact on hundreds of patients who are Carers going forward.</p>


African Caribbean Care Group – Central Manchester




<p>Introduction</p> 	<p>The partnership organisations are African Caribbean Care Group (ACCG) Mental Health Services African and Caribbean Mental Health Services (ACMHS) and LMCP Care Link working in partnership with Himmat, Alzheimer's Society, Stroke Association and Together Dementia Support.</p> <p>The Locality partnership organisations are working together to improve the identification of unpaid carers in the Central Manchester's 11 wards. Areas covered include: Ardwick, City Centre, Longsight, Levenshulme, Hulme, Moss Side, Gorton and Rusholme</p>
<p>Working with the Contact Point</p>	<p>Carers Manchester Central (CMC) is aware that Carers from diverse Communities see the provision of unpaid care as a "Duty" and therefore a barrier to seeking external support, particularly from statutory agencies. Through CMC's work and engagement with unpaid Carers from diverse communities we have seen increased referrals from them seeking support, not only from CMC but also accepting referrals to the Contact Point for Carer Assessments, financial support accessing the</p>



	<p>Hardship fund. Referrals to and from the Contact Point has improved as staff recognise the specialisms within the localities and vice versa. Sharing of knowledge and resources with the Contact Point has been beneficial for Carers who experience seamless transfers/referral between organisations.</p>
<p>Working with stakeholders and professionals</p> 	<p>CMC work with professionals to improve services to carers, and work closely with Integrated Neighbourhood Teams, GP Practices, Care Co Ordinator's, Primary Care organisations and a range of local organisations to create carer friendly neighbourhoods, to link carers to activities in their local areas to improve their health and wellbeing. This enables unpaid carers in the community to be recognised, receive advice, guidance and support early on in their caring journey. Collaboration and networking with others ensure the most vulnerable carers have the access to the support that they need, and nobody is overlooked.</p>
<p>Equality Diversity and Inclusion</p> 	<p>The CMC partnership organisations have specialist experience and knowledge of supporting and working with diverse communities and BAME organisations ensuring CMC deliver culturally appropriate services, information, and advice sensitive to the needs of carers. Many Carers are supporting people with physical and mental health disabilities, long term health conditions and do so in isolation. It is therefore vital they understand and know about services meeting these needs. CMC through collaboration and networking seek to ensure that organisations supporting people from diverse communities know that CMC provides Diversity and cultural awareness guidance to organisations.</p>
<p>Engagement work with Carers</p> 	<p>Unpaid carers engaging with staff within the CMC partnership immediately feel at ease as they are being supported by individuals from their communities and background with an understanding of their cultural needs such as language, cultural dynamics, diverse needs and nuances.</p> <p>CMC's Carer forums allow carers to meet face to face sharing experiences. Participate in wellbeing activities and receive information that supports their caring role. CMC continue to hold stalls in Libraries, Hospitals, Shops/supermarkets and community venues within the locality. From April 2022 – December 2022 CMC held 14 information stalls and 18 Carers forums.</p> <p>The CMC WhatsApp Broadcast group has 120 carers where information on all aspects of work and events within the Central Locality Partnership is shared so carers always have the latest updated information.</p> <p>Carers can text in "I am a Carer" to the CMC mobile number and a member of the team will respond for a chat with the Carer.</p> <p>CMC is proud of the engagement work undertaken to identify unpaid carers and have built relationships with organisations and radio stations such as BBC Radio Manchester where on the Morning Breakfast show CMC had the opportunity to raise awareness of support available to carers across Manchester not only from the Locality Partnerships but also from the Carers Manchester Contact Point. CMC also had the</p>

	<p>opportunity to promote the CMC Carer Recognition Award Ceremony held at the Hyatt Hotel.</p> <p>The Deputy Lord Mayor Councillor Yasmine Dar presented awards to 77 Carers at the Awards Ceremony and heard their accounts of support provided by the CMC Locality Partnership and the difference it has made to their lives.</p> <p>CMC have created jingles promoting Carer Awareness service provision on several local radio stations.</p>
<p>Making a difference to Carers and improving outcomes</p> 	<p>CMC Carers forums helps Carers connect with others and share experiences. Short Break respite provided carers with a much-needed break from their caring role. From April 2022 – December 2022 CMC held 15 different workshops, supporting 154 carers on a range of matters which included scam awareness, estate planning, Welfare Rights, carers holistic therapy sessions, cost of living support and advice and more. This gives carers the information and knowledge that supports them to continue in their caring role. Carers report improvements in their mental health and wellbeing.</p> <p>Listening to the voice of carers is a vital part of the work undertaken by CMC in shaping service delivery and improving outcomes.</p>
<p>Working with other local organisations</p> 	<p>CMC works with local organisations to ensure that all areas of support for carers are considered. CMC signposts Carers to suitable organisations where specialist support is required. This saves the carers time that they would have to spend searching for organisations that may not be the most appropriate for their needs. CMC through networking and collaboration has an extensive record of organisations within the partnership database which include local community VCSE organisations, schools, Universities, Housing organisations, local businesses as well as statutory organisations.</p>

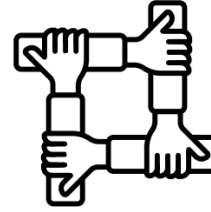
Manchester Carers Forum – South Manchester

<p>Working with the Contact Point</p> 	<p>Carers Manchester South (CMS) is a small team of locality coordinators that sits within CMSP. We consist of Manchester Carers Forum, Together Dementia Support, Lifted, The Wai Yin Society and Connect Support. A central role of CMS is raising awareness of the Carers Pathway and CMCP to carers and practitioners, to increase knowledge and understanding of carer needs, identify carers and inform carers of support available.</p> <p>To achieve this CMS have developed strong working relationships with key locality GPs, Primary Care Networks, Integrated Neighbourhood and specialist social work teams, Health Development Coordinators and Care Coordinators. In addition, we have provided Carer Awareness sessions to a wide range of organisations</p>
<p>Engagement work with Carers</p>	<p>CMS is a small team of locality coordinators that sits within CMSP. We consist of Manchester Carers Forum, Together Dementia Support, Lifted, The Wai Yin Society and Connect Support. A central role of CMS is raising awareness of the Carers Pathway and CMCP to carers and</p>

	<p>practitioners, to increase knowledge and understanding of carer needs, identify carers and inform carers of support available.</p> <p>To achieve this CMS have developed strong working relationships with key locality GPs, Primary Care Networks, Integrated Neighbourhood and specialist social work teams, Health Development Coordinators and Care Coordinators. In addition, we have provided Carer Awareness sessions to a wide range of organisations</p> <p>CMS have undertaken three key engagement activities, using formal quantitative and qualitative research methods and analysis, to find evidence of carers perceived views on their experience as a carer, the support they receive, the support they need and their perceived gaps in service provision.</p> <p>As a result, CMS offer regular social activities to carers and the people they support to allow them to spend quality time together outside the caring role. We also offer new monthly support groups to carers of adults on the autistic spectrum and carers supporting adults with substance misuse issues.</p> <p>Focused engagement with male carers found evidence their needs were different from female carers. An information leaflet focusing on support for men was developed and distributed through outreach events.</p> <p>It was also identified that carers in paid employment felt excluded from existing services because the majority are delivered 9-5. We have arranged several evening events well attended by carers in paid employment.</p>
<p>Equality Diversity and Inclusion</p> 	<p>Wai Yin Society developed training for health and social care, community and neighbourhood professionals, exploring how culture shapes how we behave and communicate and looked at knowledge, skills and expertise to communicate effectively across cultures to more effectively engage with carers.</p> <p>We have also attended several community outreach events based in South Manchester Mosques.</p>
<p>Working with local organisations</p> 	<p>We are contributing members of Age Friendly and locality partnership forums, and Community Explorers. This allows us to raise awareness of CMCP and CMS, but also ensures carers needs are heard and addressed.</p> <p>CMS staff also work (part-time) for members of the CMSP (Together Dementia Support, Lifted and Connect Support). This allows for knowledge and skills share, promotion and cooperation in service development.</p>
<p>Making a difference to Carers and improving outcomes</p>	<p>Our engagement activity identified groups of carers offered very little support from existing provision. The services we have developed provide opportunity for carers to share their experiences and share/gain knowledge and skills. We have also supported carers to maintain a connection to the person they care for outside of the caring role.</p>

	
<p>Working with stakeholders and professionals</p> 	<p>We are members of each South Manchester Locality Practitioner Frontline Forum to raise awareness of carer needs, promote the Pathway and Contact Point and ensure carers are included in local service provision. We have also played a role in the South Manchester Transport Group and Locality mental health task groups.</p>

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CARERS MANCHESTER

Carers Commissioning Strategy 2023-2025

Manchester Local Care Organisation
Supporting Manchester's Unpaid Carers

In partnership with Carers Manchester
Network



MANCHESTER
CITY COUNCIL



Our Citywide Carers Commissioning Strategy

Foreword – Councillor Tom Robinson, Executive Member for Healthy Manchester and Adult Social Care



I am delighted to introduce the Citywide Carers Manchester Commissioning Strategy for 2023-2025. I continue to be amazed by the fantastic Carers we have in Manchester who go the extra mile in supporting their loved ones, friends and families lives in Manchester. The Manchester Local Care Organisation (MLCO) has been busy working in partnership with the Carers Manchester Network - 18 dedicated Carer organisations in the local Voluntary,

Community and Social Enterprise Sector (VCSE), Manchester City Council and the NHS over the last 3 years to better support Carers, under the umbrella name – Carers Manchester. Our goal is to help people understand what it means to be an Unpaid Carer and to improve access to support from a range of partners and organisations. This 2-year strategy is timely and shows what we have been doing since the beginning of the Covid-19 pandemic, and what we plan to do over the next 2 years. Our work so far has included a dedicated helpline service – [Carers Manchester Contact Point](#), giving Carers access to a wide variety of information and advice all in one place. Our fantastic Carers Network of VCSE organisations ensures everything we are doing is joined up, and everyone knows how to provide Carers with the best support no matter where they live in the city. There is still a long way to go, but we have the commitment, funding and drive to make it succeed working with all our partners, including, most importantly, Carers in Manchester.

INTRODUCTION

An Unpaid Carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health need or addiction cannot always manage without their support. Caring for someone can be rewarding, but Carers can face many challenges in their role - all whilst trying to live a life of their own.

This strategy sets out the vision and priorities of 'Carers Manchester' - shared by Manchester Local Care Organisation and statutory services (Manchester City Council, NHS) who are all working together to support Unpaid Carers across Manchester. Whilst MLCO Commissioners have included Carer Voices and feedback within this strategy, we will develop a separate Carer-led strategy in partnership with Carers and our VCSE Carers Network as one of our next priorities. Ultimately, we set want to set out a framework for the development of a wider and independent community movement, which extends beyond the statutory responsibilities of health and social care providers, to embrace the voice of all citizens, communities, business and employers in general, all of whom have much to contribute.

The National Picture

Over the past 50 years, the Carers' Rights Movement has campaigned vigorously to secure greater recognition across the health, social care and benefits system for the significant role that is undertaken by unpaid, family / informal Carers and greater understanding of the impact caring responsibilities can have on their personal health and wellbeing.

Most but not all people being cared for are older parents or spouses and partners. Changes in the make-up of our population show the number of dependent older people in the UK will increase by 113% by 2051 (Source: [Caring as a social determinant of health report](#)). The support provided by Carers is often physically and emotionally demanding, therefore supporting those who provide unpaid care is hugely important.

In addition, the impact of the Covid-19 pandemic has resulted in increased strain on Carers for a variety of reasons (not least due to national lockdown measures)

and an increased challenge to the mental health of Carers facing multiple demands on their personal resilience. As there is some level of return to normal activities, we expect there will be a huge demand for respite/short breaks from Carers who seek to take well deserved breaks and holidays, where possible.

According to the latest Carers UK [‘State of Caring’ 2021](#) report -

‘Carers Support has been valued at a staggering £530 million per day during the pandemic, or £193 Billion a year – outstripping the value of the NHS. But this comes with high personal costs. Many Carers find that their relationships are impacted, that they often struggle to balance work and care, whilst facing their own health problems as a result of caring, with 31% of respondents saying they are struggling to make ends meet and over two thirds reporting they regularly use their own income or savings to pay for care, support services, equipment or products for the person they care for. The average Carer looking after someone outside of residential care faces a financial penalty of over £114 per month.’

Support for Carers is now embedded within the welfare benefits system and the health service through the NHS Commitment to Carers, whilst the Care Act 2014 makes explicit provision for the statutory assessment of Carer wellbeing and support needs, providing parity with the needs of the cared-for citizen.

The financial case for effective Carer support services is also now well established. The recent government social care White Paper identifies and acknowledges the cost of replacing such informal care across the health and social care system, so supporting the resilience of Carers makes sound financial sense, both in respect of the protection of our acute health and social care services and the health of our Manchester Carers.

The Action Plan for Carers contained within that White Paper is incorporated within this Commissioning Strategy and our forward plan for the development of the Citywide Manchester Carer Support Pathway.

Our Manchester journey...

The previous (2011) mid-Census estimates the numbers of Carers in Manchester could be around 65,000. The actual figure is not known, but the latest (2021) Census will give us more accurate figures when it is available early 2023.

Linking back to the national context, Manchester has been pioneering in the Carers Rights movement and has a long-standing well-established Carers VCS network which has worked extensively with the support of Manchester City Council (MCC) to develop and deliver Carer support services across Manchester's diverse and growing communities.

Over time, this resulted in the adoption of the first iteration of the "Our Manchester Carer Strategy" where MCC and MLCO are committed to promote development of a wider community movement in support of Manchester's Carers, linked with the development of a new Manchester Carer Support Pathway.

In 2018, Greater Manchester as a Combined Authority made a collective and historic commitment to transform how Carers are supported through signing a [Carers Charter](#) which was designed by Carers and is supported by Councils, the Voluntary, Community and Social Enterprise Sector and NHS England and agrees to provide support and opportunities for Carers, with the aim of engaging with more Carers at a much earlier point in their caring journey, linking them into a prompt, effective information & advice service and extended support aligned to a local neighbourhood or specialist Carer support organisation.

In Manchester City Council, our Executive Director of Adult Social Services, Bernie Enright, is leading the Greater Manchester work to support Carers, working on the [devolution agenda](#), and in March 2020, after securing a 2-year £1.5 million investment for Unpaid Carers in Manchester, our work on the 'Our Manchester Carers Pathway' began.

Adult Social Care Commissioners in the Manchester Local care Organisation (MLCO) worked in partnership with the established Citywide Carers Manchester Network, made up of 18 VCSE dedicated Carer organisations and statutory services like Manchester City Council, NHS and Greater Manchester Mental Health Foundation (GMMH). Creating the umbrella brand 'Carers Manchester'.

There are 5 main parts to our work - Carers Manchester Contact Point (CMCP), Carer Network Co-ordination, Communications & Marketing, VCSE Locality Partnerships and Learning & development courses for Carers.

Carers Manchester Contact Point is the first point of contact for Carers. Advisors can give Information, Advice & Guidance to Carers and link to services in the community or a Carer's Assessment, as well as provide access to emergency funding, if required, and benefits advice.



Our Locality Partnerships are made up of VCSE lead organisations in each locality (North – Manchester Carers Centre, Central – African Caribbean Care Group and South – Manchester Carers Forum), working together with partner organisations and health and care services in the community, to provide specialist and local support, with strong links to Carers Manchester Contact Point. Our main priorities in the localities are:



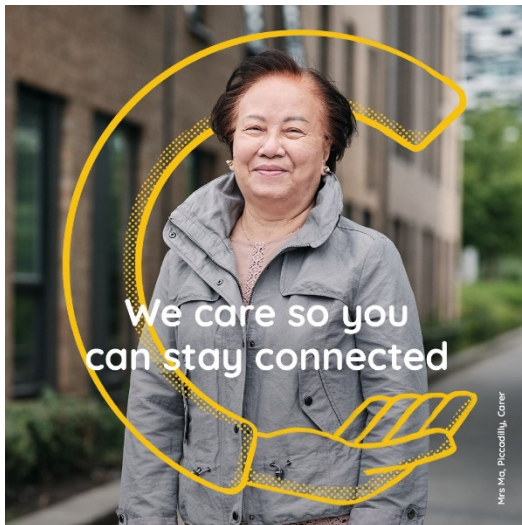
Locality Partnerships

North, Central & South Manchester

- 📍 Recognising Unmet Need
- 📍 Developing Services
- 📍 Linking with Integrated Neighbourhood Teams
- 📍 Carer Awareness
- 📍 Equality/Cultural Carer Awareness
- 📍 Ongoing & Specialist Support
- 📍 Identifying **new** carers in the community



We understand the importance of promoting everything we are doing for Carers and engaging with as many people and local services as possible, which is why our Communications and Marketing strategy is so important to the pathway.



We are now entering the next stage of delivering and developing the Citywide Carers Manchester Pathway. We know Carers have benefitted from having access to more support and we wish to grow that, which is detailed in this plan.

Our progress so far...

View our summary of progress so far (2020-2022) based on our previous 2018 strategy objectives. It is noted that all the work achieved in the previous 2 years has been in consultation or co-produced with Carers and the Carers Manchester Network and whilst adapting to the Covid 19 pandemic and new ways of working.

1

Objective: To develop and strengthen how we recognise Carers earlier, to improve Carers wellbeing and prevent Carer breakdown by raising awareness of all Carers across a range of professionals

Progress: Through launching our Carers Manchester Contact Point alone, and promoting it across Manchester, we have reached and supported over 800 **new** Carers since launch (with over 2500 Carers supported overall) and improved access to Carers Needs Assessments with reduced waiting times and a fast-track process in place

2

Objective: To co-ordinate Carers support activity across the city to ensure Carers are identified early and signposted to the right support at the right time through the wider Carers Network

Progress: Our Locality Partnerships are made up of Voluntary Sector organisations in each locality (North, Central and South), working together and with other health and care services in the community, to provide specialist and local support, with strong links to Carers Manchester Contact Point and partnership working with other statutory services such as Manchester City Council

3

Objective: Provide a Single Point of Contact for Carers, for Information, Advice, Guidance and effective signposting to the most appropriate services including Statutory Assessments

Progress: The Carers Manchester Contact Point is now firmly established as that single point of contact for Carers, launching in August 2020, providing quality information, advice & guidance to Manchester Carers, who consistently feed back how supportive our advisors are and how efficient the service is, with improved access to Carers Assessments

4

Objective: To manage Communications & Marketing across the Carers Manchester Network and stakeholders so our partners and Carers are engaged, informed and kept updated

Progress: We have developed the 'Carers Manchester' brand, which is visible across the Carers Network and beyond. Our 'We care so you can...' campaign was launched to identify new Carers across the city and we continue to engage with services, providing referral access, posters and leaflets for display, to ensure Carers know how to access support if they need it, along with access to a regular newsletter

5

Objective: To provide knowledge, expertise and the support of key stakeholders and Carers Network members on how to better support Carers and share knowledge

Progress: We have a dedicated Carers Network Co-Ordinator who provides expertise to all Network members in a variety of ways, including hosting regular networking events (for Carers & Professionals) and meetings. Through this co-ordination we were able to provide a quick and co-ordinated response to ensure Carers were offered a Covid-19 vaccination as soon as possible, in line with Government guidance

6

Objective: To work in partnership with the Manchester Carers Network to increase financial stability of Manchester's Carers and the support organisations

Progress: Our initial £1.5 million investment has ended, and we have now secured ongoing funding for 'Carers Manchester', which includes a hardship fund for Carers in need of emergency grants and items, such as white goods. Our Carers Network Co-Ordinator provides details of funding opportunities and support in applying to Network members

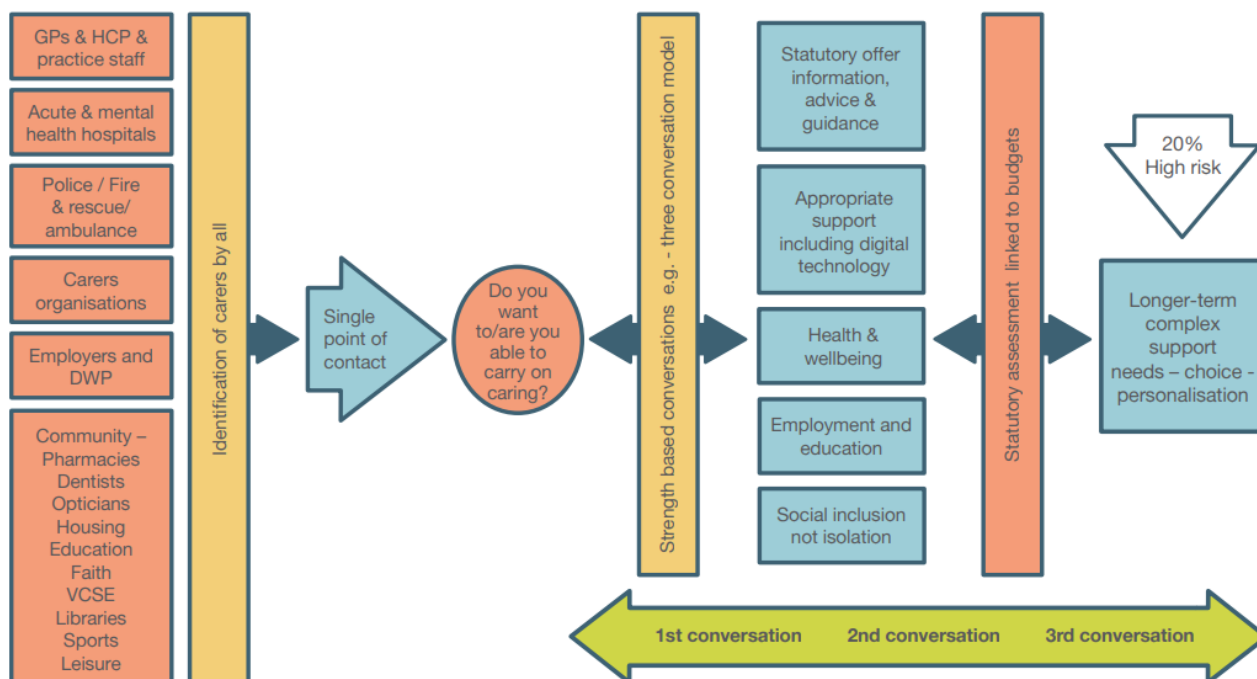
7

Objective: to maintain a forward thinking, progressive and ongoing Action Plan, to improve Carer support services and training across the Carers Network and Manchester

Progress: We hope the progress highlighted shows how far we have come, but we know there is still lots to do for Carers, including introducing a flexible respite (short break) offer and all the priorities outlined in this strategy for the next 2 years

Pathway to Carer Support in Manchester

Below is a diagram which shows how Carers can access support in Manchester, and what support is available. Our aim is for Carers to receive the knowledge and support they need to carry on caring whilst maintaining a healthy life for themselves



The voice of Manchester Carers

The voice of Carers is critical to our work and our success.

We remain keen to enhance the direct voice of independent Carers in the co-production process, to underpin its integrity and will be developing a dedicated role focused on listening to the voice of Carers via all the different groups. This will support the CQC Assurance Framework now in place for local social care authorities.

We will regularly consult with Carers on any current and future developments to ensure they can shape and influence service developments.

We will also ensure that governance of the Carers Network is maintained through the Chair and Deputy Chair role, providing strong leadership and working collaboratively with commissioners to further develop the Carer Support Pathway.

Our Priorities 23-25

After the first 2 years of development and implementing our new services, we evaluated how effective the new support was for Carers by gathering evidence from our partners and speaking to Carers and Health & Social Care Professionals. This, along with our experience and learning led to a new mainstream Adult Social Care funding commitment and we now have clear priorities for 2032-2025.

We know that the main issues affecting Carers (through our work over the last 2 years, listening to Carers and the Carers Network organisations), are Mental Health related, Respite (getting a break) and financial difficulties. We always take this into account when planning services for the future.

Commissioners are at a vital point of our Pathway journey, where we have experience and lessons to be learnt. We are about to enter into procurement for the next 5 years of the Carer Support Pathway and Network Co-ordination contracts.

Areas for improvement

We recognise there are areas of planned work which have not progressed over the past 2 years due to the global pandemic, and we will work with our existing commissioned providers to continue this work, whilst we are going through a procurement exercise, which is due to be completed early 2023.

Immediate areas of work we will focus on are:

- Carer Employment support
- A new workstream that focuses on Equality, Diversity and Inclusion
- Improvements to the centralised Carers Database and Carers 'Welcome pack'
- Carers Card including emergency contacts
- Improved joined up working with Carers Assessors and CMCP and move to a 'trusted assessor' model
- Improved links with Mental Health Assessors and teams
- Review Network and Localities funding models
- Carer access to learning and development opportunities
- Quality of life and Carer respite (break) offer

Our 'ask' of Carers and Health Care Professionals

It is important that Carers and Health Care Professionals are aware of our work, but we need the support of our front-line teams and services to ensure everybody is aware of our offer and support for Carers. We ask that:

Health Care Staff (Hospitals, Nurses, GP's, etc.):

- Recognise Carers as real and expert partners, to be meaningfully involved in any Care planning for the person they care for.
- Carers should be recognised as equal and expert partners in any decision-making process at all appointments and consultations for the person with care needs
- Be aware of our support offer for Carers and provide information about how to get in touch with Carers Manchester Contact Point (details below), should they need support
- In every GP practice in Manchester, we would like to recruit 'Carer Champions' who can raise awareness to practice staff and ensure a Carers register is maintained, which means they can be provided with easy access to relevant services to protect the person they care for

Social Care Staff (Social Workers, Assessors, etc.)

- If you are in the community and recognise someone as a Carer to the person you are supporting, you can offer an individual or joint Carers Assessment and/or provide details of Carers Manchester Contact Point
- Young Carers (under 18) can provide vital care for a parent, relative or sibling, and can also need our support. We have a strong [Young Carer Offer](#) in Manchester, and we want to ensure those Carers can transition to Adult services (after turning 18) seamlessly
- The Care Act 2014 introduced new obligations for Young Carers in transition to adulthood including the requirement on Adults Services to

provide transition planning for young Carers who are likely to need support after turning 18

- Young Carers and their families should be supported regardless of which service is contacted first. There should be 'no wrong doors', as Children's and Adults services are required to work together to fulfil their duties. All practitioners should be aware of, and accept, a joint responsibility to work in partnership to identify and respond to any Young Carers who could be unlikely to fulfil their full potential with significant caring responsibilities
- If you are a Health & Social Care Professional and require promotional materials (Posters, Pens, Leaflets, Cards, etc) – Please get in touch with [Carers Manchester Contact Point](#) to ask for a supply and we will be happy to arrange that

Our ask if you are a Carer:

- Tell your GP you are a Carer and ask to be registered on their database to improve communication and access to services
- Think about any emergency planning and tell any Health or Social Care staff that you are a Carer so you can be included and have a conversation about your needs, and if necessary, receive a Carers Needs Assessment and details of our support
- If you need to talk to someone in confidence – Get in touch with Carers Manchester Contact Point for a chat or email them if that is easier

How to get in touch with Carers Manchester Contact Point

If you are a Carer:

Call us on 0161 543 8000

Email us: contactpoint@carersmanchester.org.uk

Our phone lines are open Monday – Friday 10am – 4pm except bank holidays, and 10am – 6pm on Wednesdays

Please note we are unable to respond to enquiries after 4pm during weekdays (6pm on Wednesdays), and at all times on Saturdays and Sundays, including via email, web and Facebook messenger.

For out of hours emergencies please contact [Manchester City Council](#) (0161 234 5001 or email: mscreply@manchester.gov.uk)

If you are a professional and would like to refer a carer:

Email: contactpoint@carersmanchester.org.uk

Or complete an [online referral form](#)

How will we measure success?

Our Commissioning strategy sets out what we have achieved so far and what we will be working on for the next two years. We must understand how our work is affecting and improving Carers lives, and we can do this in several ways

- **Key Performance Indicators (KPI's)** – KPI's allow us to set targets with the services we commission and allow us to measure the impact the service is having on Carers lives and other services over time
- **Quality Monitoring** – Like KPI's, we quality monitor our commissioned services, to ensure services are delivering on the targets we set them and find out about all the good work happening across Manchester or any gaps to services we need to know about
- **Care Quality Commission (CQC) Review (2023)** – The CQC has new duties to independently review and assess how Local Authorities are delivering on their Care Act and statutory functions
- **Carers Manchester Action Plan** – Everything in this strategy forms part of a bigger Action Plan which we monitor throughout the year to make sure we are on track with everything we said we would do
- **Evaluation** – We complete a full evaluation of our work at the end of every funding cycle (usually 2 years). We look and ask for evidence to show that commissioners and partners have done everything they committed to
- **Health Scrutiny Committee** – We present our progress and work to Health Scrutiny, which is made up of local Councillors with an interest in our work, who ensure we are meeting the needs of the Carers in their constituency and citywide
- **Listening to the voice of Carers** – We are dedicated to listening to Carers voices, to make sure everything we do will benefit their caring responsibilities

ACKNOWLEDGEMENTS

We would like to thank everyone involved for their contributions to work towards the improvements of services and access to information for Carers in Manchester, particularly during the pandemic whilst adapting to new ways of working. We would like to formally thank:

Statutory Services and Partners - MLCO, Manchester City Council, NHS and Gaddum

Locality Partners - Manchester Carers Centre (North), African Caribbean Care Group (Central) and Manchester Carers Forum (South)

Carers Manchester Network below:

We value and acknowledge the individual specialist work of our Carers Manchester Network and will work with existing internal and partner statutory funders to ensure Network members are suitably funded to be able to manage capacity as the pathway and awareness of Carers Manchester grows. Below is a list of each of our Network members and a description of the service they offer.

African And Caribbean Mental Health Services

A community based voluntary organisation providing free, confidential, sensitive and appropriate services to people suffering from mental ill health living in Manchester and surrounding areas



African And Caribbean Care Group

A high quality, person-centred health and social care to the African Caribbean community in Manchester, Trafford and the surrounding areas



Alzheimer's Society

The UK's leading dementia charity. They campaign for change, fund research to find a cure and support people living with dementia today



Communities for All

A community based organisation in the heart of Manchester supporting all the communities with the object of encouraging community cohesion, integration and improve social and economic inclusion



Connect Support

An organisation that supports Carers and families of anyone with severe mental health problems. Their services include befriending, social events, peer support groups, information and training



Gaddum

A leading charity providing advocacy, Carer support and therapy services in Greater Manchester



Himmat Support Centre

A culturally specific service for Asian Carers in Manchester. Includes a ladies group, walking and cycling activities, gardening projects and more



Indian Senior Citizens Centre

Culturally sensitive day resource services for the elderly Indian community. They offer a large range of activities including educational, fitness, social and above all fun events for all

*Indian Senior Citizens
Centre, Manchester*

Lifted Carers Centre

Elevating Parent Carers of children and adults with special learning needs. They are a user led organisation based in Wythenshawe, Manchester, but would be happy to support parents and Carers in Greater Manchester



Learn, Motivate, Change, Prosper (LMCP)

Supporting community development in Manchester for over 50 years. Today, they are involved in outreach work, research, cultural awareness training, consultancy, user engagement, capacity building and influencing policy



Manchester Carers Centre

An independent voluntary organisation. They deliver a range of free, high quality support services for unwaged Carers in Manchester



Manchester Carers Forum

An organisation led by unwaged Carers to provide Carers with a collective voice, and to provide the reassurance that someone is listening. They run support groups, training, mentoring and fun activities and advocacy for Carers in Manchester



Manchester Jewish Federation

The leading social care charity for the Manchester Jewish Community



Moodswings

A unique charity providing intense support to people with mood disorders and their friends and families



Hopewell (formerly North Manchester Black Health Forum)

A user led forum that works with vulnerable adults from marginalised communities living with long-term health conditions, poverty & economic pressures



Stroke Association

Supporting people to rebuild their lives after a stroke



Talbot House

A voluntary organisation offering support and information for parents of children with learning disabilities in Manchester



Together Dementia Support

A registered charity offering support and therapeutic activities for people living with dementia, their Carers and supporters in Manchester



Wai Yin Society

One of the largest Chinese Community centres in the UK, Wai Yin has been supporting, empowering and working in partnership with Chinese individuals and families for more than 25 years



CURRENT MONTH

Jan-23

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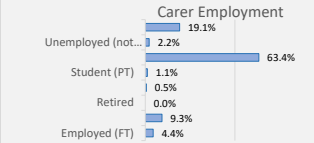
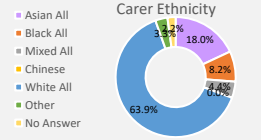
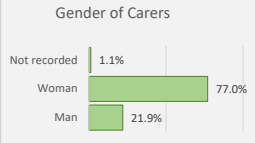
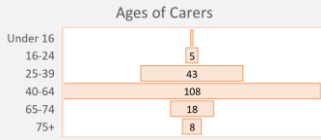
CARERS KPIs - SUMMARY DASHBOARD

CURRENT YEAR 22-23

DEMOGRAPHICS

183 Contacts from 148 People

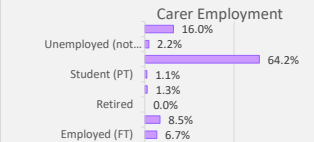
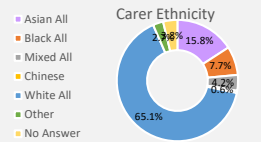
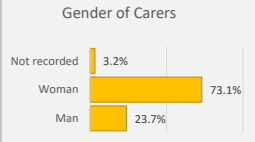
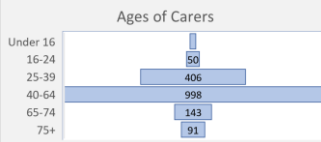
65.0% Live With Cared For



20.8% Consider themselves disabled £11,630 Carers Emergency grant cost

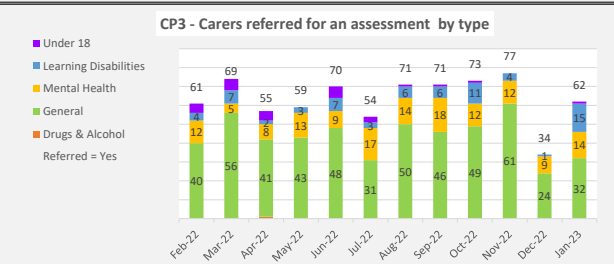
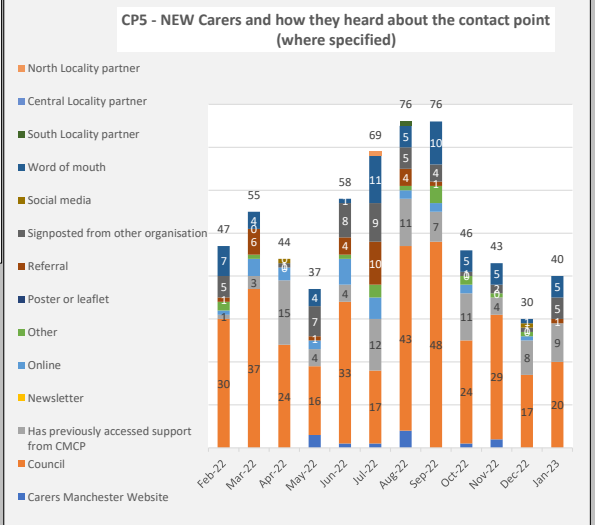
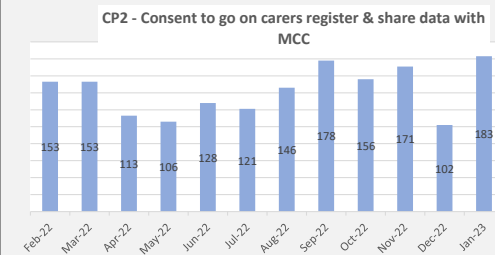
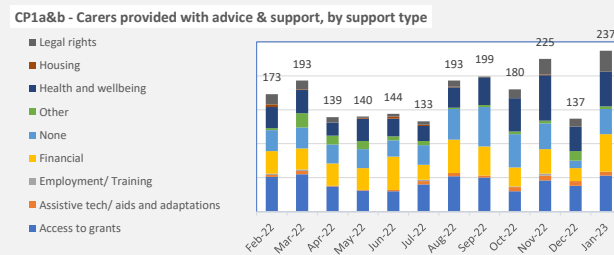
1710 Contacts from 1247 People

69.5% Live With Cared For

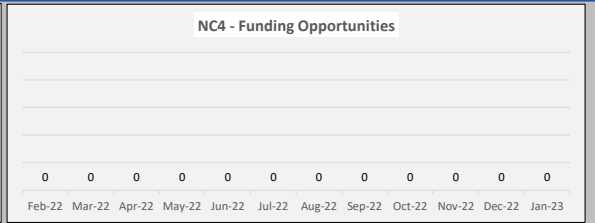
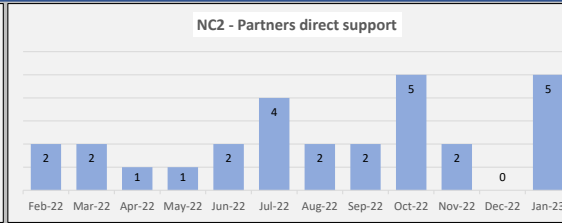
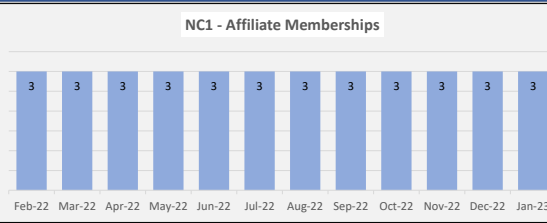


21.1% Consider themselves disabled £103,768 Carers Emergency grant cost

CONTACT POINT



NETWORK



CURRENT MONTH

Jan-23

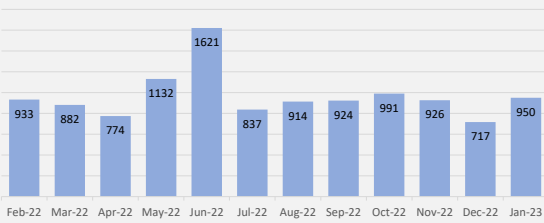
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CARERS KPIs - SUMMARY DASHBOARD

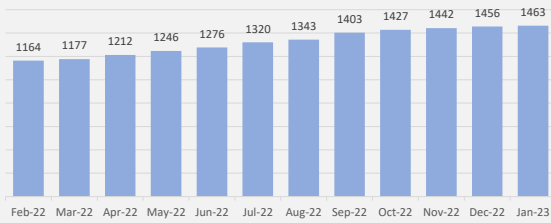
CURRENT YEAR 22-23

COMMUNICATION AND MARKETING

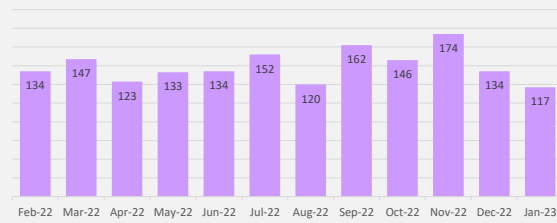
CM1 - Website Visits



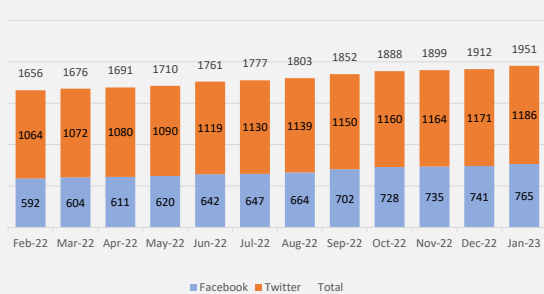
CM5 - Newsletter Subscribers



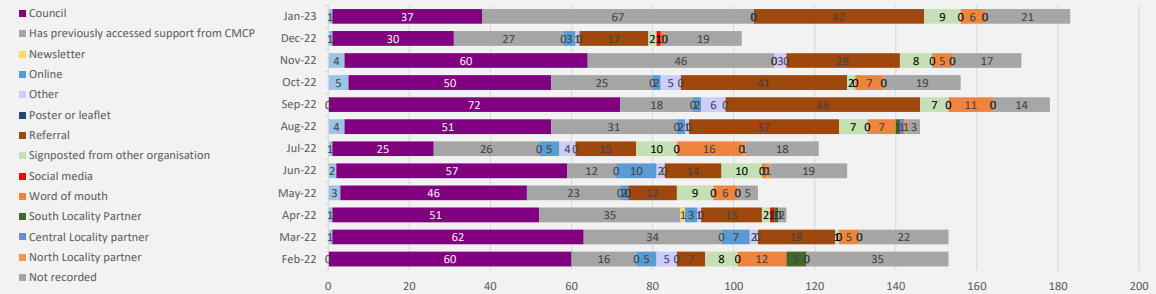
AS3 - Number of Carers Assessments undertaken



CM3 - Facebook and Twitter total subscribers

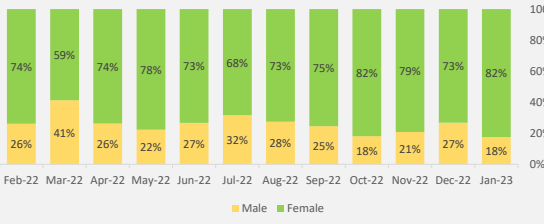


CM2 - Where did you hear about the contact point?

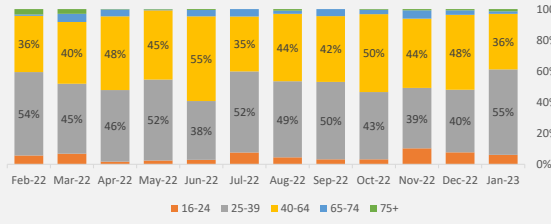


REVIEWS & FEEDBACK

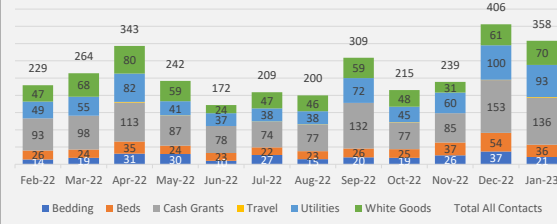
HF1 - Carers emergency grant by gender



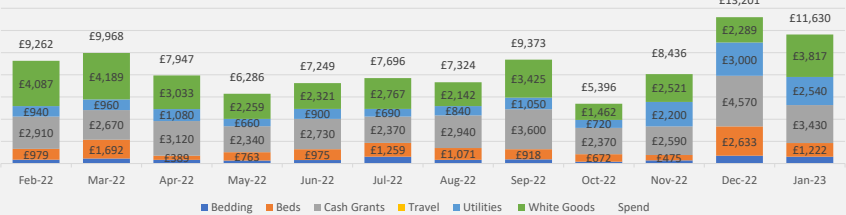
HF2 - Carers emergency grant by age range

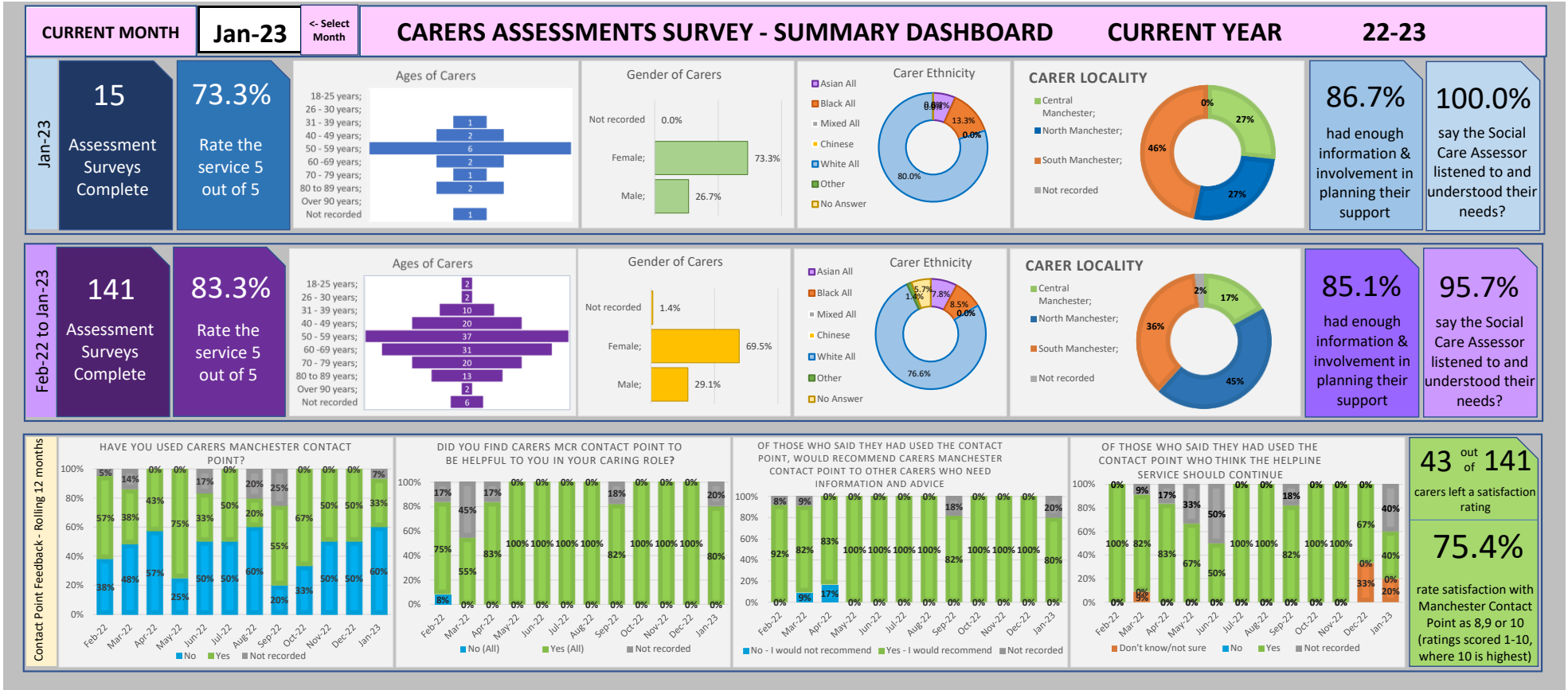


HF3 - Carers emergency grant type by number of grants



HF4 - Carers emergency grant spend by grant type





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Appendix 4 – Carers Emergency Fund applications by Ward and two year trends

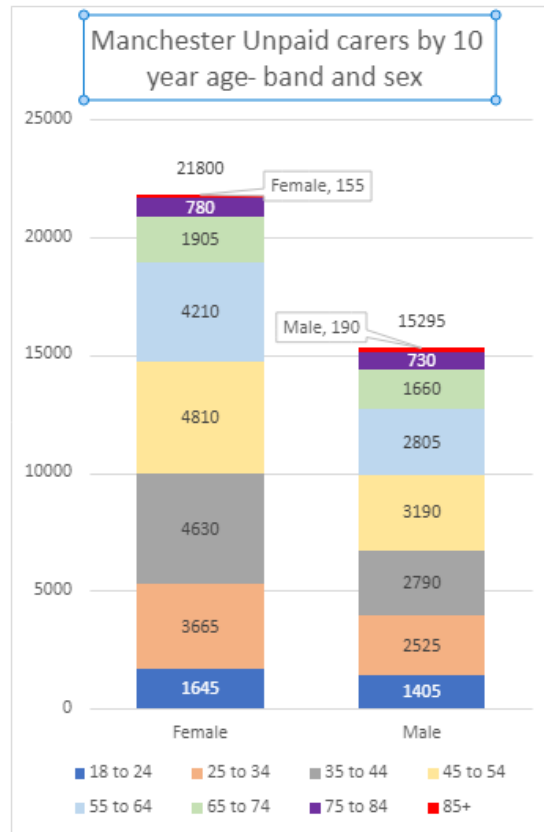
Total Value of Awards 21/22	Applications per ward 21/22	Applications per ward 22/23	Increase/Decrease 21/22 to 22/23
Ancoats & Beswick	18	34	Increase of 16
Ardwick	48	49	Increase of 1
Baguley	35	48	Increase of 13
Brooklands	36	49	Increase of 13
Burnage	35	41	Increase of 6
Charlestown	42	55	Increase of 13
Cheetham	40	28	Decrease of 12
Chorlton	5	8	Increase of 3
Chorlton Park	24	27	Increase of 3
Clayton & Openshaw	102	81	Decrease of 21
Crumpsall	24	21	Decrease of 3
Didsbury East	5	8	Increase of 3
Didsbury West	3	3	Same
Fallowfield	22	25	Increase of 3
Gorton & Abbey Hey	55	85	Increase of 30
Harpurhey	77	78	Increase of 1
Higher Blackley	38	47	Increase of 9
Hulme	13	20	Increase of 7
Levenshulme	22	23	Increase of 1
Longsight	38	35	Decrease of 3
Miles Platting & Newton Heath	56	92	Increase of 36
Moss Side	37	37	Same
Moston	35	50	Increase of 15
Northenden	42	52	Increase of 10
Old Moat	24	25	Increase of 1
Piccadilly	1	5	Increase of 4
Rusholme	28	47	Increase of 19
Sharston	48	74	Increase of 26
Whalley Range	14	19	Increase of 5
Withington	10	17	Increase of 7
Woodhouse Park	48	54	Increase of 6
Out of Manchester*	113	103	Decrease of 10
Total	1138	1340	

*Out of Manchester relates to Carers who don't live in the city but support a relative who resides in Manchester. This is standard practice across Greater Manchester.

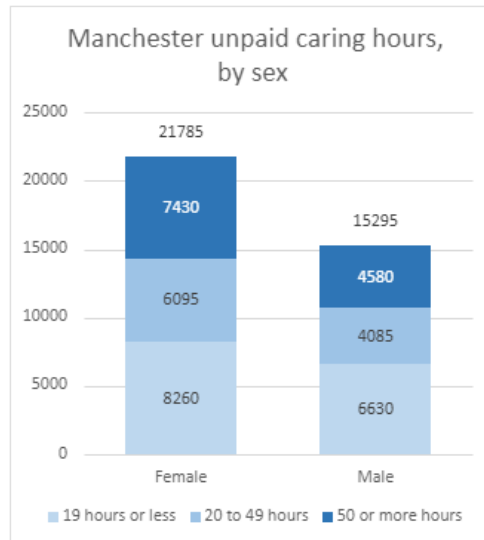
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Appendix 5 – Latest Census Information on Unpaid Carers 2021

To note – all figures are rounded by ONS to the nearest 0 or 5, which can lead to minor discrepancies in combined totals. ONS also use the term “Sex” and not gender. This is reflected in the charts. The data below is for Carers aged over 18 – there are 1,130 young carers under 18 not included in the charts.

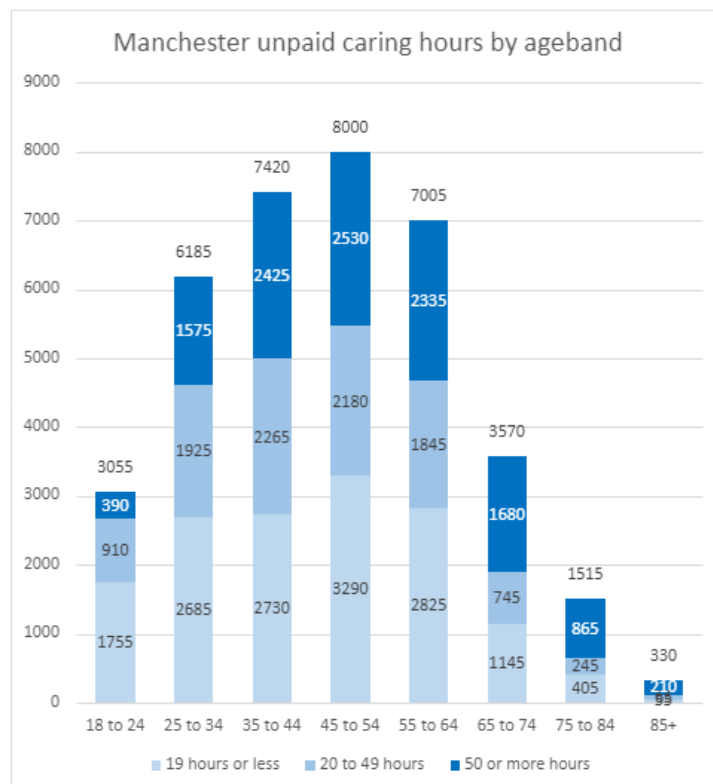


The above table shows that there are 21,800 female carers and 15,295 male carers, providing a total number of 37,095 Carers in the city. This is less than previous estimates where circa 60k+ were predicted. It can be seen that the highest female banding is 45-54 years of age, which correlates with information held locally by the Contact Point data. For males, the highest group is also 45-54 year olds.



The above chart shows that:

- 8,260 carers are female providing 19 hours of care or less per week
- 6,095 carers are female providing 20-49 hours of care per week
- 7,430 carers are female providing 50 hours or more of care per week
- 6,630 carers are male providing 19 hours or less of care per week
- 4,095 carers are male providing 20-49 hours of care per week
- 4,580 carers are male providing 50 hours or more of care per week



The above table shows the highest age band of carers are 45-54, followed by 35-44 and then 55-64

For comparison with GM neighbours, the overall numbers of carers are as follows:

LA	Total number of Carers
Bolton	25,365
Bury	16,490
Manchester	37,095
Oldham	20,145
Rochdale	18,920
Salford	20,310
Stockport	25,540
Tameside	20,045
Trafford	18,345
Wigan	30,720

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 March 2023

Subject: Dementia Developments in Manchester

Report of: Executive Director of Adult Social Services & Director of Public Health

Summary

This update sets out recent work to invigorate the Dementia pathway and improve services for people diagnosed with Dementia and their Carers. The multi-agency Dementia Steering Group has refreshed its membership to include people and Carers with lived experience to ensure that the transformation of the post-diagnostic pathway delivers high quality, timely, equitable and effective services. The Steering Group has worked together to develop a new Vision for how Dementia care and support is progressed, and a new Action Plan ensures that key organisations and sector leads are accountable. There is recognition too of the vital role that the VCSE (Voluntary, Community and Social Enterprise) organisations – with specific expertise in Dementia support – with a proposal to develop a citywide VCSE Dementia Alliance, to lead on coproduction and ensuring the voice of citizens and their carers, with emphasis on the post-diagnostic support pathway.

Recommendations

The Committee is recommended to:

1. To note the report; and
 2. Comment on the proposed Vision and Action Plan to provide a strengthened approach to the Dementia Pathway in Manchester.
-

Wards Affected: All

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

None

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

The proposals outlined in this report will improve the health and care experiences of people living with Dementia and their carers to minimise the significant impact that Dementia has on the person affected, and for those who support them.

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	Manchester seeks to better support Unpaid Carers so that, if they choose, they can seek or maintain any employment opportunities, reassured by the knowledge that the cared-for person living with Dementia is safe and well
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	Manchester's aspiration is to be leader in the field of Dementia care and to better support Unpaid Carers so they can make a positive contribution to their community
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

There are no additional financial consequences for the revenue budget. The commissioning of the VCSE Dementia Alliance will be funded through existing adult social care budgets.

Financial Consequences – Capital

There are no financial consequences for the capital budget.

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E-mail: jonathan.kaye@nhs.net

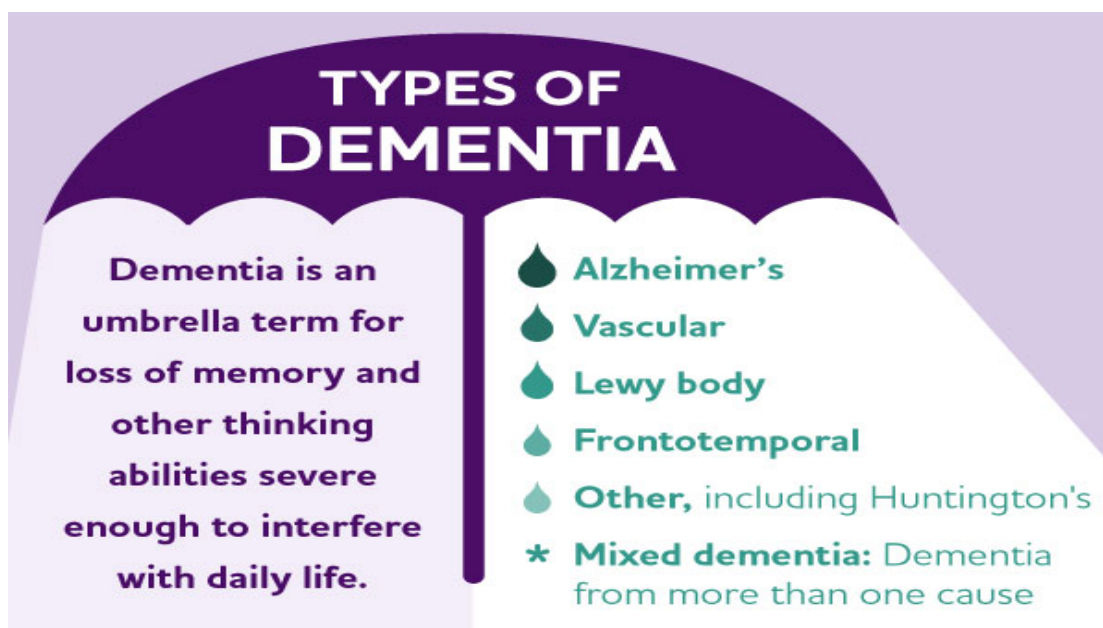
Background documents (available for public inspection): None

1.0 Introduction

- 1.1 The purpose of this report is to present recent work on the development of a refreshed vision for Dementia in the city and an associated Action Plan. Scrutiny Committee were last updated on Dementia developments (and the Dementia Strategy) in 2016.
- 1.2 A partnership multi-agency approach is in place for the existing Dementia Steering Group, with attendees from health and social care, Dementia United, Dementia United Expert Reference Group and VCSE representation. The Group is jointly chaired by Dr Jonathan Kaye, a Manchester GP and Clinical Lead for Dementia and David Regan, Director of Public Health.
- 1.3 Recent work, at the request of the Executive Member for Healthy Manchester and Adult Social Care, has focused on reinvigorating the Steering Group to refresh the Vision for Manchester and identify the required actions to deliver on that vision.

2.0 Background

- 2.1 According to the NHS, Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of Dementia, and many different types as can be seen in the graphic below:



source: <https://www.alz.org/alzheimers-dementia/what-is-dementia>

- 2.2 Dementia symptoms may include difficulties with:

- Memory loss
- Thinking speed
- Mental sharpness and quickness

- Language, such as using words incorrectly, or trouble speaking
- Understanding
- Judgement
- Mood
- Difficulties doing daily activities

2.3 Although there is no cure for Dementia at present, an early diagnosis means its progress can be slowed down in some cases, so that the person may be able to maintain their mental function for longer. A diagnosis helps people with Dementia get the right treatment and support. It can also help people, and their family/carers, to prepare for the future. With the right support to both the person living with Dementia and, vitally, support to their Carers, people can still lead active fulfilling lives.

source: <https://www.nhs.uk/conditions/dementia/about/>

2.4 Dementia United is Greater Manchester Integrated Care's programme for Dementia. This work involves clinicians, charities, localities, professionals, those living with Dementia, families, friends, and care partners to make our region the best place to live if you have or are caring for someone with Dementia. The primary objectives of Dementia United is to work towards three goals:

1. Providing access to Dementia Care services for all
2. Increase independence for those living with Dementia
3. Ensuring equally high standard of care, no matter where you live.

2.5 Work in Manchester to develop improved pathways for people living with Dementia and their carers aligns to the overall aims of the Greater Manchester approach.

2.6 One in 3 people born in the UK will develop Dementia and, since 2001, the overall mortality rate for deaths registered due to Dementia and Alzheimer's disease has been increasing year-on-year. The highest mortality rate in the time series was in 2018 (123.8 deaths per 100,000 people) and in March 2021 it accounted for 10% of all recorded deaths. During Lockdown 82% of carers and people living with Dementia reported deterioration in symptoms of loved ones with Dementia.

3.0 Current work

3.1 Recently, the Dementia Steering Group has refreshed membership to bring together all stakeholders together to develop a new Vision for the city in respect of Dementia Care and Support, as follows:

We will adopt Greater Manchester’s ambition of being the best place to live with dementia in the country.

1. People will live well with Dementia and will continue to do what they have always enjoyed, by being involved activities in their preferred community;
2. The development of services will always involve people with lived experience and their Carers, and all services have mechanisms in place to receive feedback and are able to demonstrate how it was responded to;
3. To achieve this vision, Manchester will adopt a whole system leadership approach as we recognise that we are stronger when we work together. This will be underpinned by the ongoing commitment of the Dementia Steering Group;
4. All who work with the public will be able to access appropriate Dementia training and will therefore be able to deliver a Dementia-Friendly response;
5. Access to services will be seamless and equitable across the city and will be based on need, will not be dependent upon where you live and who your GP is, and services will be culturally appropriate;
6. Awareness will be raised about the opportunities of improving brain health and reducing the risk of Dementia;
7. The Memory Assessment Service will ensure a timely diagnosis and meet national waiting time targets;
8. Post-diagnostic support will be immediate and agreed with the person and their carer. All people living with Dementia and their carers will know how and where to access clear and concise information at all stages of the pathway, including knowing who their Dementia care co-ordinator is. Information will be available in a range of formats and languages and will be supported by a comprehensive training programme. This will be enhanced by an individualised wellbeing plan that will be available to other stakeholders, if appropriate and has been agreed;
9. All Carers will be able to access the carer pathway and support offer that is available across the city and will include flexible respite care;
10. Manchester will sign up to and adhere to the principles of [John’s Campaign](#);
11. Manchester will promote opportunities for people to engage in research;
12. Hospital admissions will be avoided wherever possible but if admission to a medical ward is necessary, all staff will have had appropriate training and the environment will also be appropriate.

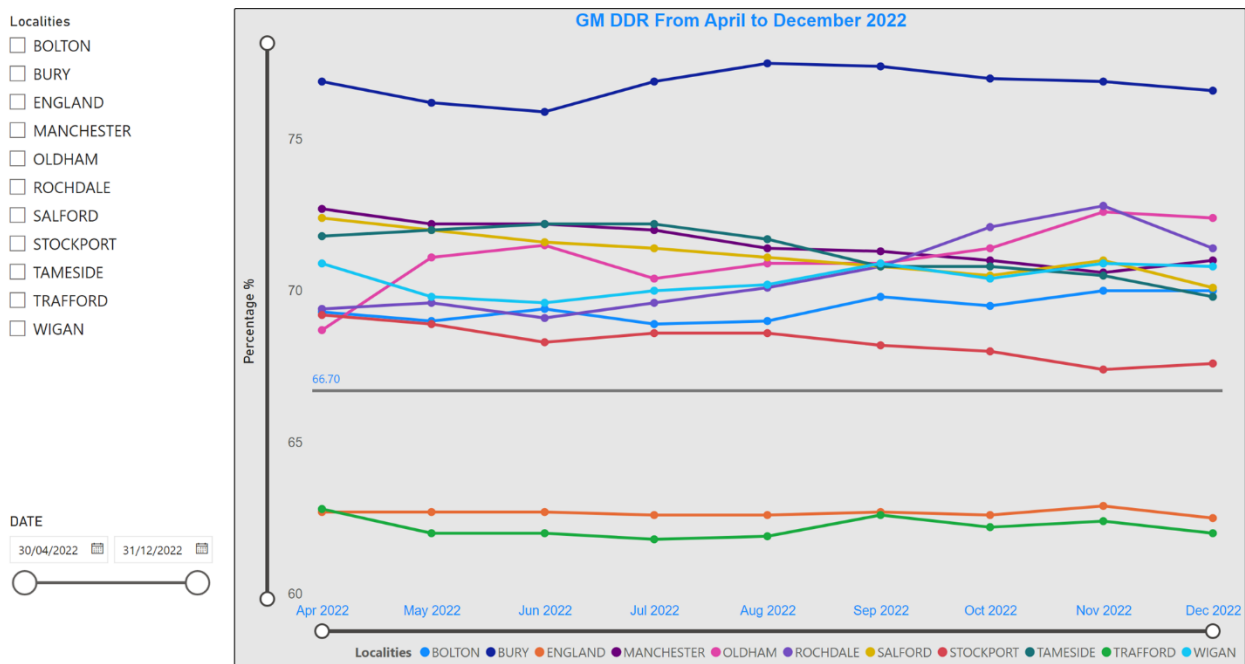
3.2 In order to deliver these aspirations, a new Action Plan for delivery has been developed with ownership across health and social care, including primary care (see Appendix 1). These actions are intended to improve the pathway for people, and their Carers, from pre-diagnosis, diagnosis, and post-diagnosis support. It requires a multi-agency joined up approach.

3.3 One of the priority actions on the Plan is to ensure that all future service developments are designed with coproduction in mind. Coproduction or co-

design ensures that professionals involve people with lived experience, and their Carers, so that everyone has an equal contribution and better outcomes are achieved. Adult Social Care’s Commissioners have been identified as the lead for ensuring a coproduction approach and intend to commission specialist Dementia VCSE organisations to provide the vehicle for coproduction with citizens and carers across the city. Once this is in place, then the priority work on the post-diagnostic support pathway can be commenced, alongside other planned developments. It is envisaged that the coproduction model could be in place around April/May this year.

3.4 Dementia Diagnosis Rate

3.4.1 There are 6 national key performance indicators for mental health services and the Dementia diagnosis rate is one of these. The target is that two thirds of the estimated number of people with Dementia in England should have a diagnosis and the graph below shows the diagnosis rate across Greater Manchester for 2022/23 with Manchester consistently meeting the target and approximately 10% above the England average. We only have data up to December 2022 that has been accredited nationally.



3.4.2 Other data from the Memory Assessment Team Service (MATS) is:

- The caseload of MATS has consistently increased in this time period, i.e., in April it was 948 and by December it was 1357 and to manage this increase the service has put on additional sessions at the weekend
- Approximately 75% of initial assessments were carried out within 6 weeks of referral with approximately 95% of people being diagnosed within 12

weeks of the initial assessment, though by December 2022 only 64% of people had received a diagnosis within 12 weeks of referral which was a dip in performance from achieving over 80% in spring and summer

The reasons for this dip are:

- As outlined higher demand and elevated levels of acuity
- Both North and South MATS Services have been impacted by shortage of staff due to staff leaving, sickness and new starters.
- Delays in assessing patients due to cancellations due to patient illness.

3.4.3 As outlined in the action plan there is the intention to review the service to ensure it is meeting best practice and meeting the needs of a diverse city

3.5 Working with South Asian communities

3.5.1 It is recognised that not all the city's diverse communities access services that are for people living with Dementia and it has been highlighted that nationally this is a particular issue for South Asian communities with low uptake of the memory assessment service. The Engagement Team led on a project to undertake the following:

- Create a toolkit to support mosques and temples to become Dementia-friendly
- Co-produce awareness resources
- Deliver training sessions for South Asian communities to understand the signs and symptoms of Dementia.

3.5.2 The link below provides an overview of the work that was undertaken and completed and the resources that were created. (Once the link is accessed, scroll to the bottom of the page where there are links to the films created and the leaflets including raising awareness of the signs and symptoms, a leaflet detailing support available and the leaflet about supporting mosques and temples to make their place of worship Dementia-Friendly.)

<https://dementia-united.org.uk/manchester-increasing-awareness-of-dementia-in-south-asian-communities-in-manchester/>

3.5.3 The Steering Group recognises there is still much work to be done on ensuring equitable access to all services and this will be a thread running through all the work that is outlined in the project plan with a particular focus on the post diagnostic support offer and the review of the memory assessment service.

3.6 Developing the Care Co-ordinator role

3.6.1 As outlined in the action plan and NICE guidance, the aim is that all people living with Dementia should have access to a care co-ordinator who acts as their first point of contact for information and help and oversees the

maintenance of the personalised care plan. It is likely that this role will have strong links in Primary Care as this is often where people seek initial support when first diagnosed. To reflect this one of the city's 14 primary care networks (PCNs) has developed a Dementia Care Navigator post using the Additional Roles Reimbursement Scheme (ARRS) that has enabled Primary Care to expand its workforce. A Task and Finish group was set up to develop the job description and person specification and the role has been recruited to and its impact will be evaluated.

3.7 Working with acute hospitals

3.7.1 One of our key partners in improving dementia services is our acute hospital provider, Manchester University NHS Foundation Trust (MFT), as it is estimated that up to 25% of acute hospital beds are occupied by a patient who has a diagnosis of dementia. The Trust now produces a bi-monthly Dementia Dashboard, and this is reported into the MFT Dementia Care Operational Group which includes data relating to audits, training, falls and safety incidents for people living with Dementia.

3.7.2 The MFT Dementia Team also aims to provide meaningful activities to enhance the patient journey across clinical areas and colleagues have access to a Dementia care bundle along with other useful information via the Dementia Intranet Page to support care delivery.

3.7.3 Wythenshawe Hospital has an established Dementia Link Practitioner support system led by the MFT Dementia Specialist Nurses to ensure colleagues are able to share lessons learnt and good practice. The Team also produces a bi-monthly newsletter to ensure colleagues are kept up to date with changes in practice and upcoming events/initiatives.

3.8 Attendees at Health Scrutiny

3.8.1 The following members of the Dementia Steering Group have been invited:

- Jonathan Kaye, Co-Chair of the Steering Group and Clinical GP Lead
- Julie Taylor, Locality Director of Strategy/Provider Collaboration (Manchester), NHS Greater Manchester Integrated Care
- Juliet Eadie, Senior Commissioning Manager, NHS Greater Manchester Integrated Care
- Zoe Robertson, Head of Adult Social Care Commissioning
- Sally Ferris, CEO (Chief Executive Officer) of Together Dementia Support
- Trish Dwyer, Later Life Service Manager, Manchester Services, GMMH
- Jeff Seneviratne, Dementia Carers Expert Reference Group (Dementia United (DCERG) & Chair of the Trustees, Together Dementia Support)

4.0 Recommendations

4.1 Members of the Health Scrutiny Committee are requested to comment on and note the recent improvement work on Dementia, the new Vision and ambition

for the city and resultant Action Plan, all underpinned by a strong commitment to coproduction with VCSE Dementia organisations.

5.0 Appendices

5.1 Appendix 1: Draft Action Plan

Manchester Dementia Steering Group: Action Plan March 2023

Acronyms:

ARRS: Additional Roles Reimbursement Scheme – aim is to provide multi-disciplinary teams based in primary care following an assessment of local need

DCERG: Dementia Carers Expert Reference Group – hosted by Greater Manchester Dementia United

GMMH: Greater Manchester Mental Health NHS Trust

MICP: Manchester Integrated Care Partnership

MLCO: Manchester Local Care Organisation

PCNs: Primary Care Networks

VCSE: Voluntary, Community & Social Enterprise

Objective	Benefit	Expected Outcome / Output	Completion Date	Lead(s)	Key Linkages	Links to Vision
Lived Experience						
Embed lived experience and co-production in all of the work of the Dementia Steering Group	To ensure that the voice and views of people with lived experience informs and guides all decisions made by the group and the wider health and care system which will lead to better services	<ul style="list-style-type: none"> An agreed process that all partners in the Dementia Steering Group have signed up to that outlines how people with lived experience are engaged in co-producing service development & re-design; Evidence of the impact that people with lived experience have made on service development and re-design; 	<ul style="list-style-type: none"> April 2023 Bi-annual report TBC 	Lived Experience /DCERG /VCSE /GMMH & MICP	<ul style="list-style-type: none"> Engagement Team at MICP Lived Experience work at GM Dementia United Lived Experienced work at GMMH 	No. 2 & Greater Manchester Vision

Objective	Benefit	Expected Outcome / Output	Completion Date	Lead(s)	Key Linkages	Links to Vision
		<ul style="list-style-type: none"> Stakeholders bring examples of issues impacting on people living with dementia & their carers & group collectively agrees solutions 				
Diagnosis Pathway						
Review of Memory Assessment Service to ensure it meets best practice	Ensure that the pathway meets the needs of the city's diverse population, that we have clear referral pathways in place for primary care, acute hospitals and care homes and that an agreed suite of information is shared	<ul style="list-style-type: none"> An outline of the pathway that can be shared with appropriate professions and Carer's Manchester Network Agreed information for people who are diagnosed and their family /carers 	<ul style="list-style-type: none"> By January 2024 	GMMH /MICP /DCERG /Lived experience		No.6
Post Diagnostic Support Offer						
To have an agreed post diagnostic support programme that meets the needs of the city's population and information about the	A programme that provides a range of support that should enable people living with dementia to continue to be a part of their local community and provide appropriate	<ul style="list-style-type: none"> Completion of digitalised care pathway To work with the newly formed Dementia Alliance to co-produce the post diagnostic support pathway 	<ul style="list-style-type: none"> By April 2023 TBC By June 2023 	MLCO /MICP / VCSE / DECRG / Lived Experience /GMMH		Nos. 1, 5, 7 & 8

Objective	Benefit	Expected Outcome / Output	Completion Date	Lead(s)	Key Linkages	Links to Vision
pathway is available in a range of mediums for people living with dementia, carers and professionals	support and training for carers which should prevent care provision breakdown, reduce the need for crisis intervention and urgent admissions to hospital settings	<ul style="list-style-type: none"> Review of current commissioned and non commissioned provision A workshop to bring together all key stakeholders to outline current offer and identify gaps led by newly formed Dementia Alliance Develop a system wide quality improvement plan underpinned by an Equality Impact Assessment 	<ul style="list-style-type: none"> By June 2023 By September 2023 			
To ensure that all people living with dementia have access to a dementia navigator /care co-ordinator	By having a single person who is responsible for co-ordinating care for people living with dementia and updating the dementia well-being plan it will provide assurance that person centred care is delivered and provides assurance to the individual and their carer that there is	<ul style="list-style-type: none"> An agreed understanding of the role at all stages of dementia pathway How it fits in with the role of the dementia support advisor and other navigator roles in the city Potential development of role in PCNs as part of ARRS 	<ul style="list-style-type: none"> By April 2023 By September 2023 By September 2023 By November 2023 	MICP /PCNs /VCSE /GMMH/ DCERG / Lived Experience	ARRS Working Group	No.7 & Greater Manchester Vision

Objective	Benefit	Expected Outcome / Output	Completion Date	Lead(s)	Key Linkages	Links to Vision
	appropriate support and advice throughout the pathway	<ul style="list-style-type: none"> Potential costed business case that ensures all have access to this resource 				
To pilot the digitalised well-being plan and an assurance process in place in primary care for the completion of plans	A care plan that will be user focussed and will be accessible to a range of appropriate providers with the intention that it will be completed and used in a consistent approach across all of Manchester	<ul style="list-style-type: none"> As a pilot site the opportunity to inform the development of the digitalised plan A fully operational digitalised well-being plan that can be used in a range of settings A governance structure / incentive scheme that provides assurance that all well-being plans are being developed and reviewed to an agreed standard 	<ul style="list-style-type: none"> By November 2023 	PCN & MICP	Dementia United	No.7 & Greater Manchester Vision
Support offer to carers						
To ensure that the Carers Pathway delivered through Carers Manchester Network and Adult Social	Carers save the health and social care economy millions each year. By having a range of support offers as well as information, advice	There is already significant work underway on the Carers Strategy and pathway to support. This action plan will specifically focus on the specialist support to	Currently the Carers Manchester Support Pathway is being retendered. Work to	MLCO & DCERG	Carer's Manchester Network and the Carers Partnership Group	No.8

Objective	Benefit	Expected Outcome / Output	Completion Date	Lead(s)	Key Linkages	Links to Vision
Care statutory carers assessments meet the needs of carers supporting people with Dementia	and guidance, carers can be supported to continue caring with a small bit of help which is often the preferred choice of the cared-for person. Support for Carers is also a statutory duty for adult social care under the Care Act 2014.	Carers of people living with Dementia including: access to respite opportunities from specialist Dementia Carer Organisations and provision of specialist information, advice and guidance for Carers	ensure there is a robust carer support pathway for carers caring for people with Dementia will be effective from July 2023.			
To ensure that there is a menu of services for Carers to benefit from a vital break from caring. This could range from a sitting service, daycare, overnight care and pre-booked/pre-planned holiday respite. Commissioners are planning to	To avoid carers reaching crisis (and potentially stopping their caring role) there should be a range of different options for carers to have a break. This small investment allows carers to continue their caring role, saving the health and social care economy.	<ul style="list-style-type: none"> • A respite coordinator will be recruited to once the procurement process is completed • No. of carers benefiting from respite • No. of carers accessing different types of respite • Satisfaction levels with respite break 		MLCO & DCERG		No.8

Objective	Benefit	Expected Outcome / Output	Completion Date	Lead(s)	Key Linkages	Links to Vision
introduce MyTime		<ul style="list-style-type: none"> Ease of booking planned holidays with care providers 				
Commissioning and Monitoring						
To complete Joint Strategic Needs Assessment on Dementia	To ensure that the city has an up-to-date picture of current and future need that can be used as part of commissioning process	An agreed and easily accessible needs assessment document that outlines present and future needs	By December 2023	Lived Experience /Population Health /MLCO/ MICP/ GMMH/DCERG/VCSE		
To agree information that should be routinely collected by all commissioned providers	To have a range of accessible information that informs the understanding of the need in the city and enables stakeholders to understand performance of commissioned providers & highlight where improvements need to be made	<ul style="list-style-type: none"> A comprehensive suite of information that is easily accessible that, where appropriate, can track a citizen's journey on the dementia pathway 	By March 2024	MLCO / /MICP/GMMH/ VCSE /DCERG	Development of NHSE information for dementia that will focus on waiting times for memory assessment service and access to post diagnostic support	Greater Manchester Vision

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 March 2023

Subject: Pennine Acute Disaggregation Update

Report of: Director of Strategy, MFT and Locality Director of Strategy/Provider Collaboration (MICP)

Summary

This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the Northern Care Alliance (NCA).

The paper provides the following:

- A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust.
- An overview of the disaggregation approach and context of complex services.
- A summary of proposals to disaggregate four complex services namely Cardiology, Gastroenterology, Rheumatology and Urology (6 low volume pathways).
- A summary of the assessment of the impact of these proposed changes on North Manchester residents in terms of quality, equality, patient choice, travel and access.

Recommendations

The Committee is recommended to consider, question and comment upon the information in this report.

Wards Affected: North Manchester wards including Ancoats & Beswick, Charlestown, Cheetham, Clayton & Openshaw, Crumpsall, Deansgate, Harpurhey, Higher Blackley, Miles Platting & Newton Heath, Moston, Piccadilly.

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

None

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

An Equality Impact Assessment has been completed for both service change proposals through a partnership approach between MFT and NHS Greater Manchester Integrated Care (Manchester).

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	N/A
A highly skilled city: world class and home-grown talent sustaining the city's economic success	N/A
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	N/A
A liveable and low carbon city: a destination of choice to live, visit, work	N/A
A connected city: world class infrastructure and connectivity to drive growth	N/A

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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Background documents (available for public inspection):

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

1. Service Change Proposal for Cardiology
2. Service Change Proposal for Gastroenterology
3. Service Change Proposal for Rheumatology
4. Service Change Proposal for Urology (6 low volume pathways)

1.0 Introduction and Purpose

- 1.1 This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the Northern Care Alliance (NCA). In particular, planned service changes to disaggregate North Manchester General Hospital (NMGH) services from the legacy PAHT and integrate them into MFT and the remainder of the legacy PAHT sites into the NCA.
- 1.2 The paper provides the following:
- A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust
 - An overview of the disaggregation approach and context of complex services
 - A summary of proposals to disaggregate four complex services namely Cardiology, Gastroenterology, Rheumatology and Urology (6 low volume pathways)
 - A summary of the assessment of the impact of these proposed changes on North Manchester residents in terms of quality, equality, patient choice, travel and access.

2.0 Strategic Context

- 2.1 In January 2016, health care partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services. This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital trust for Manchester. The findings of the report were endorsed by all the participating organisations.
- 2.2 At the same time, PAHT was facing significant challenges. Following many years of financial difficulties, a Care Quality Commission (CQC) inspection identified material problems with standards of care, and in August 2016 the Trust was rated as Inadequate. The NHS Improvement regional team undertook an option appraisal in respect of the long-term future of PAHT, and this concluded that the preferred option was for NMGH to be acquired by MFT, and for the other PAHT sites to be acquired by Salford Royal Foundation Trust (SRFT). MFT formally acquired the NMGH site and services through a commercial transaction on 1 April 2021, and SRFT acquired the remaining elements of PAHT through a statutory transaction on 1 October 2021 and became the Northern Care Alliance (NCA).
- 2.3 MFT and the NCA developed business cases to support the acquisitions, and these recognised the potential to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively. However, both business cases also identified the significant legacy challenges in the former PAHT services,

particularly in relation to financial sustainability and the need to invest in infrastructure (including Estate and Digital).

- 2.4 In its 15 years of independent operation there was some significant integration of services across the PAHT sites. The process of disaggregating these is therefore complex. MFT and the NCA have strong post-transaction joint working arrangements with considerable progress-to-date and are continuing to work through these structures to agree the most appropriate timing and approach for disaggregation of these complex service arrangements.
- 2.5 NCA and MFT are progressing their plans for investment in the former PAHT sites and services, including new and improved buildings, equipment and information systems. On digital investment, MFT successfully rolled out the new electronic patient record (EPR) across the Trust (including NMGH) in September 2022.
- 2.6 Without the implementation of integrated information systems within the new organisations it will not be possible to operate single services effectively, and the benefits of organisational integration will not be optimised.

3.0 Disaggregation

3.1 Overview

- 3.2 At the time of the transaction, it was agreed to minimise any changes in clinical/patient pathways for 'Day 1' as a means of ensuring a safe and smooth transition. To support this agreement, a series of Service Level Agreement (SLA) arrangements were put in place to oversee the delivery of patient pathways across the North Manchester, Bury, Oldham and Rochdale hospital sites. However, both MFT and the NCA have agreed that, over the coming months and years, the SLA arrangements should be wound down and accompanied by the sustainable integration of NMGH services into MFT and Bury/Oldham/Rochdale services into the NCA. This process is often referred to as the 'disaggregation' of legacy PAHT services and has been ongoing since the transactions were completed in 2021.
- 3.3 The process of disaggregation has required significant collaboration and co-operation between the NCA and MFT. It is a complex and wide-ranging piece of work that has implications across a variety of areas including workforce, IM&T, finance and governance. The work to disaggregate services must be handled carefully and with due regard to minimising the impact on patients, and staff. The initial work to disaggregate services was overseen by the legacy PAHT Board and was also evaluated by NHS England as part of the Transaction Review process.
- 3.4 For each specialty or pathway that is being disaggregated, a working group of clinical experts in that specialty is convened to review the current service and develop clinical model options, whilst a range of information including patient feedback, clinical outcomes and equality analysis is analysed to understand which options will deliver the best model for patients.

4.0 Progress

- 4.1 At the time of the transactions, approximately 90 SLA arrangements were in place across a range of clinical and corporate areas. As of October 22, approximately half of these arrangements had been stood down. The SLAs that have been concluded to date represent the most straightforward disaggregation processes that have impacted small numbers of staff and have not required any changes to patient pathways.
- 4.2 A recent catalyst for change has been the introduction of MFT's new electronic patient record (EPR) programme in September 2022 which brought the North Manchester site, and other hospitals within MFT, together under one system called HIVE. Until that point, NMGH, while being run by MFT, was part of the previous digital infrastructure supporting PAHT. Key services including Clinical Haematology, Sleep services and Foetal Medicine pathways were disaggregated prior to 'go live' of this new system to ensure that patients could be safely managed within one system. For patients accessing these services this has meant either remaining under the care of a NCA, or ex-PAHT service, or choosing to move under the care of a MFT clinical team. For example, Clinical Haematology services are based at the Royal Oldham Hospital, however some patients living in North Manchester were able to move their care to newly created pathways delivered from North Manchester General by MFT.
- 4.3 These changes were considered by Scrutiny committees in the affected localities in July 2022 (including Manchester Scrutiny on 20th July) and followed the agreed Greater Manchester (GM) Service Change Framework – see appendix 1.

5.0 PAHT Complex Services

- 5.1 The process of disaggregating services from the legacy PAHT footprint has benefitted from excellent working relationships between MFT and NCA. Whilst substantial progress has been made, there is a residual set of services that presents the most complex challenges in respect of service disaggregation.
- 5.2 These are services that will potentially require a change in location or change in patient flows. As such, there has been strong engagement and early discussions with all relevant commissioners / localities¹ through a series of large-scale meetings and close working with all partners to ensure a collaborative approach to developing service change proposals.

6.0 Which services are affected?

- 6.1 The following services are to be disaggregated in the next wave. This means that the services are split between the two organisations using an agreed set of principles. This includes splitting of the workforce, budget and waiting lists. In the main, service provision remains the same however there will be some

¹ Manchester, Bury, HMR, Oldham, Trafford, Salford and Specialist Commissioning

elements of service change to ensure alignment of services to each respective organisation. Furthermore, all services will be provided within both the NCA and MFT offering patients the choice of which service to access.

6.2 Phase 2 – changes to be made by September 2023 and current estimate of patient numbers impacted:

- Cardiology - impacts ~ 650 patients per year
- Gastroenterology – impacts ~ 25 inpatients and ~225 outpatients per year
- Rheumatology impacts ~270 patients per year
- Urology – 6 low volume pathways -impacts ~5 to 60 patients per pathway (~210 in total across the 6 pathways)

6.3 Phase 3 – changes to be made after September 2023

- Ear, nose and throat (ENT)
- Urology – further pathways
- Trauma & Orthopaedics
- Vascular Surgery

7.0 Providing the best care for our population

7.1 The integration of these services into MFT and NCA single services respectively, maximises the opportunity to realise the benefits envisaged in the organisational restructuring of PAHT as determined by NHS Improvement. Moreover, it delivers safe and clinically sustainable services for the populations of Bury, Oldham, Rochdale and North Manchester.

7.2 For each service or clinical pathway, the following steps are taken:

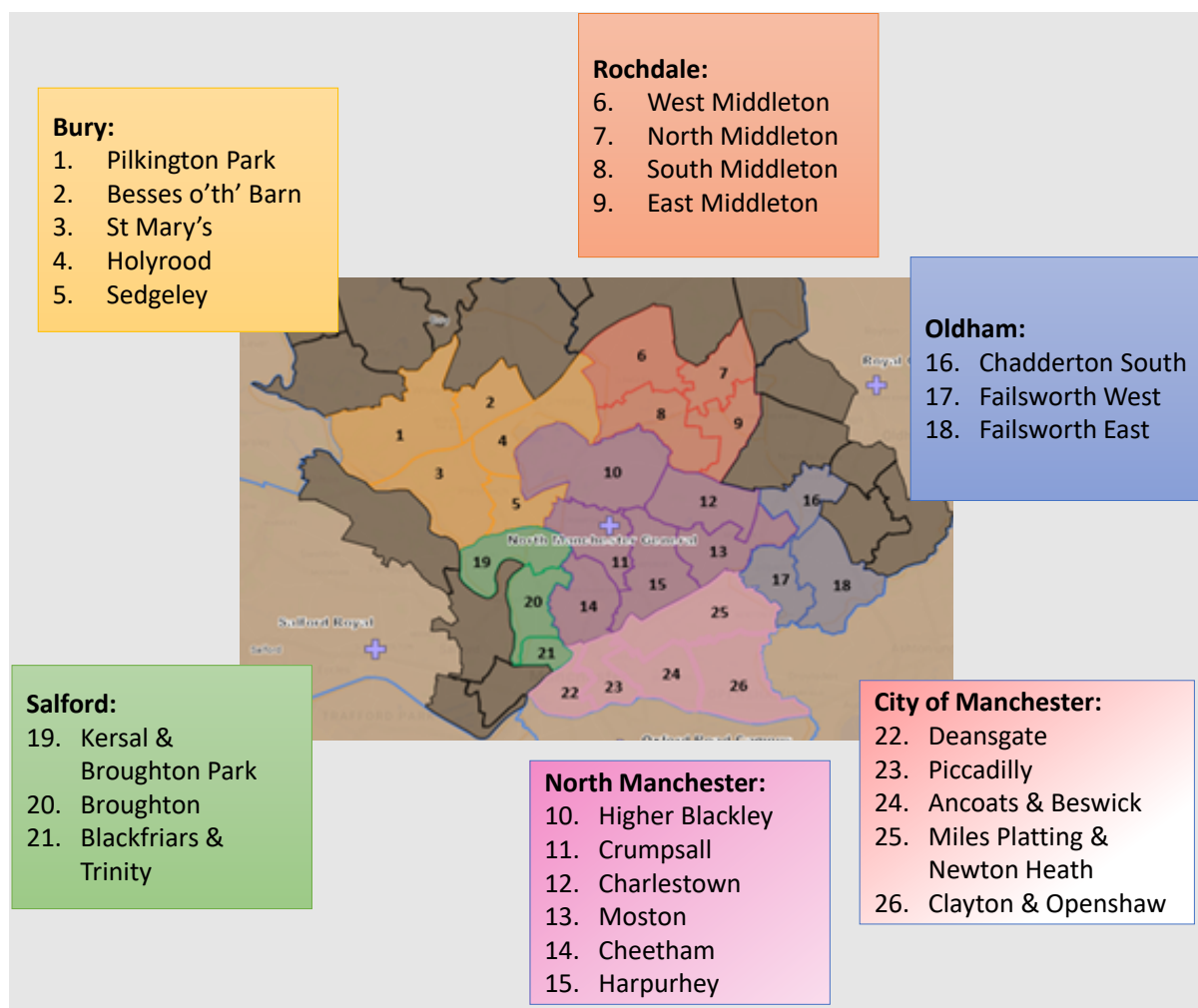
- A joint working group of clinicians is established to oversee development and agreement of options for the clinical model.
- Patient and service user engagement to seek views on the best pathways for patients and the impacts of potential changes. This includes a review of existing patient feedback such as Friends and Family Test and complaints data, patient surveys if appropriate for the service in question, engagement with existing patient forums, engagement with Healthwatch organisations and completion of an Equality Impact Assessment.
- Based on this feedback, the clinical working group then considers options for safely integrating or re-providing services within MFT and NCA and develop proposals which support the following:
 - Quality and safety
 - Patient experience
 - Health inequalities
 - Efficiency - reduction in waiting times as well as being delivered within existing costs
 - Deliverability e.g., we have the right workforce
 - Travel and access for the population
 - Strategic fit e.g., alignment with any wider clinical decisions

- 7.3 The process includes a review of a long list of options, followed by a detailed appraisal of shortlisted options, with clinical consensus on the preferred way forward. All service change proposals follow the Service Change Framework agreed by the Greater Manchester Integrated Care Board (GM ICB) including an assessment of whether they constitute 'substantial variation'. See appendix 1 for the Service Change Framework.
- 7.4 A detailed travel analysis is undertaken to understand the impact of the proposed changes on the NMGH catchment population. This considers the impact for residents living in the catchment area on journey times by car and public transport (including bus, tram and a combination of the two). The analysis also considers the impact on the cost of travel.

8.0 What does this mean for the NMGH catchment population?

- 8.1 The NMGH catchment population is defined as those wards for whom NMGH is the closest hospital. The access impact of the proposals on this population has been considered. This does not mean that residents outside this catchment area cannot or do not use NMGH nor that residents in this care cannot and do not choose to attend NMGH. However, this methodology provides a good assessment of the impact on the patients and residents who are most likely to use NMGH and are therefore most affected by any proposed service changes. The map below shows the catchment area and constituent wards used in this analysis.

Figure 1: NMGH core catchment area and constituent wards



8.2 The tables below summarise the impact of the changes in Cardiology, Gastroenterology, Rheumatology and Urology (6 low volume pathways) on the NMGH catchment.

Table 1: Summary of changes and impact – Cardiology

Cardiology	Impact on the NMGH catchment
Summary of changes	<p>A Catheter lab is a specialised area in the hospital where doctors perform tests and procedures to diagnose and treat cardiovascular disease.</p> <p>Patients from North Manchester, Bury, Rochdale and Oldham requiring Catheter Laboratory treatment are largely seen at Fairfield General Hospital's Silver Heart Unit. In the future, a patient who is referred to North Manchester General to see a cardiologist would receive their Catheter Laboratory treatment at Manchester Royal Infirmary, rather than at Fairfield General Hospital. This will affect circa 650 patients per year.</p> <p>Improvements in the patient pathway mean that approximately 20% of these patients can be assessed by a less invasive CT scan.</p>

Cardiology	Impact on the NMGH catchment
<p>Patient feedback summary</p>	<p>The proposals were presented to the Patient and Public Advisory Group (PPAG) of Manchester Health and Care Commissioning and Manchester, Trafford, Salford, Bury, Oldham and Rochdale Healthwatch. No specific concerns were raised about the proposal itself, however, general issues regarding travel costs, transport access and car parking at hospital sites were mentioned.</p> <p>A survey has been undertaken of patients accessing the rapid access chest pain clinics at North Manchester General Hospital (NMGH) over a two-week period. This found a similar proportion of respondents would find it very easy or fairly easy to travel to MRI and FGH.</p>
<p>EQIA summary</p>	<p>A full Equality Assessment has been undertaken. Cardiovascular disease (CVD) is strongly associated with health inequalities, if you live in England's most deprived areas, you are almost four times more likely to die prematurely than someone in the least deprived. CVD is more common where a person is male, older or ethnicity of south Asian or African Caribbean².</p> <p>The proposal to use non-invasive CT versus Catheter lab will improve pathways and outcomes for all groups. The proposed change creates no greater barriers than those that already exist and no specific disbenefits to people with protected characteristics.</p>
<p>QIA summary</p>	<p>A full Quality Impact Assessment has been undertaken. No adverse impacts were identified across any domain.</p>
<p>Travel analysis</p>	<p>A detailed travel analysis has been completed. The average journey time by car for the overall catchment is the same for MRI (16 mins) compared to FGH (16 mins). Public transport journey times are significantly less to MRI than FGH (average journey time is 43.6 minutes compared to 63.9 minutes). Travel costs are on average cheaper for both car and public transport users. Car parking is broadly comparable.</p>
<p>Patient choice impact</p>	<p>As per current arrangements, patients wishing to choose an MFT or NCA pathway would need to do so for the whole pathway including their first outpatient appointment. A specific choice exercise will be undertaken to support the partial service change, and this will involve communication with NMGH patients who have a complex device, to ascertain their preferences for follow up care.</p>

² Health Matters: Preventing Cardiovascular Disease, Public Health England, February 2019

Cardiology	Impact on the NMGH catchment
Substantial variation assessment	It is recommended that this change does not constitute substantial variation because it affects a limited number of patients and travel and access is similar or better for most of the population.

Table 2: Summary of changes and impact – Gastroenterology

Gastroenterology	Impact on the NMGH catchment																																
Summary of changes	<p>Gastroenterologists diagnose, treat and work to prevent gastrointestinal (stomach and intestines) and hepatological (liver, gallbladder, biliary tree and pancreas) diseases.</p> <p>Plans are being developed to integrate the NMGH gastroenterology service within the MFT Group for NMGH catchment patients in four areas as follows:</p> <table border="1"> <thead> <tr> <th>Pathway</th> <th>Current site</th> <th>Proposed site</th> <th>NM Catchment volumes (pa)</th> </tr> </thead> <tbody> <tr> <td>Acute inpatients</td> <td>ROH</td> <td>NMGH</td> <td>26</td> </tr> <tr> <td>Specialist Endoscopy procedures (EMR/ESD)</td> <td>ROH, FGH, RI</td> <td>MRI</td> <td>75</td> </tr> <tr> <td>GI Physiology</td> <td>RI</td> <td>Wyth</td> <td>222</td> </tr> <tr> <td>Fibroscans (specialist test)</td> <td>RI</td> <td>MRI</td> <td>141</td> </tr> </tbody> </table> <p>In addition, a small amount of specialist endoscopy activity is still being delivered at NMGH for Oldham, Bury and Rochdale residents. These procedures require the use of the fluoroscopy suite at NMGH and are proposed to be delivered at Royal Oldham Hospital following the building of their new fluoroscopy suite.</p> <table border="1"> <thead> <tr> <th>Pathway</th> <th>Current site</th> <th>Proposed site</th> <th>NCA Catchment volumes (pa)</th> </tr> </thead> <tbody> <tr> <td>ERCP procedures</td> <td>NMGH</td> <td>ROH</td> <td>208</td> </tr> <tr> <td>EUS procedures</td> <td>NMGH</td> <td>ROH</td> <td>93</td> </tr> </tbody> </table>	Pathway	Current site	Proposed site	NM Catchment volumes (pa)	Acute inpatients	ROH	NMGH	26	Specialist Endoscopy procedures (EMR/ESD)	ROH, FGH, RI	MRI	75	GI Physiology	RI	Wyth	222	Fibroscans (specialist test)	RI	MRI	141	Pathway	Current site	Proposed site	NCA Catchment volumes (pa)	ERCP procedures	NMGH	ROH	208	EUS procedures	NMGH	ROH	93
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Gastroenterology	Impact on the NMGH catchment																							
Patient feedback summary	The proposals were presented to the Patient and Public Advisory Group (PPAG) of Manchester Health and Care Commissioning and Manchester, Trafford, Salford, Bury, Oldham and Rochdale Healthwatch. The groups supported the case for change and the proposed preferred way forwards. In wide-ranging discussions, the groups did not raise any specific concerns about the proposal itself. General issues regarding travel costs, transport access and car parking at Hospital sites were discussed as well as the need for clear patient information during implementation.																							
EQIA summary	A full equality impact assessment has been completed. This did not identify any negative impacts of the proposed changes.																							
QIA summary	A full Quality Impact Assessment has been undertaken. No adverse impacts were identified across any domain.																							
Travel analysis	<p>A detailed travel analysis was undertaken. The outcome of this is summarised below:</p> <table border="1" data-bbox="502 891 1394 1704"> <thead> <tr> <th data-bbox="502 891 691 965">Service</th> <th data-bbox="694 891 917 965">Car</th> <th data-bbox="920 891 1169 965">Public transport</th> <th data-bbox="1173 891 1394 965">Cost</th> </tr> </thead> <tbody> <tr> <td data-bbox="502 969 691 1115">Acute inpatients</td> <td data-bbox="694 969 917 1115">Reduced from 13.8 minutes to 10.2 minutes</td> <td data-bbox="920 969 1169 1115">Reduced by 25 minutes</td> <td data-bbox="1173 969 1394 1115">Cheaper for car and public transport</td> </tr> <tr> <td data-bbox="502 1120 691 1301">Specialist Endoscopy EMR/ESD</td> <td data-bbox="694 1120 917 1301">Comparable journey times, +/-3 minutes on average</td> <td data-bbox="920 1120 1169 1301">average journey times reduced by almost 30 minutes</td> <td data-bbox="1173 1120 1394 1301">Cheaper for car and public transport</td> </tr> <tr> <td data-bbox="502 1305 691 1487">Fibroscans</td> <td data-bbox="694 1305 917 1487">Marginal increase from 13.8 minutes to 16.4 minutes</td> <td data-bbox="920 1305 1169 1487">Reduce from 52.7 mins to 43.6 minutes</td> <td data-bbox="1173 1305 1394 1487">Cheaper for car and public transport</td> </tr> <tr> <td data-bbox="502 1491 691 1704">GI Physiology</td> <td data-bbox="694 1491 917 1704">Increase of 3 minutes</td> <td data-bbox="920 1491 1169 1704">Increase of 9 minutes</td> <td data-bbox="1173 1491 1394 1704">Increase of 44p for car users and £2.01 for public transport</td> </tr> </tbody> </table>				Service	Car	Public transport	Cost	Acute inpatients	Reduced from 13.8 minutes to 10.2 minutes	Reduced by 25 minutes	Cheaper for car and public transport	Specialist Endoscopy EMR/ESD	Comparable journey times, +/-3 minutes on average	average journey times reduced by almost 30 minutes	Cheaper for car and public transport	Fibroscans	Marginal increase from 13.8 minutes to 16.4 minutes	Reduce from 52.7 mins to 43.6 minutes	Cheaper for car and public transport	GI Physiology	Increase of 3 minutes	Increase of 9 minutes	Increase of 44p for car users and £2.01 for public transport
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GI Physiology	Increase of 3 minutes	Increase of 9 minutes	Increase of 44p for car users and £2.01 for public transport																					
Patient choice impact	As per current arrangements, patients wishing to choose an MFT or NCA pathway would need to do so for the whole pathway including their first outpatient appointment.																							
Substantial variation assessment	It is proposed that these changes do not constitute substantial variation because of the limited patient numbers affected per pathway.																							

Table 3: Summary of changes and impact – Rheumatology

Rheumatology	Impact on the NMGH catchment
Summary of changes	<p>Rheumatology is the branch of medicine that deals with painful, typically inflammatory or infectious conditions of the joints and other parts of the musculoskeletal system.</p> <p>The vast majority of Rheumatological care is delivered in outpatient clinics (91%). Patients from North Manchester and surrounding areas access Rheumatology outpatient clinics at NMGH and this will not change. A small number of Rheumatology patients require more specialist treatments, including drug infusions and specialist therapy. Some of this is provided at NMGH, but about 270 North Manchester patients attend Rochdale Infirmary for this care. It is proposed that North Manchester residents will be able to access these services at either NMGH or Manchester Royal Infirmary.</p>
Patient feedback summary	<p>The workforce alignment processes have not yet been completed, but the most likely outcome is that the staff who currently provide the service will align to NMGH (MFT). This will mean that the patients continue to receive the same service, in the same location, and provided by the same staff. In this context it is not thought to be appropriate to undertake a patient feedback exercise. If there is a different outcome from the workforce alignment processes, a patient feedback exercise will be undertaken.</p>
EQIA summary	<p>A full Equality Impact Assessment has been undertaken. Given that the proposed change in the main does not impact on the service provision itself, only the location of the delivery, the equality impacts are likely to be fairly limited. Increased access to day case treatment at NMGH will be beneficial to the patient population as a whole. Rheumatological illnesses are more common amongst women, older people and the non-White population, so the beneficial effects will be experienced more by these groups.</p>
QIA summary	<p>A full Quality Impact Assessment (QIA) was completed. There are no adverse impacts expected across any domain.</p>
Travel analysis	<p>Patients would find that the average car journey time would decrease marginally from 19.6 minutes to 16.4 on average but would see journeys by public transport reduce significantly to 43.6 minutes from 72.7 on average. Travel costs are on average cheaper for both car and public transport users. Car parking is broadly comparable.</p>
Patient choice impact	<p>There will be no impact on Patient Choice, and patients will continue to be able to choose where they would like to access care including MFT or NCA pathways.</p>

Rheumatology	Impact on the NMGH catchment
Substantial variation assessment	It is proposed that this change does not constitute substantial variation. This is because of the limited patients affected – the key component of Rheumatology provision is provided via outpatients at NMGH, and this will not change. Travel and access are similar or better for most of the catchment population.

Table 4: Summary of changes and impact – Urology 6 low volume pathways

Urology	Impact on the NMGH catchment																				
Summary of changes	<p>Urology is a part of health care that deals with diseases of the male and female kidneys, bladder, and prostate.</p> <p>The urology pathways included in this wave are for low volume patient pathways including both treatment and diagnosis – see table overleaf.</p> <table border="1"> <thead> <tr> <th>Pathway</th> <th>Current site of delivery</th> <th>Proposed site of delivery</th> <th>2022/23 North Manchester catchment</th> </tr> </thead> <tbody> <tr> <td>Bladder chemotherapy</td> <td>Fairfield General Hospital or Rochdale Infirmary</td> <td>MRI - future aspiration to expand to NMGH</td> <td>48*</td> </tr> <tr> <td>Andrology</td> <td>Rochdale Infirmary outpatient injection Royal Oldham Hospital outpatient vacuum pump</td> <td>MRI specialist regional centre for penile implants</td> <td>14 14</td> </tr> <tr> <td>Urodynamics</td> <td>Fairfield General Hospital or Royal Oldham Hospital</td> <td>Trafford General Hospital future aspiration to expand to NMGH</td> <td>58</td> </tr> <tr> <td>TULA</td> <td>Fairfield General Hospital or Rochdale Infirmary (procedure only)</td> <td>Trafford General Hospital - future aspiration to expand to NMGH</td> <td>14</td> </tr> </tbody> </table>	Pathway	Current site of delivery	Proposed site of delivery	2022/23 North Manchester catchment	Bladder chemotherapy	Fairfield General Hospital or Rochdale Infirmary	MRI - future aspiration to expand to NMGH	48*	Andrology	Rochdale Infirmary outpatient injection Royal Oldham Hospital outpatient vacuum pump	MRI specialist regional centre for penile implants	14 14	Urodynamics	Fairfield General Hospital or Royal Oldham Hospital	Trafford General Hospital future aspiration to expand to NMGH	58	TULA	Fairfield General Hospital or Rochdale Infirmary (procedure only)	Trafford General Hospital - future aspiration to expand to NMGH	14
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Urology	Impact on the NMGH catchment			
	Rezum	Rochdale Infirmary (procedure only)	Trafford General Hospital - future aspiration to expand to NMGH	5
	ESWL	Rochdale Infirmary	Wythenshawe Hospital - future aspiration to expand to NMGH	60
	*2019/20 data utilised			
Patient feedback summary	The proposals were presented to the Patient and Public Advisory Group (PPAG) of Manchester Health and Care Commissioning and Manchester, Trafford, Salford, Bury, Oldham and Rochdale Healthwatch. The groups supported the case for change and the proposed preferred way forwards. In a wide-ranging discussion, the group did not raise any specific concerns about the proposal itself. General issues regarding travel costs, transport access and car parking at Hospital sites were discussed as well as the need for clear patient information during implementation.			
EQIA summary	A full equality impact assessment has been completed. This did not identify any negative impacts of the proposed changes.			
QIA summary	A full Quality Impact Assessment (QIA) was completed. There are no adverse impacts expected across any domain.			
Travel analysis	<p>A detailed travel analysis has been undertaken. This found that:</p> <ul style="list-style-type: none"> • Journeys to MRI (pathways 1 – 2) are on average shorter by car and considerably so by public transport compared to Fairfield General Hospital, Royal Oldham Hospital and Rochdale Infirmary • Journeys to Trafford General Hospital (pathways 3 – 5) are on average longer by car and public transport compared to Fairfield General Hospital and Rochdale Infirmary. However, there are 14 and 5 patients per annum on pathways 4 and 5 respectively. Car parking is also free at Trafford General for less than 3 hours. • Journeys to Wythenshawe (pathway 6) take slightly longer on average by car (3 minutes longer) and public transport (9 minutes). <p>The travel analysis also includes an analysis of the cost of travel which found limited change for all pathways. Except for Trafford</p>			

Urology	Impact on the NMGH catchment
	where car parking is free up to 3 hours, car parking charges are similar at all hospitals.
Patient choice impact	As per current arrangements, patients wishing to choose an MFT or NCA pathway would need to do so for the whole pathway including their first outpatient appointment.
Substantial variation assessment	It is proposed that these changes do not constitute substantial variation because of the limited patient numbers affected per pathway.

9.0 What does this mean for the Manchester population?

- 9.1 The NMGH catchment area includes wards in the north of Manchester locality including Ancoats & Beswick, Charlestown, Cheetham, Clayton & Openshaw, Crumpsall, Deansgate, Harpurhey, Higher Blackley, Miles Platting & Newton Heath, Moston, Piccadilly.
- 9.2 Currently patients in this area access the services affected at legacy PAHT sites including Royal Oldham Hospital, Rochdale Infirmary, Fairfield General Hospital or NMGH. When services are disaggregated, residents in this area will be able to access the same services at an MFT site. MFT sites include NMGH, Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital.
- 9.3 Journey times by car and public transport for residents in these Manchester wards are comparable or shorter to NMGH, MRI, Wythenshawe Hospital and Trafford General. Journey costs are similar or less for the Manchester wards to the MFT hospitals compared to NCA hospitals. Several of the proposed changes increase the range of services provided at NMGH meaning more services available locally which is beneficial to the Manchester population.

10.0 Next steps and recommendation

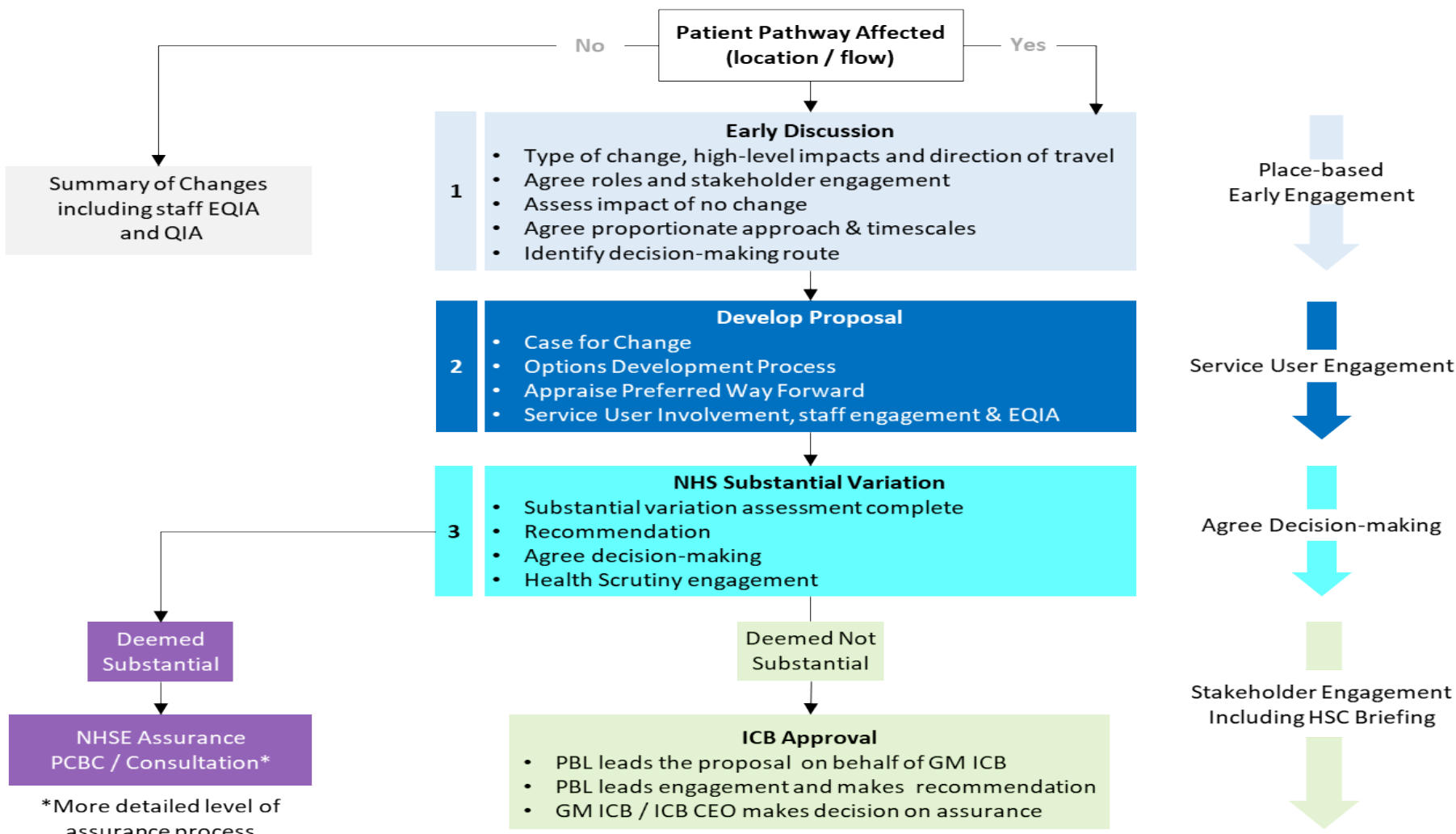
- 10.1 Manchester Health Scrutiny Committee are asked to consider, comment and question the information contained in this report.
- 10.2 Greater Manchester Integrated Care Board (ICB) will then be asked to assess the appropriate option(s) and whether the proposals constitute substantial variation considering feedback from the Scrutiny Committees in each of the affected localities. It should be noted that the Place-Based Lead sits on this Board.
- 10.3 Once a preferred option is selected, the NCA and MFT will work together to develop safe plans for disaggregation. There is a tried and tested process to do this which has been developed over the last 3 years of working together to safely disaggregate services. Depending on the feedback from the affected Scrutiny Committees and decision of the ICB, the estimated timeline for disaggregation of these services is September 2023.

- 10.4 When disaggregated service models are implemented, patients will be provided with appropriate information to support in accessing new sites including travel options and parking information. This will be provided both via letter and digitally. The Equality Impact Assessments will inform the actions required to ensure that all patients are supported to access services.
- 10.5 Later this year, service change proposals for the services included in phase 3 will be brought to the affected Scrutiny Committees for consideration. This includes Trauma & Orthopaedics, Ear, Nose & Throat, Vascular and the remainder of Urology.

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Appendix 1: Service Change Framework for GM ICB

Developing and Assuring Service Change Proposals



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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 March 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 response was received from the office of Steve Barclay, the Secretary of State for Health and Social Care via email 7 February 2023 declining the invitation due to prior diary commitments.	Lee Walker Scrutiny Support Officer
8 February 2023	HSC/23/11 Access to NHS Primary Care: GP, Dentistry and Pharmacy	The Committee recommend that the NHS Greater Manchester Integrated Care lobby for the introduction of water fluoridation in Manchester.	A response to this recommendation has been requested and will be reported back once received.	David Regan Director of Public Health

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 **27 February 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
Unity Homes Ltd	Oakbank Care Home Oakbank, off Rochdale Road Manchester M9 5YA	https://www.cqc.org.uk/location/1-123881207	5 January 2023	Care Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
City Care Partnership Ltd	Fairleigh House 34 Wellington Road Whalley Range Manchester M16 8EX	https://www.cqc.org.uk/location/1-117300110	7 December 2022	Care Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement
Willows Green Health Care Ltd	Willows Green Hospital Nettleford Road Whalley Range Manchester M16 8NJ	https://www.cqc.org.uk/location/1-11892498840	7 February 2023	Independent Mental Health Service	Overall: Inadequate Safe: Inadequate Effective: Insufficient evidence to rate Caring: Inadequate Responsive: Insufficient evidence to rate Well-led: Inadequate
Manchester Prime Care Ltd	Manchester Primecare 296-298, Barlow Moor Road Manchester M21 8HA	https://www.cqc.org.uk/location/1-9252281026	6 February 2023	Homecare Service	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Age Concern Manchester	Age Concern Home Care Central Manchester 50 Brunswick Street Manchester M13 9PE	https://www.cqc.org.uk/location/1-10472246744	17 February 2023	Homecare Service	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
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Vaccination and COVID-19 Update

Contact Officers:

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

The latest data from the COVID-19 Infection Survey shows that the percentage of people in England testing positive for COVID-19 *continued to increase*. It is estimated that 2.18% of the population in England (or around 1 in 45 people) tested positive for COVID-19 compared with 1.88% in the previous week. This equates to around 1,223,000 people. The estimated percentage of people testing positive for COVID-19 increased in the North East, North West, East Midlands, London and the South West. The trends were uncertain in all other regions of England.

As was reported last month, on 12 February 2023 the Autumn Booster programme ended, however, 1st and 2nd doses are still available and more details are available at manchester.gov.uk/getmyjab

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

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

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	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. The main functions of the Sounding Boards are to: • Bring together a group of people that can act as a voice for their communities.	Councillor T. Robinson	David Regan Cordelle Ofori	

	<ul style="list-style-type: none"> • 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. 			
Manchester Equipment & Adaptations Partnership	To receive an update report that provides information on the findings and recommendations of the review undertaken of the delivery model for both minor and major adaptations.	Councillor T. Robinson	Bernadette Enright Karen Crier	Update on the report considered 22 June 2022.
The Ockenden Report - Manchester Foundation Trust's Response	<p>To receive a report that provides an update on the progress to date on Manchester Foundation Trust's Final Ockenden Action Plan (Created May 2022 in response to the recommendations of the Ockenden Report published 30 March 2022).</p> <p>This update report to include comparative data and how Manchester compared to the Shrewsbury and Telford Hospital NHS Trust and to include an update on advocacy and the voice of the women and families.</p>	Councillor T. Robinson	Chris Gaffey Kate Provan	Update on the report considered 22 June 2022.
Greater Manchester Integrated Care Board and Equalities	To receive a report that provides information on how the new GM Integrated Care Board arrangements will address health inequalities.	Councillor T. Robinson	James Binks Ed Dyson	