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MANCHESTER CITY COUNCIL

Health and Wellbeing Board

Date: Wednesday, 2 November 2022
Time: 10.00 am
Venue: Council Antechamber, Level 2, Town Hall Extension

Access to the Council Antechamber

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Filming and broadcast of the meeting

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Membership of the Health and Wellbeing Board

Councillor Craig, Leader of the Council (Chair)
Councillor T Robinson, Executive Member for Member for Healthy Manchester and Adult Social Care (MCC)
Councillor Bridges, Executive Member for Children and Schools Services (MCC)
Katy Calvin-Thomas - Manchester Local Care Organisation
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health
Bernadette Enright, Director of Adult Social Services
Dr Murugesan Raja Manchester GP Board
Dr Geeta Wadhwa Manchester GP Board
Dr Doug Jeffrey, Manchester GP Board
Dr Shabbir Ahmad Manchester GP Board (substitute member)
Dr Denis Colligan, Manchester GP Board (substitute member)

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. Minutes 5 - 8
To approve as a correct record the minutes of the meeting held on 6 July 2022.

5. Reset of the role of the Health and Wellbeing Board 9 - 18
The report of the Director of Public Health is enclosed.

6. Manchester Public Health Annual Report 19 - 138
The report of the Director of Public Health and enclosed.

7. Manchester Healthy Weight Declaration 139 - 148
The report of the Director of Public Health is enclosed.

8. Gambling Related Harms 149 - 182
The report of the Director of Public Health is enclosed.

9. Cost of Living Crisis 183 - 192
The report of the Interim Deputy Place Based Lead (Manchester) is enclosed.

10. Children's Board Annual Report 2021-2022 193 - 208
The report of the Strategic Director of Children and Education Services is enclosed.

11. Better Care Fund (BCF) return 209 - 254
The report of the Senior Planning and Policy Manager, NHS GM Integrated Care is enclosed.

Information about the Board

The Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the health and social care services for Manchester. Its role includes:

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;
- providing advice, assistance or other support in connection with the provision of health or social care services;
- encouraging organisations that arrange for the provision of any health related services to work closely with the Board; and
- encouraging those who arrange for the provision of any health or social care services or any health related services to work closely together.

The Board 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.

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Agenda, reports and minutes of all council committees can be found on the Council's website www.manchester.gov.uk

Smoking is not allowed in Council buildings.

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

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, 25 October 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

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Health and Wellbeing Board

Minutes of the meeting held on 6 July 2022

Present:
Councillor T Robinson, Executive Member for Member for Healthy Manchester and Adult Social Care (MCC)
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
David Regan, Director of Public Health
Neil Walbran, Healthwatch
Dr Murugesan Raja Manchester GP Forum
Dr Doug Jeffrey, Manchester GP Forum

Apologies:
Vicky Szulist, Chair, Healthwatch (substitute attended)
Councillor Bev Craig, Leader of the Council
Councillor Bridges, Executive Member for Children and Schools Services (MCC)
Katy Calvin-Thomas - Manchester Local Care Organisation
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Paul Marshall, Strategic Director of Children's Services
Bernadette Enright, Director of Adult Social Services
Dr Geeta Wadhwa Manchester GP Forum

Also in attendance:
Tim Griffiths, Director of Corporate Affairs (MCC)
Paul Teale, Head of Supported Accommodation (MCC)
Ed Dyson, MHCC
James Binks, Assistant Chief Executive (MCC)
Jamie Higgins, Senior Medicines Optimisation Adviser (NHS)
Lauren Haworth, NHS
Dr Cordelle Ofori, Assistant Director of Public Health (MCC)
Jenny Osborne, Manchester Vaccination Programme (MCC)
Barry Gillespie, Assistant Director of Public Health (MCC)

HWB/22/13 Appointment of Chair

The Committee Support Officer informed members that the Chair had sent apologies for the meeting and asked for nominations for a Chair for the meeting. David Regan nominated Councillor T Robinson, which was seconded by Dr Jeffrey and agreed by the Board.

Decision

Councillor T Robinson was appointed Chair for the meeting.

HWB/22/14 Minutes

Decision

To approve the minutes of the meeting held on 23 March 2022 as a correct record.

HWB/22/15 Integrated Care Systems

The Board considered the report of the Executive Member for Healthy Manchester and Adult Social Care that described that Integrated Care Systems are being established nationally as part of the next phase of health and social care integration. This included the establishment of Greater Manchester Integrated Care (NHS GM) and locality arrangements for Manchester. The Manchester Partnership Board would lead the development of Manchester's future operating model for health and social care integration. The Board further noted that Joanne Roney OBE had been appointed by NHS GM as the Place-Based Lead for Manchester in addition to being Chief Executive of Manchester City Council.

The Director of Public Health stated that a report on the role of the Health and Wellbeing Board in the context of the new arrangements would be submitted to the next meeting of the Board.

Decision

To note the report.

HWB/22/16 Manchester Vaccination Programme Update and Autumn/Winter Planning 2022/3

The Board considered the report and accompanying presentation of the Director of Public Health provided an update on performance of the Manchester Covid-19 Vaccination Programme and planning to date for Autumn/Winter Vaccination 2022/3.

The Board discussed the importance of maintaining public confidence in the booster programme, further noting the additional challenges that the winter flu could present.

The Director of Public Health stated that the Communications message in relation to the vaccination programme would continue.

Decision

To note the report and presentation.

HWB/22/17 Manchester Pharmaceutical Needs Assessment

The Board considered the report of the Director of Public Health that described that the provision of pharmaceutical services fell under the National Health Service (Pharmaceutical and Local Pharmaceutical services) Regulations 2013. The regulations covered the production of this Pharmaceutical Needs Assessment (PNA). The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB).

The PNA steering group had been leading the development of the next PNA for 2023-2026 on behalf of the HWB Board. This report included the Executive Summary of the draft PNA.

The regulations stated that the HWB must undertake a consultation on the content of the PNA and it must run for a minimum of 60 days. It was therefore proposed that that the consultation period for the Manchester PNA ran from Monday 5 September until Friday 4 November 2022.

In response to a question from the Chair, officers stated that the governance arrangements for the PNA steering group were established in accordance with the Pharmaceutical Regulations 2013.

Decision

The Board agree to the Manchester Pharmaceutical Needs Assessment consultation starting on 5 September 2022 and receive the final version of the Pharmaceutical Needs Assessment in January 2023.

HWB/22/18 Building Back Fairer - Tackling Health Inequalities in Manchester

The Board considered the report of the Director of Public Health the described the 'Building Back Fairer – Tackling Health Inequalities in Manchester 2022-27' articulated the actions that the city would take to reduce inequalities, with a focus on the social determinants of health. It had been produced by Manchester's Marmot Health Inequalities Task Group along with insights from trusted organisations that represent or work with people with lived experience of health inequalities who tended to be marginalised or seldom heard. Engagement of the workforce and services across the social determinants of health, and ongoing community and resident involvement would be critical to developing the detail and successful delivery of the plan.

The Chair, on behalf of the Board paid tribute to the officers involved in this important area of work, noting the breadth of work described to address inequalities. The Chair further commented that the values of the report were embedded in the Integrated Care System that had been discussed earlier on the agenda.

The Board discussed the need to meaningfully monitor progress of the work described, noting the challenges presented by funding to deliver the ambitions described.

The Assistant Director of Public Health recognised the comments made regarding the challenges of funding by advising that different services were working collaboratively to pool resources and budgets and maximise all opportunities to bid for sources of funding.

The Director of Public Health stated that the finalised plan would be launched at Council and the ambition was to maintain momentum across all parties to deliver this important area of work, adding that all partners had engaged and responded

positively with this work to tackle health inequalities. The Chair commented that the Health Scrutiny Committee would also be considering this item at their October meeting.

Decision

The Board endorse Manchester's Tackling Health Inequalities Action Plan.

HWB/22/19 The Khan Review and Tobacco Control in Manchester

The Board considered the report of the Director of Public Health that provided a summary of the work of the Manchester Population Health Tobacco Control Programme, including current and proposed projects, noting that the report had been written specifically in response to the publication of the Khan Review: Making Smoking Obsolete, published on the 9 June 2022.

The Board discussed the need to consider tobacco, including the chewing of tobacco and the smoking of shisha through the lens of inequalities. The Board further discussed the prevalence of vaping and e-cigarettes amongst children and young people.

Officers responded by advising that there was no evidence to suggest that vaping was a gateway to smoking tobacco, however recognised that this was an emerging issue amongst children and young people. Officers stated that one of the recommendations of the Khan Review was to regulate vaping and e-cigarette devices to protect young people, adding that such devices should only be used as a risk reduction tool to assist people stopping smoking. The Director of Public Health added that the Community Outreach Workers worked with any smoker aged 12 and over.

The Chair and the Director of Public Health paid tribute to the team for their work, especially in the context of the pandemic.

Decision

The Board;

1. Support the ongoing activity of the Population Health Tobacco Control Programme.

2. Note the roll out of the CURE programme.

3. Support the extension of tobacco/smoking cessation provision for all MCC staff in line with latest National Institute for Health and Care Excellence (NICE)

4. Support a pilot project around Smoke Free Public Spaces in Manchester.

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Reset of the role of the Health and Wellbeing Board

Report of: Director of Public Health

Summary

Following the review of the Board in March of this year it was agreed to revisit the role and function of the Board once the new Greater Manchester (GM) NHS Integrated Care System (ICS) was established. This report sets out how the Board will operate under the revised ICS arrangements from January 2023.

Recommendations

The Board is asked to:

1. Note the report;

2. Agree to the revised arrangements set out section three of report and the appendices and specifically:

   a. Approve the use of the Our Manchester Strategy Outcomes as the Board reporting Framework
   b. Approve the revised terms of reference and membership
   c. Move to three meetings each municipal year
   d. Review the terms of reference and membership annually

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	These priorities were agreed by the Board prior to the recent review. It is proposed that from January 2023 the Our Manchester Strategy outcomes will provide the framework for Board reports.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

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

Background documents (available for public inspection): None

1. Background

1.1 The Health and Social Care Act 2012 required the establishment of a Health and Wellbeing Board (HWB) in every Upper Tier Local Authority in England, from April 2013. The intention of establishing Boards was to build strong and effective partnerships which improve the commissioning and delivery of services across NHS and local government, leading to improved health and wellbeing for local people.

1.2 Health and Wellbeing Boards are a formal committee of the Council charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. Under the 2012 Act, they had a statutory duty, with clinical commissioning groups (CCGs), to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy for their local population.

1.3 The Manchester Health and Wellbeing Board has fulfilled both duties over the past decade, through the production of the JSNA (including themed reports on specific topics), and the development and implementation of the Joint Health and Wellbeing Strategy, Manchester Locality Plan and Manchester Population Health Plan

1.4 The Board has undertaken regular systematic reviews of its role and function and the most recent review was completed in March 2022. This review included a recommendation that the role of Board role and membership were revisited and reset when the NHS Greater Manchester Integrated Care System (ICS) arrangements became clearer. It is now four months since the GM ICS was established and this paper proposes the changes required to enable the Manchester HWB to function effectively going forward from January 2023.

2. Current Position

2.1 The establishment of Integrated Care Systems (ICS) on 1 July 2022 clearly has implications for the role and operation of the Manchester Health and Wellbeing Board. Whilst the ICS statutory guidance confirms the continued role of the Board in relation to the JSNA and Joint Health and Wellbeing Strategy, additional guidance issued in late July 2022, on the development of place-based partnerships as part of the ICS, suggests significant overlap in the role and membership of the Place-based ICS Board (Manchester Partnership Board) and the HWB.

2.2 In this context there is a need to ensure there is a clearly defined role for the Manchester HWB which is distinct from the Manchester Partnership Board, with a clear articulation of the relationship between the two Boards and how they will work together.

2.3 The delegated responsibilities that the Manchester Partnership Board will receive from the NHS GM ICB and the formal governance arrangements required are currently being progressed. It is expected that this work will be

completed by January 2023. In addition, the NHS Greater Manchester Integrated Care Partnership is due to have its inaugural meeting on 28th October 2022. The ICP has a distinct role compared to the ICB and will oversee the development of the Greater Manchester Strategy.

3. Proposed changes

3.1 The Manchester HWB endorsed the first iteration of the Building Back Fairer Plan (now renamed the Making Manchester Fairer Plan) in July 2022, the health inequalities plan for the city.

3.2 It is proposed that this Plan becomes the focus of the work of the HWB, whilst the Manchester Partnership Board (MPB) and recently established Manchester Provider Collaborative Board (MPCB) will focus on the delegated responsibilities from the GM NHS ICB. These Boards will focus on health and social care integration and the ongoing delivery of the Manchester Locality Plan. However, it is important to note that both the MPB and MPCB have a crucial role to play in the oversight and delivery of Making Manchester Fairer.

3.3 The Manchester HWB will continue to play a key role in the JSNA, ensuring that key findings are considered, and appropriate recommendations are produced and acted upon. The Manchester JSNA process has been inclusive to date and as the HWB is public facing it provides a welcome opportunity for leaders from other sectors to showcase and champion important areas of work relating to the social determinants of health. The JSNA topic report presented by Breakthrough UK on the Social Model of Disability in March 2022 is a good example of this and the following reports are currently in the JSNA “pipeline”:

- Armed forces and veterans (health and care implications)
- Homelessness and health (update of existing topic report)
- Gypsy and traveller communities (new topic report)

3.4 A continuation of the strong relationship between the Our Manchester Investment Board and the Health and Wellbeing Board will also be important. Indeed, it is proposed that the HWB formally adopts the Our Manchester Strategy outcomes as the Board reporting framework at the November 2022 meeting. The work of the HWB will support the delivery of the Our Manchester Strategy,

3.5 The existing Terms of Reference for the Manchester HWB include a requirement for the Board “To ensure that the Council complies with its duties to improve public health as set out in Sections 2B and 111 of the National Health Act 2006 as amended;”. In order to fulfil this responsibility, the Board will continue to receive the Manchester Public Health Annual Report and the Manchester Health Protection Board will continue to have a formal reporting link into the Manchester HWB. In addition, the Climate Change Health and Wellbeing Advisory Group will also continue to report to the Board through the appointed chair of the group.

3.6 The Board has met at least five times each municipal year since 2013. It is now proposed to move to three meetings a year from 2023 with a thematic focus on a defined social determinant of health at each meeting. In terms of core business, the timing of meetings will coincide with the requirement for the HWB to receive and /or sign off the following:

- Making Manchester Fairer Delivery Plan
- Greater Manchester ICP Strategy
- Refresh of the Manchester Locality Plan
- Manchester Public Health Annual Report
- Relevant reports from the Director of Adult Social Services and Director of Children's Services
- Key Partnership Reports (e.g. Child Death Overview Panel Annual Report)
- Annual Plans and Reports of Partner Organisations (where relevant)
- Manchester JSNA Themed Topic reports
- Manchester Pharmaceutical Needs Assessment
- Manchester Better Care Fund Submission

3.7 A Revised Terms of Reference and membership of the board, reflecting the above proposals, are included in Appendix 1 and 2 respectively. On the grounds of good governance, it is suggested that the Health and Wellbeing Board receive and, if considered appropriate, review the terms of reference on an annual basis.

4. Recommendations

4.1 The Board is asked to:

1) Note the report;
2) Agree to the revised arrangements set out section three of report and the appendices and specifically:
   a. Approve the use of the Our Manchester Strategy Outcomes as the Board reporting Framework
   b. Approve the revised terms of reference and membership
   c. Move to three meetings each municipal year
   d. Review the terms of reference and membership annually

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APPENDIX 1

Manchester Health and Wellbeing Board – Revised Terms of Reference (Updated October 2022)

1. To assess the health needs of the local population and to prepare and publish the statutory Joint Strategic Needs Assessment (JSNA) in accordance with s196 of the Health and Social Care Act 2012.
2. To prepare and publish the City's Health and Wellbeing Strategy in accordance with s196 of the Health and Social Care Act 2012.
3. To approve submission of the Better Care Fund Plan to NHS England.
4. To highlight and oversee action to address the health inequalities existing in the City, encouraging those persons and organisations holding responsibility for the commissioning or provision of public services in the City to work together in an integrated and/or partnership manner for the benefit of the local population.
5. To ensure that the Council complies with its duties to improve public health as set out in Sections 2B and 111 of the National Health Act 2006 as amended.
6. To receive and oversee plans to protect and improve the health of the local population
7. To be consulted by the GM Integrated Commissioning Board and/or the Locality Board in respect of those documents and plans detailed at s14Z of the National Health Service Act 2006 (as amended)
8. To receive those documents and plans from the GM Integrated Commissioning Board and/or the Locality Board as detailed at s14Z of the National Health Service Act 2006 (as amended).
9. To assess the need for pharmaceutical services in the city and publish a Pharmaceutical Needs Assessment and any revised Assessment, pursuant to s128A of the NHS Act 2006 (as amended).
10. To undertake such oversight of local safeguarding arrangements as the Board considers appropriate and necessary.
11. To receive the annual Child Death Oversight Panel Report and other Annual or Update reports that the Board considers appropriate and necessary.

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APPENDIX 2

MANCHESTER HEALTH AND WELLBEING BOARD

Proposed Membership from January 2023 (to be confirmed by the City Council Constitutional and Nominations Committee)

Statutory

Manchester City Council	Leader (Chair) Executive Member for Healthy Manchester and Social Care (Deputy Chair) Executive Member for Early Years, Children and Young People
Manchester City Council	Director of Public Health
Manchester City Council	Director of Adult Social Care
Manchester City Council	Director of Children's Services
Manchester NHS Foundation Trust	Chair
Greater Manchester NHS Mental Health Trust	Chair
Manchester Local Care Organisation	Chief Executive
NHS Greater Manchester Integrated Care	Place Lead/Deputy Place Based Lead
Manchester Healthwatch	Chair
Manchester VCSE	Chief Executive, Manchester Alliance Community Care
Manchester GP Board	Three representatives covering North, Central and South Manchester

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Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Manchester Public Health Annual Report

Report of: Director of Public Health

Summary

As part of the statutory role of the Director of Public Health there is a requirement to produce an annual report on the health and wellbeing of the local population, highlighting key issues. The report can either be a broad overview of a wide range of public health programmes or may have a focus on a particular theme. This year the focus continues to be on the City's response to Covid-19, capturing our response during the second year of the pandemic. This report is a successor to the 2021 Annual Report, *The Manchester Difference*. The two are designed to be viewed together as a complete reflection on the most acute stages of the pandemic and the beginning of our efforts to recover, from January 2020 to August 2022.

Recommendations

The Board is asked to note the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The focus of the Public Health Annual Report is on the second year of the COVID-19 pandemic which has continued to impact on all strategic priorities both directly and indirectly.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

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

Name: Sarah Doran
Position: Assistant Director of Public Health
E-mail: sarah.doran@manchester.gov.uk

Name: Sophie Black
Position: Health Protection Programme Lead
E-mail: sophie.black@manchester.gov.uk

Background documents (available for public inspection):

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

Public Health Annual Report 2021 – The Manchester Difference
https://www.manchester.gov.uk/downloads/download/6928/public_health_annual_report

MANCHESTER CITY COUNCIL

Manchester Local Care Organisation

MANCHESTER'S PUBLIC HEALTH ANNUAL REPORT

Volume II: July 2021 — July 2022

THANK YOU MANCHESTER

THANK YOU MANCHESTER

Thank you for all you have done – your care makes us all proud

Even though legal restrictions are lifting on 19 July, lots of people in Manchester are still getting COVID-19. The disease has not gone away. In fact, cases are increasing, so please keep caring and:

Meet people outside

Fresh air helps to blow droplets of the virus away. When you're inside, keep windows open.

Get your jabs

Having both doses of the vaccine will prevent most people becoming seriously ill.
manchester.gov.uk/getmyjab

A thankyou message to Manchester's communities for caring for each other during the COVID-19 pandemic.

This entire report demonstrates how the city took its own unique and informed approach to working together with its many and diverse neighbourhoods during the pandemic.

Dr Cordelle Ofori

CONTENTS

FOREWORDS

This annual report is the second part of a historic diary that encompasses the city's response to the final stages of the COVID roadmap and its exit from lockdowns and other restrictions.

As with last year, this is a legacy that belongs to the entire city, as it charts the immense effort made by so many to find solutions and approaches that were right for all our many and varied neighbourhoods.

When people talk about the 'COVID story' I feel compelled to say that for us, in Manchester, there wasn't just one single approach for the city. We are so grateful to have been able to work with all our different communities and partner organisations to hear their feedback and then work in an inclusive way to reflect and meet local need.

This report will showcase a selection of those approaches, such as the 'JabCab' service to take people to vaccination appointments, our dedicated COVID advice line and 'pop-up' clinics where we took the vaccine to people – including school parents' evenings, and the incredible support offered by our test and trace Central Co-ordination hub, which gave individual support to those in need.

Case studies and individual stories give a flavour of this tailored approach as we all faced so many challenges, including the rise of the Omicron variant.

But, that bespoke approach has now given us the firm foundations and networks to look at the next phase: how we as a city recover from the pandemic and crucially, what we can do to address gaps in health inequalities.

As one of my medical colleagues said: "We have redefined what it means to be a team in Manchester, and long may it continue."

Thank you Team Manchester.

David Regan,

DIRECTOR OF PUBLIC HEALTH FOR MANCHESTER

So often we hear about having a holistic approach to wellbeing – where we consider all aspects of an individual, from what motivates them to what keeps them safe and well. I'd say the same of the city's COVID response: not only did it provide a Manchester-wide approach, but it also focused on what mattered to people and their priorities, fears and concerns.

That listening, feedback, learning, partnership work and community confidence must continue, so that we fully recognise the individual needs of all our different neighbourhoods and residents as we move into the recovery phase of the pandemic.

This phase won't be easy, but by working together with proper insight into that Manchester make-up, we can all make informed decisions that will help with the future of our city and the aspirations of everyone who lives here.

That challenge is not only about how we build back from the pandemic: it's how we build back fairer, and this report gives examples of how that is already happening.

Councillor Thomas Robinson,
EXECUTIVE MEMBER FOR HEALTHY MANCHESTER AND ADULT SOCIAL CARE

Manchester – back in business.

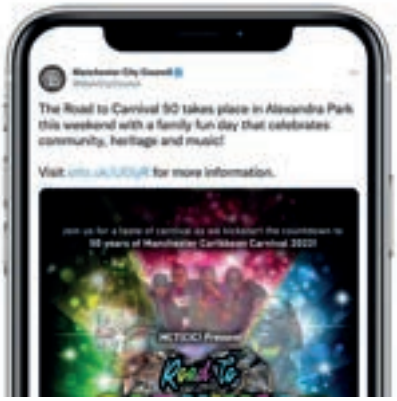

CORN EXCHANGE

JULY 2021

Society is reopening.
Events are planned.

Much of Manchester is keen to get its glad rags back on and hit the hotspots.

Environmental Health COVID Response and Outbreak Control Teams support event organisers with crowds of 500-plus to keep visitors safe by sticking to the shifting rules.



Manchester Pride (27–30 August)

Manchester Carnival (4 September)

New Order + Parklife at Heaton Park (10/11/12 September)


Conservative Party Conference (3–6 October)
Manchester Food and Drink Festival (16–26 September)
Manchester Marathon (10 October)
Sounds of the City (21–26 September)
Warehouse Project Season (September 21 – January 22)
Great Manchester Run (26 September)
Manchester Christmas Markets

PERSONAL STORY

Bringing back that festival vibe

Carmel Hughes

Applications for summer events came thick and fast as thoughts turned to post-pandemic recovery. We were keen to support venues and organisers to put on safe events that could still turn a much-needed profit.

With levels of COVID-19 still fairly high, the thought of thousands of people coming together in one place for the first time in over a year was both exciting and daunting. Our teams took it all in their stride though – as they have throughout this pandemic's ever-changing rules and guidelines.

Using safety advisory groups and conversations with event organisers we put together safe but practical risk assessments and procedures. Putting these plans in place, along with all the other necessary safety considerations, was no mean feat for organisers. COVID passes weren't yet a legal requirement, but forward-thinking Manchester wanted them for big events.

This meant working out how to check passes, deciding whether to have testing at the event, and how to handle turning away those without proof of their COVID-19 status.

At the same time, transmission risk in queues and crowds had to be managed.

Manchester Pride presented its own set of challenges, as the 'village party' element involved general bars and clubs – not actually event venues, so not checking passes: a risk for all involved. Thanks to joined-up working with the Pride team and the COVID response team, we got 17 of these businesses to take 120 lateral flow tests and controls to further cut risks of COVID-19.

Our Outbreak Team were on hand with support for any outbreaks. One happened as Heaton Park prepared for its Lightopia event – several of the Lantern Display Team tested positive. Our local officer supported the organisers to trace contacts and isolate those affected in a nearby hotel, working with them to prevent virus spread there.

The UK Health Security Agency also helped, making sure overseas staff could return home safely.

Hard work and our strong will to bring back Manchester's uplifting festival vibe brought it all together; we enjoyed a summer and autumn of safe events across the city. Overall infection rates were no higher than in the community, and in some cases they were actually lower!

Josie Jervis Brown,
OUTBREAK CONTROL & CONTACT TRACING TEAM MANAGER, ENVIRONMENTAL HEALTH

Carmel Hughes,
COVID RESPONSE MANAGER, ENVIRONMENTAL HEALTH

PERSONAL STORY

Youngsters set the record straight

Lizzie Hughes

As a Neighbourhood Lead, I want to highlight our brilliant partnership support for children and young people. These are my area's examples, but you'd find stories like these in all Manchester neighbourhoods, reflecting each community's own powerful relationships.

When I think of all we've achieved, our work with children and young people stands out, as it highlights the creativity, the partnership and the can-do attitude of those living and working in our neighbourhood. It also shows the invaluable support of a wider group of colleagues.

Parklife

Heaton Park's two-day music festival, with a crowd of 82,500 each day, is a huge draw for young people, and it's on our doorstep. It felt a bit risky with its reputation as a messy dance festival, but it was too good an opportunity to miss.

A conversation within the Primary Care Network operational management group about providing young people with information resulted in 17 volunteers from Manchester and Salford talking to 800 young people and using resources from the Council's Comms Team to share vaccinations and testing messages.

I'd worked with the Central Neighbourhood team on a quick questionnaire on our phones to identify young people's attitudes to COVID-19, their worries and their knowledge. The amazing response shaped future engagement with young people across the city.

Stand-out festival moments have to include the local vicar wearing an inflatable COVID costume and dancing round the festival with young people.

Also, young people's responses to our questions about the impact of COVID-19 – the concerns they shared with us about their education, jobs, and their worries for their grandparents – debunked much of the hysterical rhetoric about young people's attitudes to the pandemic

Lizzie Hughes,
CHEETHAM AND CRUMPSALL NEIGHBOURHOOD LEAD

JULY 2021

16 JULY 2021

Local health protection case management system (CMS) launches.

July will see 12 testing pop-up sites appear, distributing 3,000-plus test kit packs in priority 'enhanced response areas' and in communities less likely to get tested or vaccinated.

Youth engagement work with Unity Radio culminates with live-streamed performances and interviews with local artists and includes testing and vaccination messages.

COVID-19 information flyer used by Unity Radio Street Teams Flyer to help inform young people in Manchester about vaccination and testing.

PERSONAL STORY

"What a journey – fabulous!"

Geraldine O'Kane

Following several months of intense development, in Spring 2021 we launched our dedicated electronic case management system (CMS) for Health Protection in Manchester. It was designed to enable the full range of teams and services involved in COVID-19 outbreak response to share real-time data and intelligence securely and collaborate remotely.

In 'normal' times, many months would be spent developing a new CMS – but this simply wasn't an option for us. To respond to the urgent need for a CMS we initially launched a basic version, which has subsequently required ongoing expansion and amendments.

To facilitate this, I established a Core Group of officers who each represented their respective teams using the system: the Community Health Protection Team, the Central Co-ordination Hub, Environmental Health and our Strategic Team. Together, we use meetings as a space to review the system and consider new changes needed. This has included tracking changes in national policy; for example, when second and third vaccinations were introduced, we had to build into the CMS the ability to record this accurately for people who were involved in outbreaks.

Since then I've had a key role in translating such changes into amendments to the system through the CMS developers.

It has been challenging at times to launch and co-ordinate a system used by four separate teams which, understandably, have differing priorities and approaches to recording their activity.

Nevertheless, what a beautiful forever moment it was for me to see colleagues independently offering and leading training sessions to support other teams.

Oh gosh, that seems like such a long time ago now! The collaborative effort really turned things around and helped us (me!) to inspire others to get on board and make the system work for them.

Eighteen months on, many of those same people are now definitively the platform experts! What a journey. Fabulous.

Geraldine O'Kane,
PROJECT MANAGER, MANCHESTER TEST AND TRACE

Supporting life's most difficult events

Clare Clarke

COVID-19 brought the sudden shock of change to my working life: one day it was the usual list of young people needing their chlamydia and gonorrhoea positive results; the next we were 'COVID Bronze Control', asking "What COVID response is needed today?"

We went from a very structured daily list of sexual health screening service users needing support, to responding to whatever was needed to deal with COVID-19 across Manchester each day.

Even though I'd been involved with the 'RU Clear' chlamydia screening programme since 2009 – meaning much of the new work managing infectious conditions was familiar – there was still a feeling of trepidation as I came into work each day asking myself: "Do I have the right knowledge and skills to deal with what's needed?"

One Thursday afternoon my children's nursery closed without warning, despite messages that there would always be places for keyworkers' children. I found myself in a frantic search to find them places so that I could get to work, only for the next nursery to close too – the very next day.

It was a struggle in those early days to grasp any meaning out of the uncertainty. However, meaning soon came: there were members of the public who needed support.

A particular memory from that time is of a brave son I'd contacted because his dad had COVID-19. His dad was in a care home needing end-of-life care due to cancer. We talked through the extra complications COVID-19 brought to the decision and logistics of getting him home to die with his family.

Nursing places you in the privileged position of being able to support people while they face life's most difficult events. I have many times learned of the incredible challenges some Manchester residents face in their daily lives – the pandemic amplified those challenges for so many, and the memory of what some people had to face and cope with will stay with me.

Clare Clarke,
SPECIALIST NURSE, CENTRAL CO-ORDINATION HUB, MANCHESTER TEST AND TRACE

JULY 2021

17 JULY 2021

New local PCR testing site on Albine Street in Moston.

PCRs – polymerase chain reaction tests – detect the virus in swabs from the nose/throat.

25 JULY 2021

Vaccination pop-up opens in Chinatown for three consecutive weekends.

Fliers translated into traditional Chinese for COVID vaccination events in China Town.

Louise's nous for new ideas pays off

Louise McErlain

In July 2021, I joined the Population Health Team as a project manager to deliver Manchester's Healthy Weight Strategy. This life-course approach to reducing obesity was due to launch just as COVID-19 hit in March 2020, making it even more relevant given the upcoming pandemic's contribution to excess weight and obesity in adults and children alike.

Despite its delayed start, we made good progress with the four key strands of the strategy.

Over-16s are supported to have a healthy weight through Slimming World, commissioned by Population Health. In the past year, even with the continued pressure of COVID-19, more than 1,500 residents took up the offer, and those completing the 12-week programme had an average reduction in BMI (Body Mass Index) of 1.8, with further health gains reported including improvements with blood pressure, less joint pain, and reduction in medication.

Figures showed a low uptake of the offer from the South Asian community. Through a combination of my new job's induction journey and my inquisitive (some would say nosy) nature, I was introduced to Bollyfit, where groups of South Asian women get together for exercise, friendship, and to improve their mental wellbeing.

Securing a grant, we were able to get Bollyfit to deliver a 12-week healthy lifestyle course with South Asian women in Longsight and Cheetham Hill. Thanks to connections in my former role, we also got the support of nutrition students from Manchester Metropolitan University, who themselves got some invaluable real-life practical experience.

One of our four strategy strands is 'prevention and support', with a strong focus on targeting young children to reverse the rising obesity trend. Population Health commission the Healthy Weight Team, who provide 12-month one-to-one support for severely obese reception-aged children and their families. In the past year, they have had 1,776 face-to-face appointments and 811 home visits, resulting in a reduction in children's BMIs.

The team's work was recognised with a national award for Public Health Nursing in December 2021, which quoted grateful parents:

"Everything you did for my daughter to support her weight loss was amazing; thank you."

"Helen is very friendly and is good at helping the children to feel okay with getting measured and weighed. Very good at explaining everything."

Supporting children and young people to be more physically active (another strategy strand), Population Health commissioned Junior Physical Activity on Referral Service to work with 5 to 17-year-olds to increase their activity levels and have a healthier lifestyle. It's still early days, but they've worked with more than 420 children and young people, with 61.5% increasing their activity levels. They're also reporting further health benefits, including children feeling better about themselves, having more confidence and sleeping better. User comments include:

"Very helpful for people who are overweight, and it gives them more confidence… very helpful and a good listener!"

"Good advice that's helped and supported us in a way that's made a difference to our lives."

What started off as a very uncertain 2021 for me opened my eyes to all the opportunities I now have to make a genuine difference to the health of Manchester residents.

I feel very proud to be part of the Population Health Team.

Louise McErlain,
PROJECT MANAGER, MANCHESTER'S HEALTHY WEIGHT STRATEGY

JULY 2021

26 JULY 2021

Manchester's designation as an enhanced response area ends – we continue the related action plan.

Successful testing pop-up at a Longsight mosque in partnership with neighbourhood teams and using the Response Service Testing Team.

The Government approves new asymptomatic testing delivery.

Information shared with local communities to explain the city's enhanced area status.

AUGUST 2021

We support higher education students' safe return for the new academic year with a successful webinar for Manchester's student accommodation providers.

MANCHESTER 1824
The University of Manchester

Dear Sarah,

Thanks so much for organising a very well-run, professional, coherent and timely webinar. Our outbreak plans have been enhanced by the work you and your team did. I've shared this with the Campus Management Group, which is the most senior academics and professional support staff group at The University of Manchester. The group agreed with the plans. I could not have done this without your input.

I'd also like to thank you for all the other work you've helped us with, from the asymptomatic testing, vaccines, to the management, control and prevention of outbreaks. The university is large and complex, and you've dealt with all the key players, who are very grateful for your input and respect your advice.

We hope that with the prevention messages in place, good training and risk assessment, we can handle whatever the new academic year brings. We remain indebted to you and your team, and thanks once again.

Yours sincerely,
Prof Arpana Verma MBChB, MPH, PhD, FFPH
Head of the Division of Population Health,
Health Services Research and Primary Care.

9 AUGUST 2021

Temporary vaccination site in the Town Hall Extension's magnificent Rates Hall provides 183 vaccinations on its opening day.

Twitter update about the pop-up vaccination centre in the Rates Hall.

12 AUGUST 2021

Manchester Test and Trace Strategic Team Away Day.

19 AUGUST 2021

Manchester steps up to accommodate more than 1,000 people fleeing Afghanistan in our city's hotels as the Government scrambles to evacuate people from the crisis-torn country.

For several weeks before the Taliban seized total control of the country this weekend, we've worked with the Home Office and Foreign Office to place people fleeing to safety in initial quarantine in 'bridging hotels'.

PERSONAL STORY

Calm heads settled those fleeing the chaos of war

Alison Bardsley
and Bev Lamb

Our Environmental Health Outbreak Control Team (COVID Response) and the Community Health Protection Team were on hand to make sure the 'bridging hotels' had effective COVID-19 controls and procedures.

We found a complex set of challenges, for the asylum seekers themselves of course, but also for the hotel staff and officials. Yet together we came up with a 'standard operating procedure' that proved effective

at managing COVID-19 cases and preventing outbreaks.

At the hotels we talked to the staff and impressive teams of colleagues from the Council, as well as medics, Sure Start and the Government among others – supporting the asylum seekers.

We introduced routine asymptomatic testing for staff and residents and regular communication encouraging infection prevention and control measures. This included new, clear signage in all areas of the hotels. We also developed strong reporting arrangements for suspected cases and direct access to testing, so that cases and their contacts could isolate quickly and minimise spread.

Thanks to all this there have been very few COVID-19 cases in the bridging hotels, and where cases have arisen, quick action from the Community Health Protection Team, the Environmental Health Outbreak Control Team and our local Contact Tracing Team has identified close contacts and supported all to self-isolate, preventing further transmission and outbreaks.

Alison Bardsley,
ENVIRONMENTAL HEALTH OFFICER

Bev Lamb,
SPECIALIST DENTAL INFECTION CONTROL NURSE

A FOCUS ON YOUNG PEOPLE SEPTEMBER 2021

SEPTEMBER 2021

Schools return and we assess lockdown's impact on children, determining that next year must be 'their year' for making up the huge losses they're enduring.

1 SEPTEMBER 2021

Manchester's Public Health Annual Report for 2020–21 'The Manchester Difference' presented to the Health and Wellbeing Board.

The Health and Wellbeing Board also hears this month of our continued efforts aligned to the 'twelve-point plan' of the Director of Public Health and the Medical Director, Manchester Health and Care Commissioning.

Since our 'enhanced response area' status ended on 26 July 2021, Manchester has continued to implement the related action plan throughout August.

Now, our Manchester COVID-19 twelve-point plan has been refreshed with our aims for the autumn and winter:

1. Support early years, schools and colleges to remain open and operate as safely as possible, using effective infection control measures, testing, management of outbreaks and vaccination where appropriate. Ensure universities and other higher education settings remain open and operate as safely as possible using effective infection control measures, testing, management of outbreaks in campuses and student accommodation and vaccination where appropriate.
2. Protect the city's most vulnerable residents by reducing and minimising outbreaks in care homes and other high-risk residential settings, including prisons.
3. Support workplaces and businesses to operate as safely as possible, using compliance measures and enforcement powers where necessary. Support work to keep our border safe at Manchester Airport.
4. Facilitate the recovery of the city by supporting the shift from regulatory to voluntary guidance for events, leisure and religious celebrations.
5. Ensure the needs of people and communities that are high risk, clinically vulnerable or marginalised are prioritised and addressed within the broader COVID response.

Manchester's Public Health Annual Report for 2020–21 'The Manchester Difference'

6. Co-ordinate communications activity to enable Manchester residents to live safely with COVID and make informed decisions, including around vaccination.
7. Deliver targeted community engagement that supports wider aims and objectives, ensuring that appropriate and culturally sensitive approaches are taken.
8. Ensure that decisions in respect of the direct response to COVID-19 and the wider recovery programme are informed consistently by high-quality data and intelligence.
9. Continue to deliver the community testing model, with a focus on testing becoming part of 'living with COVID' and on underrepresented and disproportionately impacted groups.
10. Identify local cases of COVID early and provide a rapid response though effective contact tracing and outbreak management.
11. Ensure residents comply with any legal instruction to self-isolate and have the support to enable them to do so.
12. Work with the NHS locally to drive up vaccination rates among those groups with lower uptake, ensure second vaccinations are administered and support the roll out of booster vaccinations.

Supporting schools together

Marie Hall

Liz and I usually provide good-quality assurance, support and strategic advice for school leaders alongside our education colleagues. Nothing could have prepared us for the complexities the pandemic brought to education settings, and when we were asked to help keep them open, we welcomed the chance.

Colleagues across Public Health and Health & Safety worked together (mostly virtually!) through the pandemic to develop a comprehensive package of specialist support, advice and communications for school leaders around infection control, human resources, health and safety and education. We quickly identified and worked with those needing extra help, and advised school leaders at outbreak control meetings led by Community Infection Control.

As 2021 got underway, the Government's COVID-19 guidance for schools and employers changed almost daily and was often published at the very last minute. Working together allowed us to make sense of ever-increasing changes to guidance and avoid duplication and delay in getting information to school leaders. Our group also advised and supported related projects, such as online positive case reporting, mass testing and the 12 to 15-year-old COVID-19 vaccination programme.

Liz and I learned so much working closely with these colleagues during the pandemic, and we're proud to be part of this wider team. We enjoyed meeting weekly as a group to proactively plan as well as troubleshoot, working together to share learning, ideas and case studies. It was really satisfying to get such positive feedback from school leaders; they welcomed our joined-up approach and its impact on their ability to confidently support staff, pupils and families to operate safely and manage infection while keeping face-to-face education going.

We've no doubt that this collaborative approach has put us in a great position to focus on 2022:Our Year – the citywide drive to put children and young people at the centre of our city's recovery – by further supporting school leaders and Manchester's children and young people to shape a future that's safe, happy, healthy and successful.

As Dr Manisha Kumar said at the recent Council Awards for Excellence event: "We have redefined what it means to be a team at Manchester, and long may it continue!"

Liz Clarke,
SENIOR SCHOOL QUALITY ASSURANCE OFFICER

Marie Hall,
EDUCATION BUSINESS PARTNER

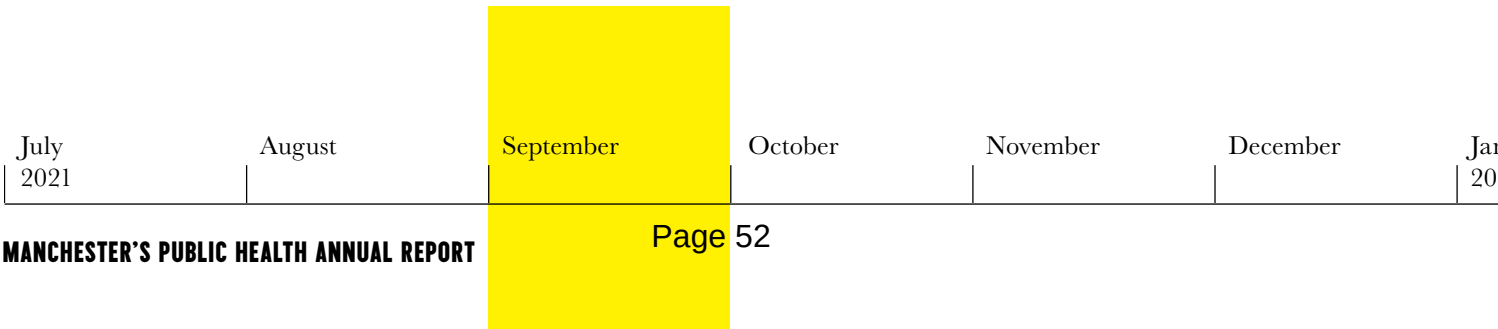
SEPTEMBER 2021

Back in November 2020, Manchester Test and Trace took local responsibility for the oversight, management, and tracing support to educational settings. 'We' includes school leaders and headteachers, the Council's School Quality Assurance Officers and Education department, Manchester Test and Trace including our Community Health Protection Team, and the Council's Health & Safety Team. This collaborative effort to fight COVID in schools not only meant we were able to identify and fight outbreaks quickly; it also meant we gained an unparalleled insight into the impact of COVID on Manchester's school-age children, and across Manchester's school settings.

When we delved into the information on reported cases in children and young people, we found that the impacts of the pandemic on education were stark.

During the 2020/21 academic year, from September 2020 to July 2021, we found:

On average, each school-age child in Manchester lost 43 days of face-to-face teaching.



The majority of reported cases in school children across both primary and secondary schools did experience symptoms of COVID.

On average, for each pupil who tested positive, 22 close contacts in school were identified who will have also needed to self-isolate.

Further findings were presented in a report to Manchester's Children & Young People's Scrutiny Committee in November 2021, and we refreshed the report to cover the second academic year hit by the pandemic in the following months.

This considerable impact of the pandemic on time spent in school only stresses the importance and timeliness of Our Year 2022, Manchester's year-long campaign focusing on children and young people that also supports our ambition to be recognised by UNICEF as a child-friendly city.

SEPTEMBER 2021

As children return to school we compile a data-driven, retrospective analysis of the past academic year, exploring COVID's impact on:

- school settings and absences – using data collected for our Test and Trace case reporting arrangements, principally through a dedicated notification form for educational settings.
- School-age children in Manchester – considering patterns and characteristics in young people who tested positive, using the confirmed cases dataset provided by Public Health England.

Our report shows that schools and school-age children were adversely affected in the pandemic, losing many face-to-face teaching hours.

Confirmed cases in school-age children and school-based testing demonstrate an association between focused testing and case detection. This 're-balances' usual testing patterns: Manchester's least deprived wards show increased engagement and propensity to test.

Most reported cases in primary and secondary schools were symptomatic, suggesting we should keep promoting awareness of the COVID-19 symptoms to reduce transmission.

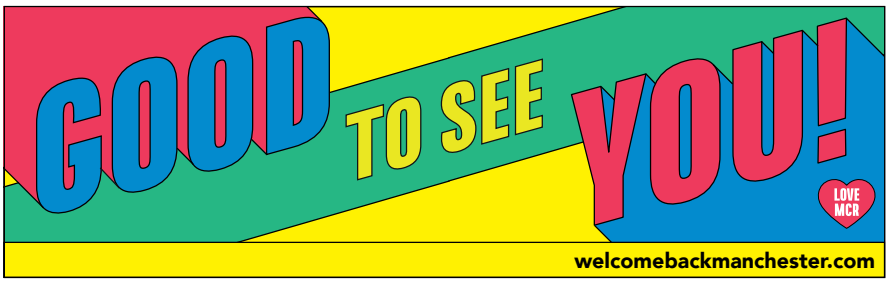
Analysis of confirmed cases indicates that confirmed cases in school-age children are affected by similar socio-economic and demographic factors to adults (income deprivation, living in large, multi-generational households, and living with family in high-risk occupations). Communications raising awareness of these factors should include children in their content.

Schoolchildren aged 12–15 experienced the highest number of confirmed cases over the academic year: females 12–15 had both the highest number of confirmed cases and the highest average number of contacts. Given that cases and contacts

must self-isolate this will have adversely impacted time spent in face-to-face education. There may be a need to focus 'catch-up' resources here and deliver focused communications and awareness-raising.

Confirmed cases were higher in Summer 2021 term in both primary and secondary age schoolchildren. We should prioritise material covered in this term when focusing 'catch-up' efforts.

This analysis now informs local guidance to support schools to prevent transmission through the autumn and winter.



'Good to see you' banners welcomed students returning to Manchester schools.

Social media messages for parents helped to promote COVID vaccination for 12 to 15-year-olds.

PERSONAL STORY

Stellar efforts kept schools running

Matt Smithson

Schools have been and continue to be heavily affected by the pandemic. The arrival of the Delta variant in summer 2021 further highlighted the need for our collaborative, joined-up, multidisciplinary approach to supporting schools.

The education team at the central co-ordination hub, alongside colleagues from education and health protection, were part of this, supporting schools that were badly hit by COVID-19.

Larger schools needed continuous support – the hardest hit, with hundreds of pupils and their families mixing in the community, were suffering frequent multiple outbreaks, resulting in scores of teachers and pupils being sent home to isolate. This became very common and would typically result in an outbreak-control meeting, bringing together the different teams whose job it was to support settings experiencing outbreaks.

It was saddening seeing schools go through this – the teachers should be commended for their stellar efforts to keep schools running, playing a role that extended above and beyond their day-to-day duties. The kids also deserve enormous credit for their diligence and bravery during what must have been a profoundly difficult and strange time for them.

Matt Smithson,
SPECIALIST NURSE, CENTRAL CO-ORDINATION HUB, MANCHESTER TEST AND TRACE

SEPTEMBER 2021

17 SEPTEMBER 2021

We reach out to our ten-thousandth resident, offering support to self-isolate.

We begin planning a year-long drive – 'Our Year' to put Manchester's children and young people at the heart of everything that the Council – and its public and private partners across the entire city – will do through the whole of 2022 as we hopefully recover from the pandemic.

Inspiration comes from the mid-year publication of the review Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives, commissioned by GM Health and Social Care Partnership from Professor Sir Michael Marmot of the Institute of Health Equity, which calls for post-pandemic society to 'build back fairer for future generations and prioritise children & young people'.

Marmot observes that while children and young people have been at less risk from COVID, they've been disproportionately, and inequitably, harmed by the impacts of restrictions and lockdowns and are experiencing the most rapid increases in unemployment alongside poor mental health. He calls for additional support for early years settings, extended interventions to support young people's mental health and wellbeing at school and work, and offers for all 18 to 25-year-olds of in-work training, employment or post-18 education.

PERSONAL STORY

Decades supporting young people, but Bernice saves her best till last

Bernice Stumbilich

COVID-19 arrived as I approached retirement from the Sexual Health services I've been focused on for the past 30 years. It was a sad time to be honest – funding issues were forcing us to wind up a programme that had been my passion for the previous six years: the 'RU Clear' chlamydia screening programme. It was a great and vital service that went above and beyond for the under-25s it cared for.

The pandemic accelerated that closure and we initially worked on supporting our local Neighbourhood Lead as part of 'Bronze Control' – monitoring data in four neighbourhoods that identified the district's staffing situation, COVID-19 infections, sickness, and numbers available for intervention in case of staff shortages. We also tracked down medical equipment, such as syringe drivers, to make sure all areas had what they needed.

We liaised with local care homes to identify COVID-19 case numbers and the severity of illness, including hospitalisations and deaths. For all areas we monitored the number of patients needing 'aerosol generating procedures' and made sure PPE requirements were met, at one point acting as a distribution site.

Daily reports containing all this information were collected for the Neighbourhood Lead to present at daily local meetings to share the information and to build an overall picture.

Next, my many years of contact tracing – albeit in a different environment – were put to good use. We were approached to work with Environmental Health, the Community Health Protection Team (CHPT) and Senior Schools Quality Assurance Officers (SSQAOs) to carry out contact tracing and to support schools and care homes dealing with ever-changing COVID guidelines. We developed guidelines and flow charts to help the process run smoothly.

We refined documentation over the following months, moving from paper copies to spreadsheets, and finally to a new electronic case-management system that allowed all parts of the Council to view and record their actions on the same system – a safer, multidisciplinary approach.

At this point, cases of COVID-19 started escalating in Early Years settings, schools, colleges and universities, and these areas became my focus. The great relationships we'd been developing with head teachers, the CHPT and the SSQAOs kicked in, allowing us to provide trusted support and sound advice, assisting with decision-making and managing outbreaks.

It's been a very challenging two years. I've developed and adapted to frequent changes, and it is an experience I will never forget.

What a way to end my career!

Bernice Stumbilich,

**SPECIALIST NURSE,
CENTRAL CO-ORDINATION HUB,
MANCHESTER TEST AND TRACE**

OCTOBER 2021

UK Health Security Agency formally launched to take over Public Health England's role protecting communities – at national and local level – from the impact of health threats. We launch our local vaccination helpline.

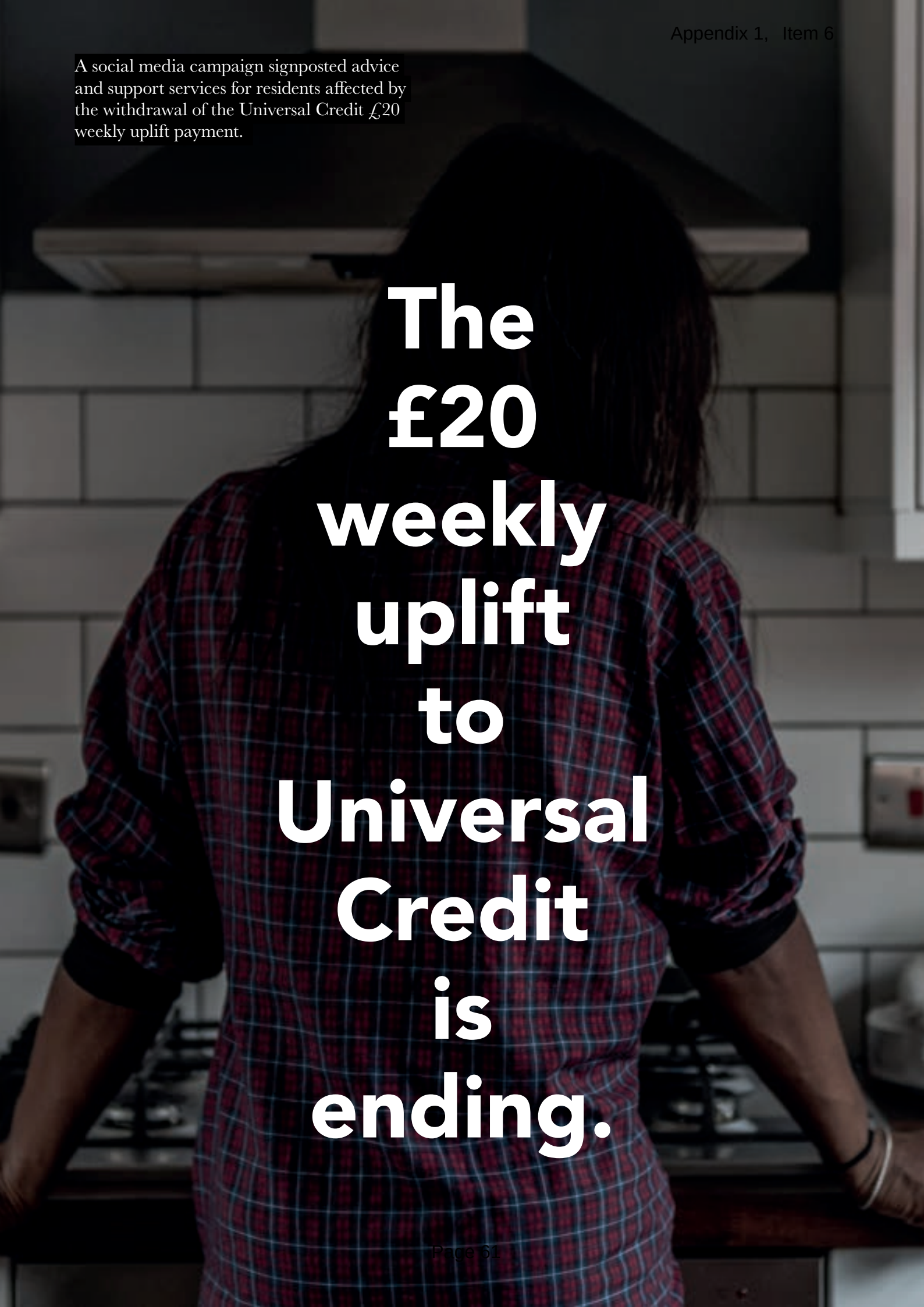
6 OCTOBER 2021

Government withdraws £20-a-week uplift to Universal Credit.

7 OCTOBER 2021

We contact the ten-thousandth resident passed to us by NHS Test and Trace for local tracing.

A social media campaign signposted advice and support services for residents affected by the withdrawal of the Universal Credit £20 weekly uplift payment.



PERSONAL STORY

School help was such a learning experience

Lizzie Hughes

Schools vaccine delivery

Such a tight timeframe! The way we got this done highlights the importance of the relationships built up throughout the pandemic.

We'd already worked with some local schools, so could quickly meet to look at what was possible. Two local GPs filmed themselves sharing key messages we could distribute through schools and community networks, and our Comms team let us to take over a key electronic billboard with the faces of community leaders and influencers from across our neighbourhood.

We had GPs speaking at local faith group meetings, we offered personal 'COVID chats' with an expert, and we went out anywhere our communities gathered with COVID info. We also launched pop-up vaccination centres to support delivery at schools, and received support from faith and voluntary groups to reach all our communities.

This was all possible because the huge amount of work we'd all done – together – in our neighbourhood had built trust and co-operation we could now draw on to get wider support from so many partners and their networks.

Our ability to do things differently and try new approaches – such as offering vaccines at parents' evenings for whole families, then sharing successes and challenges with partners across the city, learning from what people were doing in other areas – meant that neighbourhood successes were helping the whole city.

It's left me with a strong sense of the power of relationships and a feeling of pride in what we managed to achieve together.

Lizzie Hughes,
CHEETHAM AND CRUMPSALL NEIGHBOURHOOD LEAD

PERSONAL STORY

Vaccine enquiry helpline

Maria-Elena Wheeler

The launch of the biggest vaccination campaign in NHS history was underway, but many residents needed help getting their jab, because like most services designed for the COVID response, vaccination booking relied on people being IT literate.

For the many who could not use the unfamiliar national booking system, we launched a new vaccine enquiry helpline at the Central Co-ordination Centre (later known as the Manchester Central Co-ordination Hub). We booked vaccination appointments for those who couldn't do it themselves and set up a texting service for people with impaired hearing.

Our staff reached out to those struggling to understand the Government information, and our ability to work alongside translators boosted the local vaccination uptake.

We ran all this alongside our existing COVID helpline, staffed by our patient advisers and specialist COVID nurses, who were already giving residents advice on COVID-19 symptoms, contact tracing and food support.

Our busiest days came when David Regan, Director of Public Health, made a local radio broadcast, and on our best days we were turning over three quarters of all enquiries into vaccination bookings – a great tribute to local messaging.

We were also easing the burden on local GPs, who referred patients with vaccination queries to us.

With excellent support from the Vaccine Centre ops managers, the Gateway, MHCC and the Medicines Line, we've been on a learning journey like nothing ever known. By pooling our knowledge, resources and experience, we've got as many residents as possible vaccinated.

It's not over. We know that there's still work to be done – we're still focused on those specific groups that still have below-average vaccination rates.

Maria-Elena Wheeler,
CENTRAL CO-ORDINATION HUB, MANCHESTER TEST AND TRACE

OCTOBER 2021

13 OCTOBER 2021

Professor Sir Michael Marmot, author of "Fair Society Healthy Lives" The Marmot Review, (published February 2010) and "Health Equity in England: The Marmot Review 10 Years On" (published February 2020) and "Build Back Fairer: The COVID-19 Marmot Review" attends the Council's Health Scrutiny Committee.

The Director of Public Health followed Michael Marmot by presenting 'Build Back Fairer in Manchester' including coverage of work by CHEM – our own COVID-19 Health Equity Manchester group, which we formed in July 2020 when it became clear that certain communities in our city were experiencing a disproportionate adverse impact from COVID-19. It introduced initiatives to support those more at risk from the virus.

PERSONAL STORY

Figures show we must build back fairer

Amanda Dixon

The pandemic affected all of us, but we were not all affected in the same way.

National data showed that people from more disadvantaged backgrounds were more likely to die from COVID-19, and that age and ethnicity were also linked to the risk of death.

Locally we analysed data from death registrations and found that more residents aged 55 or over died during periods where there was more COVID circulating than would have died had COVID not existed.

This was worse for men than for women. The data also suggests that ethnic minority groups were affected more.

The team is now working on how we use this knowledge to build back from the pandemic in a way that reduces inequalities that have been made worse during the past two years.

Amanda Dixon,
PROGRAMME LEAD, KNOWLEDGE AND INTELLIGENCE, MANCHESTER POPULATION HEALTH TEAM

NOVEMBER 2021

We mark Manchester residents registering 1 million lateral flow test results

10 NOVEMBER 2021

'COVID-19 in Manchester School-age Children, and Across Manchester's School Settings: a retrospective analysis of academic year 2020/21' is presented at Children & Young People Scrutiny Committee.

Presentation to the Local Area Research and Intelligence Association (LARIA) to demonstrate and share learning from our innovative work with universities.

Environmental Health Outbreak Control Team inspect all Christmas Market food concessions to check COVID-secure risk assessments.

Response Service Testing Team conduct nine rounds of asymptomatic testing in Extra Care facilities for older residents – a total of 410 tests this month.

PERSONAL STORY

Annie's special contribution to health equity

Annie Barton

As the first Omicron variant wave threatened to break the region's hospitals' ability to cope over winter 2021/22, I was asked to help promote COVID-19 vaccinations in Manchester's special schools.

Given their vulnerability, I realised that it was important to prioritise these pupils and to take on board the special challenges they and their families faced.

Along with our education colleagues, we quickly needed to assess how to get the best vaccination coverage, and getting in touch with parents for their input and feedback was crucial. Soon, we'd identified the additional requirements needed by each special school to create an action plan that would work for them. These included:

- Neighbourhood Team support to promote vaccination days.
- Student-focused information sessions that teachers could deliver to answer pupils' questions and alleviate worries; these were based on lessons learned from Manchester 'COVID-19 calm clinics', where quiet spaces, somewhere to sit down and have a drink, and unhurried appointments were found to help.
- Paediatrician-led vaccination Q&A sessions for parents.
- Offering Manchester's COVID chat helpline for parents and children to call with questions or concerns.
- Free taxis if needed.
- Alternative 'wrap around whole-family vaccination' in trusted settings, such as community centres, schools and places of worship, designed to make it easy and comfortable to get COVID-19 jabs.

I was incredibly proud to be working with so many different colleagues and teams across Manchester to provide such a valuable and effective service for this section of our community. The lasting links and ways of working we developed will help Manchester's renewed focus on health equity and will boost all our future vaccination programmes.

Annie Barton,
SPECIALIST HEALTH PROTECTION NURSE: SCREENING AND IMMUNISATIONS

COVID Task Group: a model of co-operation

Katherine Bird

Manchester's response to COVID-19 required a high level of co-operation, co-ordination and communication across a wide range of partners and between organisations and teams. The pandemic also forced many people to quickly adapt to a new, virtual way of working together.

My role as Project Manager with Manchester Test and Trace involved supporting the citywide strategic and operational response, working across our range of partners to co-ordinate planning and capture progress and learning.

Our first public-facing, high-level 'Local Prevention and Response Plan' was published in June 2020; this was swiftly followed by the first iteration of our internal-facing 'COVID-19 12-Point Plan' which translated our plans into short-term actions, reporting to the strategic Manchester COVID-19 Response Group (our Health Protection Board).

May 2021 saw surging case rates in Bolton and other parts of the UK of the Delta 'variant of concern' (VOC). This triggered the swift establishment of a system-wide 'VOC Prevention Task Group', which worked at speed to develop and deliver a VOC Prevention Plan and push forward a vaccination drive. The Task Group also targeted communications and engagement, enhanced testing and support to self-isolate, as well as additional local measures such as continued mask-wearing in schools.

Following Manchester's designation as an Enhanced Response Area in June 2021, this task-focused group took responsibility for the corresponding plan of action. In September 2021, as the pandemic moved into its next phase, the Task Group oversaw the delivery of the COVID-19 12-Point Plan during the autumn and winter of 2021/22. Membership of the Task Group spanned an impressive list of partners, such as Manchester Local Care Organisation, Manchester Health and Care Commissioning, Manchester City Council, Manchester universities and voluntary organisations, community groups and social enterprises.

In early 2022, plans were drawn up to stand down the COVID-19 Task Group as part of the city's move towards living safely with COVID-19, and members took part in a 'lessons learned' exercise. A consistent theme running through these discussions was the importance of the high level of co-operation and co-ordination we had achieved across organisational partners throughout the pandemic.

Katherine Bird,
PROJECT MANAGER, MANCHESTER TEST AND TRACE

COVID Task Group for autumn/winter 2021/22:

- Director of Public Health, Manchester Health and Care Commissioning
- Vaccination Programme Lead, Manchester Local Care Organisation
- Operations Manager for the Vaccination Programme, Manchester Health and Care Commissioning
- Public Health Specialist (Health Intelligence), Manchester City Council
- Community Health Protection Team, Manchester Health and Care Commissioning
- Programme Lead for Contact Tracing, Manchester Test and Trace, Manchester Health and Care Commissioning
- Programme Lead for Testing, Manchester Test and Trace, Manchester Health and Care Commissioning
- Programme Lead for Intelligence and Insight, Manchester Test and Trace, Manchester Health and Care Commissioning
- Strategic Response Lead, Manchester Test and Trace, Manchester Health and Care Commissioning
- Strategic Lead for Homelessness, Manchester City Council
- Senior School Quality Assurance Officer, Manchester City Council
- Director of Student Services, Manchester Metropolitain University
- Head of Population Health, The University of Manchester
- Chief Executive, MACC
- Head of Neighbourhoods, Manchester City Council
- Medical Director of Manchester Health and Care Commissioning
- Consultant in Public Health, Manchester Test and Trace, Manchester Health and Care Commissioning
- Lead Nurse, Test and Trace Central Co-ordination Team, Manchester Health and Care Commissioning
- Neighbourhood Lead, Manchester Local Care Organisation
- COVID-19 Response Manager, Environmental Health Team, Manchester City Council
- Head of Strategic Communications, Manchester City Council
- Project Manager for Inequalities, Manchester Health and Care Commissioning

NOVEMBER 2021

26 NOVEMBER 2021

Six African countries added to the 'red list' protecting public health as the UK designates the emerging Omicron as a 'Variant Under Investigation'.

29 NOVEMBER 2021

We develop our plans to create a post-pandemic legacy for Manchester's children and young people. '2022:Our Year' to include winning UNICEF's 'Child Friendly City' recognition for the city.

The Our Year campaign – helping to create a post-pandemic legacy for Manchester's children.

DECEMBER 2021

Our Data and Intelligence Team start producing daily surveillance analysis on the Omicron variant to develop our local approach.

In line with rising infection rates, our Support to Self-Isolate Team see a significant rise in demand. In a single week at the beginning of December the Team has 1,319 residents to reach out to, compared to a weekly average of 617 over the past four months.

The final three weeks of this year will see a 498% increase in cases passed from the national contact tracing system to our local team. Our response doubles the number of contacts we are able to trace locally.

PERSONAL STORY

Learning from every death

Stephanie Davern

The pandemic has had an impact on everything, including my own challenging but extremely rewarding role co-ordinating Manchester's child death review process and supporting Manchester's Child Death Overview Panel (CDOP) to reduce our infant and child mortality rates. I truly believe Manchester's collaborative ways of working have been vital and demonstrate services' determination to reduce future deaths across the city.

It's been a statutory requirement for councils to have a Child Death Overview Panel (CDOP) since 2008. We review all deaths from 0–17 years and work to improve the experience of bereaved families and professionals involved in caring for children. This ensures that information is systematically captured to identify trends and to learn from every case.

My strong working relationships with the CDOP Chair, Barry Gillespie, and Designated Doctor for Child Deaths, Dr Elizabeth Dierckx, have been of huge benefit. Both have provided invaluable expertise and also support on a personal level, given the nature of the child death review process.

I could not be prouder to work in the Population Health Team! Reflecting on team achievements, such as implementing our Reducing Infant Mortality Strategy (2019–2024), I'm grateful to be surrounded by colleagues who are always extremely supportive, passionate and dedicated.

I'm now excited to be starting my next chapter in Public Health, joining the Manchester Health Protection Team to tackle COVID-19 health inequalities.

Stephanie Davern,
MANCHESTER CHILD DEATH OVERVIEW PANEL CO-ORDINATOR

DECEMBER 2021

14 DECEMBER 2021

As Omicron spreads, guidance changes so that even fully vaccinated contacts of someone with COVID should now take an NHS rapid lateral flow test every day for seven days to help slow the spread.

15 DECEMBER 2021

100% entry-check rate achieved at the Warehouse Project – Manchester's iconic seasonal club nights – amid new entry regulations introduced because of the Omicron surge.

A national shortage of lateral flow tests means pharmacies are unable to supply the public with test kits. This impacts heavily on front-line staff, including social care and prisons. In response we switch from supplying kits for the whole community, to a new Essential Worker system.

17 DECEMBER 2021

In response to low vaccination numbers in Moss Side and Hulme, we run a walk-in pop-up clinic at the Powerhouse for first, second and booster jabs. The day is a huge success, with 346 people vaccinated.

19 DECEMBER 2021

Significant rise in Manchester's Omicron cases – 175% change in the seven-day case rate.

A resident tweets praise for our 'support to self-isolate' work.

From daunting start to leading light

Alexander Rippon

During the pandemic I found myself redeployed from an elective surgery day-case unit to a COVID in-patient ward, which was unnerving, anxiety-provoking and altogether scary, but simultaneously brought a level of adrenaline-fuelled excitement.

On my first day in this unfamiliar territory, I also found myself thrust into being the most senior member of staff on the floor, and as a result Nurse in Charge, Acting Ward Manager – I felt like a male version of Florence Nightingale who'd forgotten to bring his lamp!

Although feeling underprepared, daunted and overwhelmed, with knees close to knocking, I took on the challenge and with hindsight, look back now with a certain sense of accomplishment and pride.

As the COVID-19 situation developed, it became pleasingly apparent that more and more hospital patients were making it to the point of being discharged home. It was at this point it dawned on me that I had no idea how COVID-19 was being managed in the community for people who didn't have the benefit of the immediate medical expertise we could provide in hospital.

I saw the opportunity to put my new-found COVID skills and knowledge to use outside the ward – and to develop professionally – in totally new work as a COVID-19 Specialist Nurse. It's fair to say that starting with the Central Co-ordination Centre felt like being a rabbit in the headlights. The environment was new, the type of work was new, the processes were new, but recognising this team's important role in the war against COVID, I knew I wanted to get stuck in!

From dealing with the acutely unwell and seeking the most practical and appropriate levels of care needed to address their condition, to dealing with cases of domestic violence and suicidal ideations, this role has certainly developed my professional experience and knowledge. The interactions and situations that the team and I have dealt with have been impressively vast. Even if I do say so myself!

Alexander Rippon,
SPECIALIST NURSE, CENTRAL CO-ORDINATION HUB, MANCHESTER TEST AND TRACE

DECEMBER 2021

22 DECEMBER 2021

New national guidance reduces ten-day isolation for people who've tested positive to seven days in most cases. People who have two consecutive negative LFD tests on days 6 and 7 no longer have to isolate.

28 DECEMBER 2021

Local contact tracing team receive the highest number of residents to contact-trace in a single day since the beginning of the pandemic: 2,243 residents the national system was unable to reach.

Local Hub support 194 callers with vaccination-related queries.

In response to the Omicron surge we make around 200,000 vaccination slots available in Manchester between 13 and 31 December 2021. In the same period, we vaccinate 3,413 people at the Town Hall Extension's iconic Rates Hall in partnership with the military.

PERSONAL STORY

Supporting role becomes a big part in the pandemic

Diane Cordwell

In March 2020, the old sexual health RU Clear? service became Bronze Control to help manage the pandemic. Soon, we'd taken on complex contact tracing as part of a virtual Manchester team, which included Environmental Health and the then-named Community Infection-Control Team for Manchester.

As a sexual health service, we had lots of contact-tracing experience, which we used for COVID-19 infection control, including tracing people the national team were unable to get hold of. Thanks to nurses with local knowledge, and a different approach to the national team, we could contact more people, put families in touch with one another, and support residents through a very difficult time.

Our non-clinicians, who became patient advisers, were the linchpin for support, helping people get food, and for some, getting gas and electricity switched on so they could isolate safely at home.

In due course, the testing team came under the umbrella of what was then the 'co-ordination hub'.

We ran a helpline for people who needed support or had any queries about COVID-19.

We had a helpline and support system for schools and education settings too, so headteachers could ring for advice, and we would help them make their decisions. We worked closely with the Quality Assurance and management teams supporting schools, which was well received – something we'd like to continue.

We also developed a support system for COVID-19 vaccinations, including answering people's questions, booking people in for vaccinations, and helping others make their own appointments.

The hub was very successful in giving real help, including support for mental health issues, counselling, and even suicide prevention.

It's been a privilege to help the people of this city. We now want to learn from the pandemic to develop a triage system to support the wider health protection team and other services, so residents can get advice quickly and are directed to the right support as easily as possible. This aim also includes broadening the scope of the COVID-19 vaccination helpline so that we give advice and support on all vaccinations, as well as the childhood immunisation programme.

Diane Cordwell,
**LEAD NURSE,
CENTRAL CO-ORDINATION HUB,
MANCHESTER TEST AND TRACE**

CASE STUDY

GIVING WHATEVER IT TAKES

Our local phone-based Environmental Health Contact Tracing team offered 'support to isolate' for people and their contacts who'd tested positive. This ranged from very practical things, such as getting food and medicine delivered, to the less obvious. Team members share their memories.

Chat was best medicine

Anne Pritchard, Karen Jones, and Anne-Marie Roughneen
ENVIRONMENTAL HEALTH CONTACT TRACING TEAM

One call will always stay with me. It was with a young man living alone who'd lost his job when the pandemic closed down hospitality venues. I thought I was calling to provide the essentials people needed when isolating: food, medicine, financial support, a nurse to speak with. Yet it was the kind of simple conversation that many of us take for granted that had such a positive result for his mental wellbeing.

He told me about his worrying symptoms, which changed daily. He said how lonely he was, and we had a little chat about his concerns and some general conversation. It was contact with the outside world he was really missing; he had no flatmates, and work colleagues no longer checked in on him. He had come off social media as his mental health just couldn't cope with it.

One reason this stays with me is how fragile this young person seemed. I sensed that the time I spent talking to him, allowing him the time to voice his concerns and worries, made a huge difference. When he thanked me for caring and having the chat with him, I could tell that he was truly grateful.

CASE STUDY

Calming influence

I enjoyed sorting things out for an older lady confused by a letter from her GP about her second vaccination – the GP surgery had referred her back to our Co-ordination Centre.

She was wary of booking her second jab because she'd had a reaction to the first that made her unwell. She was adamant that her second vaccination should be one of the alternative brands, but didn't know how to check which type was on offer where.

I looked for sites where alternative vaccines were available and booked her an appointment, also offering support from nursing staff if she had medical concerns. I felt positive about this call – a distressed and confused caller now felt in control and her appointment was arranged.

Fair treatment

One caller and her flatmate had tested positive the day after moving into a new flat. It was freezing cold, but the heating wasn't on and they didn't even know where the boiler was. They said the landlord was unhelpful and refused to go round to help.

My advice was to call the landlord back and tell him that Test and Trace said he had a 'duty of care' to make sure – urgently – that the heating was working. I suggested they gave him our office number so he could call if he needed clarity, and also to get advice himself on how to enter the flat safely, wear protective clothing and keep separate from the isolating tenants.

I felt this was a good, productive call supporting two young people in a vulnerable position who could well have been exploited in their illness. I was pleased that the right information and my good advice solved their situation.

CASE STUDY

Pet fret

One woman I called was clearly going to struggle having enough food to get her through her entire isolation period – her zero-contract work came with no sick pay.

I arranged a food parcel within the next 48 hours and noted that she'd need ongoing support. I also sent her the financial support link she'd need to apply for a one-off Support to Isolate Grant of £500. She was grateful, but I sensed there was something else on her mind.

Soon she told me she was worried that she was about to run out of food for her dog. Pet food was not provided in emergency food parcels, so I asked if any friends, family or neighbours could help – but no. I was stumped to be honest. I'd not come across this before, so I said I'd try my best to get some answers and get back to her.

Although colleagues hadn't come across this either, after several helpful suggestions I had a list of local dogs' homes and charities. Many dead-end calls later I came across a local dogs' home that said it wasn't something they'd normally do, but in view of the pandemic they would provide a week's supply of dog food, but they could not deliver.

Another call or two and a Council colleague volunteer was on the way to collect and deliver the dog's food. I really enjoyed calling the dog owner back with the good news. This was a great feeling and was a very productive challenge for all.

CASE STUDY

Each call made a difference

To understand the sometimes negative response someone would give to your support call, you had to put yourself in their shoes. One resident very firmly told me they were very unhappy with the number of calls they'd been getting: first from National Test and Trace, and now from me – and all the while they were feeling so poorly and just wanted to be left alone!

As I continued to listen, I sympathised with their frustration. I apologised for disturbing them when they were resting and feeling poorly. I said I just wanted to make sure they had any support they might need and that I could help – get them a nurse to speak to, for example, as they were feeling quite ill.

Because I listened and allowed them to talk about feeling so ill and frustrated by all the calls, by the end of our chat they were thanking me for my time and saying sorry for being so offhand at the start.

The calls I've made have been varied, but whether it's been a food parcel or a listening ear, it's been about the support, and each made a difference.

CASE STUDY

Problem? No problem!

This support-to-isolate call to a vulnerable young man needed some problem-solving and work with other services to sort out.

Having to self-isolate in his new shared accommodation meant he'd not even met his new housemates, and he told me he felt very anxious that he'd not put out his rubbish or bins for some time. The rubbish was building up and he didn't want to be in trouble with the other residents by starting off on the wrong foot.

He felt ill, and his anxiety level concerned me. Solving this needed other Council colleagues' goodwill. Our cross-department co-operation was now so good that it didn't take too much under these circumstances to get several services working together to arrange a special visit from waste collection staff – with extra bags left for the rest of the isolation.

When I let this vulnerable young man know the outcome, I could hear the relief and improvement in his wellbeing.

JANUARY 2022

We agree a new pathway for rapid clinical assessment of COVID-positive care home residents with the Medicines Optimisation Team, Community Health Protection Team and our Enhanced Clinical Care Home Teams.

2,121 testing kits will be collected this month from Manchester libraries. And our local response Community Testing Team gives 363 assisted tests.

In light of high case rates, we develop local prioritisation rules to make sure schools that most need support get it first.

The Council's Director of Public Health, David Regan, attracts 13,000 views on the first day of his 'Your Questions Answered' webinar, broadcast by the Manchester Evening News. He recommends that, until mid-February, face coverings continue to be worn by students and visitors in communal areas in secondary schools and higher education, and by staff and visitors in primary schools.

The Manchester message had to be a bold, brave and trusted voice

Penny Shannon and Barry Cooper

Throughout the pandemic our communications focus has been around doing what's right for Manchester and its diverse communities. We knew our strategy would need to flex around overarching messages, alongside the more nuanced or bespoke materials for our many different communities and networks.

Meek and mild isn't the Manchester way, nor is simply telling people what to do. Yes, there's a place for that in emergency situations, but for longevity and ongoing support we had to focus on real people's stories, emotional responses, and creativity at key points to cut through a wall of general COVID-19 noise. Crucially, we also had to listen to what our communities wanted to know, and how.

Citywide campaigns included our own version of Jon Snow, from hit series Game of Thrones, with his 'Manchester's winter is coming' vaccination message, to our latest work aimed at young people about to go on holiday, linked to TV's Love Island – or 'Lovelorn Island' as we dubbed it for those who have to stay at home because they had COVID-19 or weren't vaccinated.

However, it was often the smaller moves behind the scenes that had the biggest impact. Hearing from individuals most at risk, and what would be useful for them, included working on dedicated Facebook live sessions to answer specific community questions, working with faith leaders for a united front, and working with street DJs and urban artists in the community. Those deeper conversations that often unpicked long-term issues were also guided by our 'sounding boards', put in place to represent communities most at risk – or those who needed a voice – so that every effort was made to make our communications culturally appropriate, trustworthy and delivered by the right people.

Ongoing access to information and transparency was vital, so media work moved apace with a strong proactive approach to make sure the city could hear COVID-19 updates and plans quickly, and so questions could be asked. That flow of information also meant we needed a way of getting updates out quickly – in the right way – to all neighbourhoods, groups and individuals. Step forward our incredible Neighbourhoods and Engagement Teams, who helped with continual local questions, which could then be answered and contained within a weekly communications toolkit for sharing across networks by trusted voices.

That approach brings us to summer 2022. We've got the solid foundations and networks needed to help address the inequalities perpetuated by the pandemic – but now we need to dig even deeper and look at the equity gaps in our city. This won't be easy, and it will be a major focus of our work with Sir Michael Marmot of the UCL Institute of Health Equity. If COVID-19 taught us anything, it's a better understanding of our communities, and how true partnerships and ongoing communication mean we can work together and flourish.

Penny Shannon,
HEAD OF HEALTH COMMUNICATIONS

Barry Cooper,
SENIOR COMMUNICATIONS OFFICER

PERSONAL STORY

The power of change

Rob McDermott

Our job was to draw on the massive range of support available to residents who tested positive, and their contacts, so they could isolate safely at home. We brought in both in-house Council support and linked people with partners and charitable organisations to provide food, finance and much more.

A key reason our Support to Self-Isolate team could continue providing essential support to everyone in the city who needed it was an unprecedented flexibility and speed of change to established processes: whatever it took, whenever it was needed, whatever the difficulties.

A great example was when the Omicron wave suddenly hit in the run-up to Christmas 2021. There was a very quick spike in cases, and I could see that demand would quickly outgrow capacity within 48 hours – at a time of lower-than-usual staffing and limited services, because of the festive season.

We'd need to change our processes, criteria and services to keep our support effective. This would normally take days – even weeks – of meetings, and hours of preparation. But in just one emergency meeting with senior colleagues sharing data and massively creative, flexible thinking, we agreed significant immediate changes to things like referral criteria, priorities, changes to contact methods and database referrals.

Quick, clear communication to colleagues and partners went out at once, so everyone knew what was coming, what would be affected and what we were changing to accommodate it. Constant review of these temporary changes headed off potential snags and before long we were able to remove those measures and return to our usual service as Omicron wave numbers decreased.

I am very proud of our response to this challenge, in particular the speed with which we implemented significant changes to an established process. Our timely action meant essential support was still getting to all who needed it in the city.

Rob McDermott,
DEPUTY OPERATIONS MANAGER, MANCHESTER TEST AND TRACE

PERSONAL STORY

Omicron: a mouthful, a handful – but no match for our science and stats

Kasia Noone

Towards the end of November 2021 reports started to come out of South Africa of a new wave of COVID-19; cases were rapidly accelerating, rising to levels never previously seen. The unprecedented speed of this was, to say the least, concerning. My thoughts – like most of those whose working (and, let's face it, personal too) lives had been consumed by COVID-19 – went back to late spring 2021 and the inexorable global rise of Delta. The name of this new variant contributing to this rise in cases was a bit of a mouthful at first – Omicron.

On 29 November 2021, the UK Health and Safety Agency (UKHSA) designated Omicron a 'variant of concern'. This status indicated that initial data demonstrated this new variant contained changes to its structure; these changes could result in increased transmissibility, differences in how symptoms presented, or severity of infection. Again, it felt like we were dealing with the unknown. The only thing that we could do was wait for further data from South Africa and surveillance from the UKHSA.

There was something different, however. The vast international networks of academics, researchers, and scientists built up over the past two years meant that the global community could respond more rapidly, and with access to greater amounts of data than ever before. The UKHSA published priority criteria that enabled us – those working in Public Health intelligence – to identify 'highly likely' Omicron cases from the standard suite of data that accompanied each 'case'.

We convened daily Omicron briefing meetings; my manager and I analysed data in new ways – growing familiar with specifics of genomic testing (well, maybe 'familiar' is a stretch!), tracking suspected cases over time, and breaking down these numbers by ages (to identify suspected clusters in schools and older, more vulnerable populations), geography and settings. We also continued to track hospitalisations over time.

As 2021 turned to 2022, Omicron became the dominant variant. Though we had (and were continuing to have) an unprecedented number of infections, our fears – that Omicron would lead to hospitalisations like those seen in the initial year of the pandemic – were thankfully unrealised. The surveillance my manager and I supplied, had, I hope, contributed to the response and the help our friends and colleagues were able to provide for the residents of Manchester. And we learnt more than I ever thought we'd needed to know about spike proteins!

Kasia Noone,
PROGRAMME LEAD FOR INTELLIGENCE AND INSIGHT, MANCHESTER PUBLIC HEALTH TEAM

JANUARY 2022

3 JANUARY 2022

We now have 428 active volunteers assisting with Manchester's vaccination drive – up from 282 on 14 December 2021.

4 JANUARY 2022

Case rates in Manchester reach their highest peak since the pandemic began: 2,482 per 100,000 in the rolling seven-day period.

5 JANUARY 2022

The NHS Trust running ten Manchester and Trafford hospitals declares a 'critical incident' because of COVID – at least ten other UK trusts have done the same.

Hospital trusts declare a critical incident when the level of disruption means the organisation temporarily loses its ability to deliver critical services – the environment may be unsafe, requiring special measures and support from other agencies to restore normal service.

6 JANUARY 2022

Under-18s who test positive can now complete their contact tracing record online with a parent or guardian. This means that by logging the close contacts of a self-isolating child, parents can avoid the call from NHS Test and Trace.

PERSONAL STORY

Youth Engagement Plan (Winter 2021/22)

Christopher Pandolfo, Allan Mandindi and Barry Young

We knew that engaging certain groups and convincing them that a COVID-19 vaccination was for them would be especially challenging. Our Neighbourhood COVID Response Team was set up to work proactively with Neighbourhood and Public Health Teams to support and deliver such engagement and increase vaccination in these groups.

One project we led was aimed at 16 to 24-year-olds from the African, Caribbean, Pakistani and Bangladeshi communities, promoting health equity and addressing health inequality. Data showed that these young people weren't coming forward for vaccination – partly because of confusing social media info.

We believed the path to success began with listening to young people and responding to their concerns.

We engaged with those working directly and indirectly with these young people, to help with messaging materials that could improve vaccine uptake.

We held focus groups at Powerhouse in Moss Side. We also engaged youth workers at Youth Zone, Hideout, and Co-op Academy, and delivered podcast sessions that gave young people an opportunity to express their experiences of the pandemic. They talked about COVID-19, access to health and other community resources, and what they thought about communication during the pandemic.

We worked with youth groups, 'COVID connector' volunteers who answered COVID-19 questions and helped people book their jabs, and the Council's Comms Team to make sure our information was age-appropriate and co-designed for this tough audience.

We offered local pop-up vaccination centres and handed out over one thousand 'Young People and COVID' leaflets.

One standout moment for me was working with the Youth Justice Support and Leaving Care teams to encourage them to talk to the young people in their care about COVID-19, getting vaccinated, and the support available to young people.

When those we worked with fed back that we'd 'empowered many of those young people to get vaccinated', the hard challenges felt worthwhile. We're proud of a lasting legacy – the podcasts are now helping with research and a better understanding of how to communicate with young people, and they will be placed on media platforms for all to listen to.

Christopher Pandolfo,
NEIGHBOURHOOD PROJECT LEAD FOR CITYWIDE COVID RESPONSE

JANUARY 2022

11 JANUARY 2022

People no longer need to take a confirmatory PCR test following a positive lateral flow test, unless they want to claim Test and Trace Support Payment.

17 JANUARY 2022

Self-isolation period cut to six days, if you test negative on days 5 and 6.

20 JANUARY 2022

A family of vaccine volunteers is celebrating giving out more than 6,000 COVID jabs over eight months.

The McGrogan family – Andrew, 38, Fiona, 41, Jeanette, 62, and Liam, 70 – hit the milestone at Plant Hill clinic in Blackley.

The city as a whole has now administered one million doses.

The family say they each draw upon their varied medical backgrounds to help with a "fantastic atmosphere".

Mother Jeanette plays on her strengths as a children's nurse to soothe people with needle phobias.

"It is all about picking up cues and spending time with people. A lot of people then did not even notice the actual jab."

Son Andrew is a GP, while daughter Fiona is an advanced nursing practitioner.

Father Liam McGrogan, who also trained as a doctor, says he is "so proud" of his family who served at the clinic for an eight-month spell.

Mr McGrogan says: *"It is a fantastic centre and the atmosphere is so positive, with a real sense of that Dunkirk spirit as we try to get as many people vaccinated as possible."*

Manchester's director of public health David Regan is incredibly proud of the city's vaccine effort.

"We are not through this yet and as ever our message remains get your first and second vaccinations, get your booster when offered and take all the steps necessary to keep you and your family safe."

31 JANUARY 2022

UK Health Security Agency data now includes 'possible reinfections'. Positive COVID tests within a 90-day period are now considered part of the same 'case episode'. Positive tests outside a 90-day period are considered reinfections.

FEBRUARY 2022

Our local Test and Trace service feels the benefit of last month's national switch to complete-your-own contact tracing records online. In the first week of February, 60% of Manchester residents who test positive and complete contact tracing, do it themselves online.

8 FEBRUARY 2022

Our Peripatetic Team sets up a pop-up vaccination clinic at the Manchester Communications Academy in Blackley with a 'family offer' to vaccinate children, parents and teachers. In advance, 'COVID chat' volunteers hold coffee mornings at the school to talk informally about the benefits of vaccination; 36 people are vaccinated.

9 FEBRUARY 2022

A month earlier than initially considered, the Prime Minister announces he will scrap all England's domestic COVID requirements later this month, including self-isolation, "if the 'positive' trend in the data continues".

11 FEBRUARY 2022

Fully vaccinated passengers and under-18s no longer need to test for COVID within two days of arriving in the UK.

Random mention makes a positive difference

Gracelyn Cottrell

Manchester Test and Trace was the emergency response we set up to support and protect residents through the COVID-19 pandemic.

This working partnership between the Manchester Local Care Organisation, Manchester University NHS Foundation Trust, community health protection teams and local and national Public Health teams delivered – and advised on – infection prevention and control in the community and especially in high-risk settings by:

- testing to identify the disease
- contact tracing and outbreak management to prevent and contain spread in active cases
- providing clinical advice, welfare checks, and various self-isolation support options to residents confirmed as positive or self-isolating as a contact.

Our 'central co-ordination hub' was a team of nurses and patient advisors dealing with public queries, contact tracing COVID-positive individuals, and managing outbreaks in high-risk settings such as care homes and schools.

The Delta variant was sweeping through the community and Manchester's GP services, walk-in centres and A&E departments, and the 111 NHS helpline was being overwhelmed. We worked flat out but there was little capacity to check back on patients who were ill at home: our clinicians didn't have a team to refer patients for follow-up in case of ongoing clinical concerns. We would schedule callbacks and check on them ourselves, which could take us away from time-critical contact tracing.

It was during all this that I made a routine contact tracing call to a patient who was unwell with COVID. She told me that as part of a 'CHOMS' (COVID-19 Home Oximetry Monitoring Service) study, she was getting regular calls from the CHOMS team and she spoke very positively about the service and the confidence and reassurance it gave her to deal with COVID at home.

CHOMS – a Manchester NHS service run by GTD healthcare for over-18s with acute COVID-19 – developed as a 'remote monitoring service'. It gives patients a 'pulse oximeter device' to measure their oxygen levels at home, contacting them regularly by phone (or with an app if they prefer) until day 14 of their COVID illness.

It struck me that plugging our patients into this kind of service would be a win for everyone: I asked the patient to pass our number on to the next CHOMS nurse who called. The very next day I was talking to nurse Karen. We put our managers in touch and were officially sending consenting referrals to the team in December 2021. Not bad, considering the complex bureaucracies involved!

It's been a real asset to our team. Many who would have suffered became confident self-managing symptoms at home as part of continuing care, especially those with moderate-to-severe COVID-19 symptoms, those with existing mental and physical health conditions, older adults and people who live alone. Patients reported that they felt reassured and supported while waiting for GP or consultant appointments. And I think that it is true to say we indirectly helped reduce pressures on both primary and acute care services.

Gracelyn Cottrell,
**SPECIALIST NURSE,
CENTRAL CO-ORDINATION HUB,
MANCHESTER TEST AND TRACE**

FEBRUARY 2022

17 FEBRUARY 2022

Meeting with Department for Health and Social Care colleagues leads to national recognition for our contact tracing and support to self-isolate services.

21 FEBRUARY 2022

Government removes guidance on twice-weekly asymptomatic testing for staff and students in most educational and childcare settings.

23 FEBRUARY 2022

We get our final list of residents to trace as Government ends all routine contact tracing.

Since September 2020, our local team have successfully contact-traced 15,500 residents who couldn't be reached by the national Test and Trace system.

We continue supporting care providers and schools around 'Aerosol Generating Procedures' and 'fit testing' of staff. In February, we fit-test 12 staff members from two different special schools.

Environmental Health 'operating safely' advice and guidance to the Northern Quarter Makers Market, and Ancoats Pop-Up Food & Crafts Market.

279 Lateral Flow tests delivered across nine different Extra Care Schemes for older residents across Manchester.

24 FEBRUARY 2022

Government removes all remaining domestic legal restrictions including requirement to self-isolate.

Government ends self-isolation support payments, national funding for practical support and the medicine delivery service.

Whirlwind week sees winding up of contact tracing and self-isolating

Sophie Black

On Monday 21 February 2022, the Prime Minister gave a statement to the House of Commons on the Government's strategy for living with COVID-19:

"From this Thursday, 24 February, we will end the legal requirement to self-isolate following a positive test, and so we will also end self-isolation support payments… We will end routine contact tracing, and no longer ask fully vaccinated close contacts and those under 18 to test daily for seven days; and we will remove the legal requirement for close contacts who are not fully vaccinated to self-isolate."

That was the first we knew about the end of contact tracing and isolation.

While we'd expected the announcement would come soon – 24 March had been the anticipated end – we never expected it to be so sudden.

With three days' notice, 19 months of work was stripped away from us. On the Tuesday, I joined a call with fellow contact-tracing leads across the country – a call filled with confusion, frustration and a clear sense of betrayal.

On the Wednesday morning I went into the office and gave a mini-briefing to our contact tracers and Support to Self-isolate Team. I had to translate the Prime Minister's Monday announcement into stark reality – sadly, this was the very last day they would do what had become second nature.

By its very nature, self-isolation can be a lonely place, and we knew we were making a positive difference. Our friendly, caring voices on the end of the phone were in many cases the only human interaction that a resident had that day. So I spent that Wednesday afternoon just sitting and listening to those last calls being made. I found listening in very emotional, but also felt so proud of our brilliant team. There was even bickering over who would make the final call!

On Thursday, when our team logged on to their computers, their access to national case-record systems was blocked – even proactive work was now impossible.

This was a whirlwind of a week, a difficult week for so many of us.

On a personal note, I'm thankful to my colleagues who reached out to me with words of support and understanding. Leading our contact-tracing work handed me such a huge sense of purpose during the pandemic, and kind words eased the distress of having it taken away so abruptly.

Sophie Black,
CONTACT TRACING PROGRAMME LEAD, MANCHESTER TEST AND TRACE

MARCH 2022

We wind up Manchester Test and Trace service

2 MARCH 2022

Manchester Test and Trace deliver in-person briefing to primary school headteachers.

9 MARCH 2022

'Living Safely & Fairly With COVID Plan' presented to the Council's Health Scrutiny Committee.

Our neighbourhood teams' vaccination initiatives get more imaginative and now include:

- Work with local traders in Moston and Harpurhey – at the heart of their communities these vital workers can put us in touch with a wider section of the population.
- Partnership with new charity Know Africa in Wythenshawe to promote vaccination among the wide cultural diaspora of African people living in Manchester.
- Support for 40 asylum seekers to get vaccinated – with transport and translated information in seven languages.

This month our Community Testing Team will carry out:

- 13 community tests
- 5 rounds of 166 asymptomatic tests for older people at Extra Care schemes.
- Pop-up events at Didsbury Mosque, the Welcome Centre in Cheetham Hill, Yaran North West in Longsight, and the Millennium Powerhouse, Moss Side.

PERSONAL STORY

Living Safely and Fairly with COVID

Sarah Doran

At the end of February 2022, the Prime Minister announced the end of COVID restrictions in England, changing the national approach to responding to COVID-19. His national 'Living with COVID Plan' was published on 21 February, setting a new direction for COVID-19 response.

We'd anticipated this, but it came much earlier than expected, and given the high number of cases and ongoing challenges with COVID-19 health inequalities, there was a very strong feeling in our local Manchester Test and Trace team that we needed to do something more than just 'live with COVID'.

COVID-19 shone a light on our existing health inequalities and exacerbated them. This drove us to produce a local plan for Manchester that put Manchester people first and recognised the extra work needed locally to continue to promote health equity.

Within a week of the national strategy being published, we had our first draft of a system-wide Manchester Living Safely and Fairly Plan. The plan would have to develop over time to respond to continued policy change and to learn from our local experiences. It was also important to include the context of where we might be headed, as we knew that waves of infection would likely bring huge challenges.

Our approach:

- Remain committed to doing what is right for Manchester residents, taking an Our Manchester approach.
- Work together with communities, valuing the role of community leaders and neighbourhood working in our health protection system.
- Keep health equity and tackling health inequality at the heart of what we do.
- Build on learning from our COVID-19 response and follow the latest evidence and insights from our communities.

One of the plan's main focuses was to build a more resilient local health protection system that had capacity and was ready to respond to whatever came our way next. We also needed to integrate COVID-19 with other infectious diseases we manage, such as tuberculosis, flu, measles, and other vaccination programmes, such as childhood immunisations.

The plan has 12 priorities and for each we describe how we had been responding up to now, how we will change our approach to live safely and fairly with COVID, and how we will go about moving from our current position to where we need to be. As part of the transition, we needed a very different approach in some areas – in particular testing, contact tracing and isolation support.

Here are those 12 priorities:

1. Resilient local health protection system
2. Infection prevention and control
3. Vaccination and treatments
4. Care homes and other high risk settings
5. People and communities that are high risk, clinically vulnerable or marginalised
6. Testing, contact tracing, outbreak management and support to self-isolate
7. Communications
8. Community engagement
9. Data and intelligence
10. Education settings
11. Workplaces and business
12. Events, leisure and religious celebrations

Manchester has been hit hard by COVID-19, experiencing higher case rates and higher death rates than many other areas in the country. We came together as a city to respond, and we still have a huge challenge as we continue to work together to 'live safely and fairly with COVID'.

Health protection should remain a high priority for us in Manchester. The world is different now and we need to build a new normal where we are more resilient, more prepared and better able to respond.

With the expertise, experience and ongoing passion and commitment that we have in our local health protection system, supported by our brilliant colleagues at the UK Health Security Agency and in Greater Manchester, I am confident that we will make this happen.

Sarah Doran,

ASSISTANT DIRECTOR OF PUBLIC HEALTH FOR MANCHESTER

PERSONAL STORY

We're all citizens of the pandemic

Leasa Benson

New waves of COVID-19 variants continued to test our Manchester health-protection system and affect wider groups of our residents through 2021 and into 2022. Working very closely with UK Health Security Agency colleagues, we managed and responded to outbreaks – each with its own unique conditions – wherever they happened. These challenges for both local and national colleagues have informed new national guidance and ways of working.

The introduction and success of the vaccine had a huge impact on the severity of COVID-19, which has been reflected in the outcomes for residents of our high-risk facilities, much to the relief of staff, residents and families.

The challenge of ever-changing national guidance continued through the year, and numerous pathways were introduced for different groups, depending on their vulnerability. This was mirrored by new testing recommendations for high-risk settings and removal of testing for most of the population.

One of the biggest challenges has been the reduction of COVID-19 prevention measures, which has caused both relief and anxiety.

My team worked from their dining room tables, caring for young children and extended families while producing the most remarkable work – all 'citizens in the pandemic' faced the same challenges everyone else did.

As we've returned to our workplaces, it's been a joy to see people in real life after so long. New team members hadn't even met us, or one another, despite working so closely (but remotely) together.

I owe my family – and the families of all my colleagues – a big thank you for putting up with and supporting us through this unrelenting time.

A brew from a loved one, delivered to our home desks, has been the most wonderful gift.

Leasa Benson,
LEAD NURSE,
COMMUNITY HEALTH PROTECTION TEAM

MARCH 2022

18 MARCH 2022

Didsbury Mosque pop-up event is a particularly successful mix of lateral flow kit handouts, health checks and cancer awareness information, Together Dementia support, Carers Manchester, a women's group and other stalls.

Manchester Test and Trace Central Co-ordination Hub receives a Special Recognition Award at the Council's Directorate Awards for Excellence event.

It was right that the Manchester Test and Trace Central Co-ordination Hub won this Special Recognition Award

David Regan

Under brilliant leadership, this Hub was a great COVID-19 success story, delivering contact tracing and self-isolation support to residents, as well as outreach testing to the most vulnerable.

The Hub later hosted the COVID Helpline and enabled thousands of residents to ask questions about the vaccination programme and get their jab booked there and then. The Helpline continues to help our most vulnerable residents navigate their way back into society.

Councillor Joanna Midgley and I visited the Hub in January 2022 and heard heart-warming stories and cases the team dealt with. For example, ensuring people who were self-isolating had access to medication and food, dealing with challenging domestic violence situations, and ensuring ambulances got to very poorly residents' homes – often saving lives.

The Hub team really was multidisciplinary, including nurses and patient advisers from our wonderful Manchester Local Care Organisation, supported by the Council's Public Health teams and our brilliant colleagues in Environmental Health and Neighbourhoods.

This Special Recognition Award was well deserved for another brilliant year of commitment, enthusiasm, resilience and team spirit. Manchester is forever indebted for what they have done for our city.

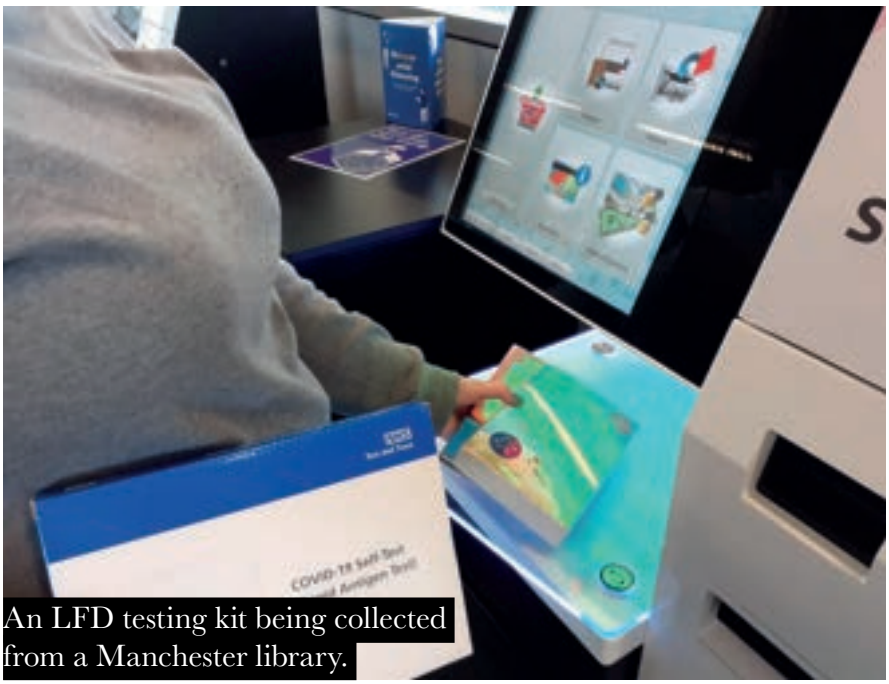
David Regan,
DIRECTOR OF PUBLIC HEALTH, MANCHESTER

MARCH 2022

31 MARCH 2022

Last day of Manchester Test and Trace – we distrubute the last of 535,000 lateral flow tests through community settings such as libraries.

Workshops on launch of Manchester Health Protection.



An LFD testing kit being collected from a Manchester library.

PERSONAL STORY

We've learnt to be ready whatever comes our way

Tim Keeley

Mid-2021 saw continuing enhanced testing following Manchester's Enhanced Response Area (ERA) designation earlier in the year. We boosted community testing in priority areas, working closely with Neighbourhood teams, voluntary organisations and community social enterprises to make sure we connected with the right communities. Schools in the ERA were also selected for enhanced testing, and we worked closely with colleagues in Education to encourage schools to make more testing available for staff, pupils and families.

As the pandemic continued into the summer, we began to see cases climb in schools across the city. Several outbreaks triggered intense collaboration with colleagues in Education, the Greater Manchester Health and Social Care Partnership, and the

UK Health Security Agency, which offered support for outbreak testing. Pupils' return after the summer break marked a different national approach to testing and isolation, reducing the thresholds for when councils could intervene. Face-to-face learning was prioritised – sending pupils home and on-site testing were now only allowed in exceptional circumstances.

Mid-November saw another critical point in the pandemic with the arrival of the Omicron variant. This was an emotional time for me on a professional and personal level. Our workload increased yet again, working from home full-time was reintroduced, and Christmas was only weeks away. History very much felt like it was repeating!

Fortunately, thanks to the highly functional and supportive Manchester Test and Trace team, we had the people and tools to successfully manage this phase of the pandemic. As cases of the new variant climbed, we were able to apply previous learning and more assertive decisions on when and how to intervene, particularly around managing Omicron outbreaks in schools.

The start of 2022 was a challenging phase for a new set of reasons, as we awaited news on how the Government proposed to manage COVID-19 in the long term. Imminent large-scale reductions to the national Test and Trace programme were hinted at, and the public's perception of harm from COVID-19 began to wane.

When Test and Trace was eventually stopped, we awaited details of how different health and social care settings and vulnerable individuals would be supported, how we might respond to community outbreaks and so on. Frustratingly, we would still be waiting for full details into summer 2022.

Understanding the Government's national approach is vital to help us fully establish our ongoing response. We will apply our combined expertise in health protection and our learning from the pandemic to whatever situation might come our way in the future.

Tim Keeley,

TESTING PROGRAMME LEAD, MANCHESTER TEST AND TRACE

APRIL 2022

We launch Manchester Health Protection and the Government stop free universal symptomatic or asymptomatic testing for the general public in England.

1 APRIL 2022

Government removes guidance on voluntary COVID status certification in domestic settings and no longer recommends venues use the NHS COVID Pass.

APRIL 2022

7 APRIL 2022

107 participants invited to the closing Manchester Test and Trace Thank You Event.

Manchester Test and Trace Team's pop up COVID-19 testing facility.

PERSONAL STORY

Supporting each other and keeping smiling

Christine Raiswell

When I look back at everything that was achieved by Manchester Test and Trace I'm astounded at the resilience of all the people working together across our teams.

The pace at which we had to get things off the ground was like nothing I've worked on before and whenever you took some annual leave you could expect a whole new piece of work or new service to have been implemented by the time you came back!

A particularly challenging time was when the Omicron variant hit in the early part of December 2021. Everyone was hoping that COVID was settling down, that we were getting into a more 'business as usual' mode and we were all hoping for a more normal Christmas. In the space of a couple of weeks our local hub went from lists of around 100 cases to, at one point, over 2,000! It felt like we had to start all over again, reprioritising and revisiting all our processes.

What amazes me is that everyone just kept going, supporting our residents, and supporting each other and keeping smiling.

Christine Raiswell,
STRATEGIC LEAD, MANCHESTER TEST AND TRACE

Thank you Manchester Test and Trace!

Some of your achievements:

25

MULTI-AGENCY OUTBREAK CONTROL TEAM MEETINGS

supporting schools and early years settings during academic year 2020/21, many meeting multiple times.

Our community health protection team was also dealing with large numbers of situations and outbreaks in care homes and other high-risk settings.

OVER 700

BETWEEN MARCH 2020 AND DECEMBER 2021.

Our Environmental Health Team investigated cases in over

1,200 BUSINESSES

leading to 192 multi-agency outbreak control meetings.

45,575 CASES ESCALATED

for local contact tracing from national Test and Trace up to February 2022, with a high of 2,240 on one day.

2,708 RESIDENTS

received a tailored package of support to self-isolate, including food, medicines and emotional support.

Manchester Test and Trace worked with the Government to establish

11 LOCAL PCR TESTING SITES

making COVID testing more accessible for residents.

5,000+ RESIDENTS

tested as part of Operation Eagle – a multi-agency surge-testing response to the emerging variants of concern.

APRIL 2022

29 APRIL 2022

Council's Awards for Excellence Finalists from the Population Health Team announced:

Our Ways of Working Award: Christine Raiswell

Rising Star Award: Annie Barton

Giving Something Back Award: Richard Scarborough and Louise Marshall

Behind-the-Scenes Hero: Stephanie Davern (who won!)

Equality, Diversity and Inclusion Award: Cordelle Ofori and Bev Lamb

Legacy Award: David Regan

Manager of the Year: Peter Cooper

Team of the Year Award: Community Health Protection Team and Corporate Services Test and Trace Payments Team

Employee of the Year Award: Vicky Schofield and Nicola Jepson

Chief Executive's Pride in the City Award: Sade Philip

Manchester Public Health Team.

Stephanie Davern, winner of the Behind-the-Scenes Hero award.

PERSONAL STORY

Testing times could not deter them

Julie Bryan-Smith, Karen Podmore and Debra Moore

As three community dental nurses, our usual work – training dentistry students – ground to a halt when COVID-19 struck in early 2020, so we volunteered to be part of Manchester's COVID testing service.

These were scary times, with nobody really knowing how the virus would evolve. We were like those wartime generations who thought 'It will all be over by Christmas'. How wrong we were!

We've had a rollercoaster of highs and lows. Perhaps the lowest low was testing a drug user living in appalling conditions who was being 'cuckooed' by some awful people who were abusing him in every way.

That's something that will be ingrained in our memories for years to come and which thankfully we were able to notify the authorities about.

However, the highs have more than made up for the lows. We've tested many needy, vulnerable people who, without a test, would not have been able to get further care or services. Our regular additional-needs patients often brought a smile to our faces – even when they were being challenging. For their carers, just knowing our service was there for them gave them the break they so desperately needed. All this has made us feel useful.

These times have pushed us out of our comfort zones in so many ways, but the people we've come across have made it all worthwhile.

Finally, while nobody wanted this terrible pandemic – and let's hope the world sees nothing like it again – we're so grateful for the actions of so many people. One example is our Test and Trace team colleagues, who have been inspirational and humbling, having demonstrated the most incredible compassion and empathy. We have all been on a life-changing journey, with laughs and tears along the way. We wouldn't change those things for the world.

Julie Bryan-Smith,
Karen Podmore and
Debra Moore
MANCHESTER'S COVID TESTING SERVICE

RECOVERY FROM COVID MAY–JULY 2022

Be Well – using your strengths to 'build your own happy'

Liz Madge and James Sweeney

As we transition to living safely and fairly with COVID-19, Be Well – our 'social prescribing' service funded by Manchester Health and Care Commissioning – continues to help Manchester's residents achieve their goals.

We support residents to achieve the goals they have in life by building on an individual's strengths. Our network of partners make referrals and also support people at their community venues. The options vary depending on the individual, but can be one-to-one or group support, covering issues such as managing weight, connecting with others, or employment and financial support.

Fredha and Geff are two Manchester residents who are part of this recovery.

Liz Madge,
PROJECT MANAGER, MANCHESTER PUBLIC HEALTH TEAM
James Sweeney,
DEPUTY SERVICE MANAGER, THE BIG LIFE GROUP

"My coach has been so supportive – my cheerleader all the way!"

Fredha is taking back control

After an accident, Fredha was unable to drive and lost her job. She started putting on a lot of weight, smoked, and 'felt useless'. Working with her Be Well coach, she identified that losing weight was a priority – we offered free weight-loss and stop-smoking support.

Today, Fredha is two stone lighter and more active. She's now working with an employment coach on her long-term goal: getting back into work. "I'm starting to take back control of my life," she says. "My coach has been so supportive – my cheerleader all the way!"

Salima Jones, Sharon West and Cordelle Ofori.

Geff – finding himself again

Geff's doctor was worried that Geff wasn't taking care of himself after his wife passed away and referred him to Be Well. Deteriorating health and the pandemic meant Geff rarely left the house and he felt low. When a Be Well coach asked what his goals were, he said: "I just want to get out of my own four walls."

Together, they looked into support for Geff's mobility; they identified suitable exercise classes at a local gym, and Geff joined a local community group. Citizens Advice Manchester also helped him claim additional benefits he was due. When we asked Geff what he'd gained from Be Well, he replied: "What haven't I gained? I have my life back and I'm looking forward to the future again – outside my own four walls!"

"I have my life back and I'm looking forward to the future again."

Prevention Programme

This ambitious programme aims to transform Manchester's approach to health and wellbeing by improving health outcomes and reducing health inequalities.

Commissioned by Manchester Health and Care Commissioning (MHCC), led by Manchester's Population Health Team, it embodies a personalised, asset-based approach to working with individuals and communities.

Between 2017 and 2021, the Prevention Programme:

- Set up a new citywide social prescribing and health coaching service (Be Well) to support individuals to tackle relevant social determinants of health, improving their health and wellbeing, and reducing their need for other healthcare services.
- Established the new role of Health Development Co-ordinator (HDC) in each neighbourhood, working alongside communities and integrated neighbourhood teams to improve population health by strengthening local assets to address local needs to positively impact on the health and wellbeing of communities.
- Funded support for the development of community assets relevant to health and wellbeing (Neighbourhood Health Fund), and financed projects that addressed health inequalities among older people (Older People's Neighbourhood Support grant).

In March 2018, MHCC commissioned an independent evaluation of the Prevention Programme, to measure its efficacy and effectiveness for individuals, communities and the system. The final evaluation report was delivered in autumn 2021, finding that:

Be Well supported over 10,000 people through an accessible, inclusive service that reached those from deprived and diverse backgrounds, in line with Prevention's aim to strengthen social determinants and tackle health inequalities.

- Be Well service users reported improved outcomes in overall wellbeing, a sense of connection to community assets, and confidence in improving social determinants (in particular, remaining in or returning to employment), with greater improvements among service users completing their support compared to those who left the service early.

- Use of unplanned care (specifically A&E attendance and emergency hospital admissions) was lower among individuals who had received support from Be Well (compared to the general population accessing unplanned care), with those receiving more support experiencing a greater reduction.
- HDCs contributed to the understanding of and conversations about health and wellbeing at a neighbourhood level. This was done by involving local people in prioritising local needs and planning to address them, sharing knowledge about neighbourhoods with service providers, making new connections between services and community leaders, supporting the introduction of new ways of working across neighbourhood services, and building relationships between primary care and other neighbourhood services.
- The Be Well service represents a positive return on investment after five years, both financially (from employment and unplanned hospital admissions outcomes) and in public value (from improvements in service user wellbeing and reduced social isolation).

The Be Well service and HDC roles are now well embedded within neighbourhoods and played an important role in Manchester's responses to the COVID-19 pandemic. This infrastructure for supporting and improving health and wellbeing among individuals and communities will be further developed through Manchester's Population Health Recovery plans in coming months and years.

Prevention Programme Team
SALIMA JONES, LYDIA FLEUTY, SHARON WEST, CORDELLE OFORI

Winning hearts and minds

Charli Dickenson

This collaborative, innovative approach to tackling poor heart and mental health across Manchester emerged from the need to do things differently, in a way that's community-led and that understands how the wider social determinants of health affect health inequalities across the city.

In 2019 we created a team to build a 'Community Led Initiatives' workstream, including eight Community Development Fieldworkers, based out in small North Manchester communities.

The idea was to get to know communities in a much more focused way to truly understand their needs and what being healthy and well looks like to them.

Since then the programme has developed and shifted, guided by the community. New ideas and projects are always sprouting up and the fieldworkers are usually found at the heart of things, encouraging and enabling exciting things to happen. Things like poetry trails, fun cycling classes, soup recipe competitions, numerous gardening and growing projects – we could go on – bring people together and connect them to their community.

In summer 2021, we came together to reflect on our work to date, including the opportunities and the challenges we'd faced along the way. We also wanted to think about what had helped us have the impact we'd seen and how we'd encourage more people to work in this way.

It quickly became clear that the same themes were emerging time and time again – things that, without planning, had become the principles underpinning all our work:

- Listening to people
- Working together
- Building trust
- Continually learning.

Most would agree that those are pretty good principles, and we probably could have come up with them at the beginning of the programme. But what was different was how we embedded those principles in our work. There were consistent ways of working in each project we'd done, which we decided to name 'our behaviours':

Be Brave Consider new things that haven't been done before, talk to people who aren't the usual suspects, challenge the system, don't do things just because 'that's the way it's always been done'.

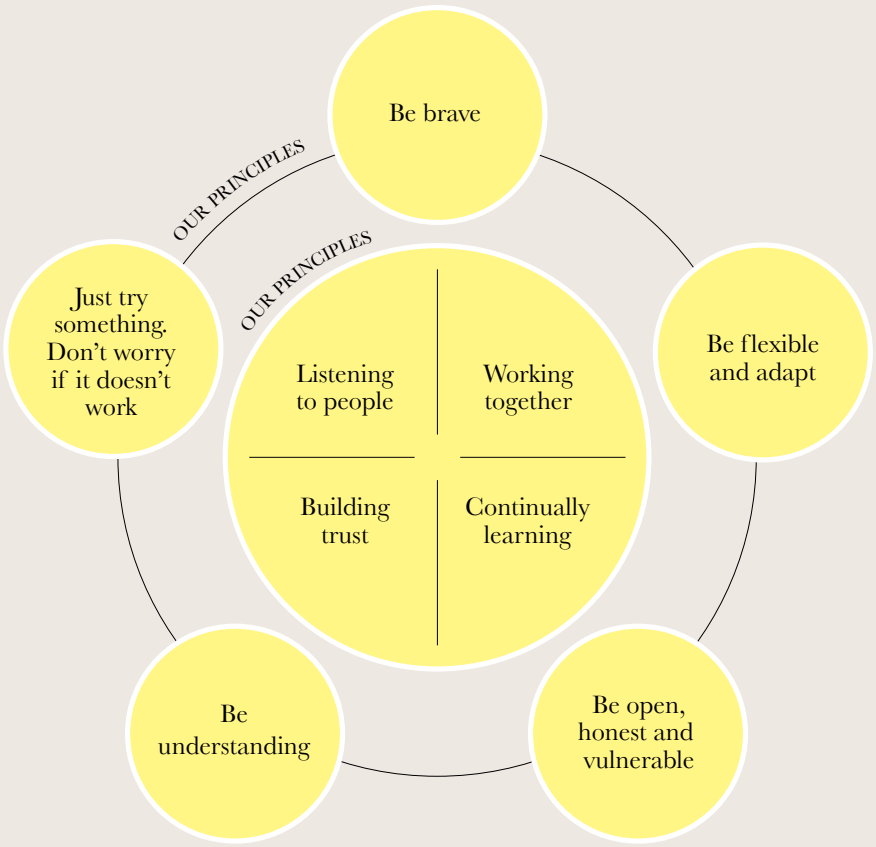
Just try something, and don't worry if it doesn't work Don't sit around talking about something for ages, just get out there and do it. Don't be afraid of making mistakes or failing, because we'll learn more from those experiences than if we'd done nothing.

Be open, honest and vulnerable Share your experiences, bring your whole self to conversations, don't expect people to reveal everything about their lives to you without giving anything in return, working with people as equals.

Be flexible and adaptable Don't overplan, and be ready to adjust those plans if things don't work out. And when things go really well – put some more energy in those places!

Be understanding Come to new experiences with an open mind, don't make assumptions about people's lives, embrace complexity and put yourself in other people's shoes.

The team continues to work in partnership with the community to spread their ideas and build new initiatives, while championing these ways of working with even more communities, peers and other professionals across Manchester.



Charli Dickenson,
WINNING HEARTS AND MINDS PROGRAMME LEAD

Inside track on community feedback

Sade Philip

We set up COVID Health Equity Manchester (CHEM) in July 2020 in response to the disproportionate impact COVID-19 was having on disabled people, those experiencing racial inequalities, and other marginalised groups. Part of its success is understanding the community's needs and being able to react to them quickly and flexibly.

To do this we needed to hear the community's voice – and this is where our 'sounding boards' come into their own.

A collection of influential organisations and individuals representing each community came together to become 'critical friends' of CHEM. This meant we could make decisions that would be well received, and work within targeted communities or areas where data showed extra work was needed.

The sounding boards covered the following communities:

- Black African and Caribbean
- Disabled people
- South Asian
- Pakistani
- Bangladeshi
- Socially excluded groups.

As the project manager for CHEM, I've found the sounding boards to be an integral part of our ability to respond to communities' needs during the pandemic; they also help us to build trust between communities and the system. During the past two years, I've learnt a lot about building relationships, being open to a wider understanding and doing things differently. The level of collaboration and insight we've gained has been invaluable and has shown how important lived experiences and culture are to serving and supporting the people of Manchester.

Sade Philip,
PROJECT MANAGER, HEALTH INEQUALITIES

Sounding boards in their own words.

The insight, knowledge and support of the 'sounding boards' has been invaluable in tailoring our approach to engaging communities in ways we've never done before.

"… a really important step for us as a systematically overlooked group so that we could centre our users' needs and challenges."

Bangladeshi Sounding Board

"... groundbreaking community engagement ... reaching, informing and supporting [our community] to stay safe, stay alive and get important information and services. Sets the pace and direction for the future of engagement with communities experiencing racial inequalities. Begins to enlighten future approaches and ways of working, which can potentially lead to a reduction of racial inequalities across Manchester."

South Asian Sounding Board

"… a platform offering valuable contributions that help shape policy to eradicate health inequalities/inequities … instrumental on many fronts, key being immeasurable support driving vaccine uptake by bringing engagement to the communities, having vaccines available across the areas, and tailoring it to the community to address the issue of equity."

Black African and Caribbean Sounding Board

"... has given our community a safe and informative space where they can speak and raise issues... They feel valued and appreciative… plus they have hope and trust that their welfare and wellbeing are being taken into consideration."

Pakistani Sounding Board

Critical friends: 'sounding boards' built trust.

"... a positive, solution-focused group which brings together ... the lived experiences of disabled people around community/COVID issues. Has real clout … to design and influence meaningful change ... to the barriers, and inequalities inherent within our society. Our communities were kept up-to-date and informed during the pandemic … focused COVID vaccine clinic organised … sign language interpreters in an accessible and known community space, CALM Vaccine clinics to ensure a safe and comfortable environment for people with learning difficulties or Autism and an Access checklist for all community vaccine clinics."

Disabled People's Engagement Sounding Board

"… excited to be part of this investment in health equity … giving a platform to small and big organisations … unique opportunity to directly feed into innovative and pathbreaking work."

Inclusion Health Sounding Board

Engagement work for Marmot plan

Marmot Engagement Work Team

Engaging with residents and frontline staff is a key priority as we develop the Marmot action plan. We're reaching out to those with lived experience of health inequalities or first-hand experience of discrimination, aiming to include the opinions of people who have few opportunities to have their views heard.

We were aware of factors such as the cost of living crisis, housing and employment, but we were keen to learn what other systemic inequalities lay outside of these categories. These inequalities have existed for some time but were further exacerbated by the pandemic.

We spoke to other teams in the Council, as well as the VCSE sector, asking questions such as 'what are the challenges?', 'who are we not reaching?' and 'what would make a difference?'

The feedback was invaluable. 'Intersectionality' was a key theme coming through many discussions, highlighting the experiences of those facing multiple disadvantages.

It wasn't until we met with people that we realised the true impact of COVID on their lives, and how they're struggling day-to-day post-COVID.

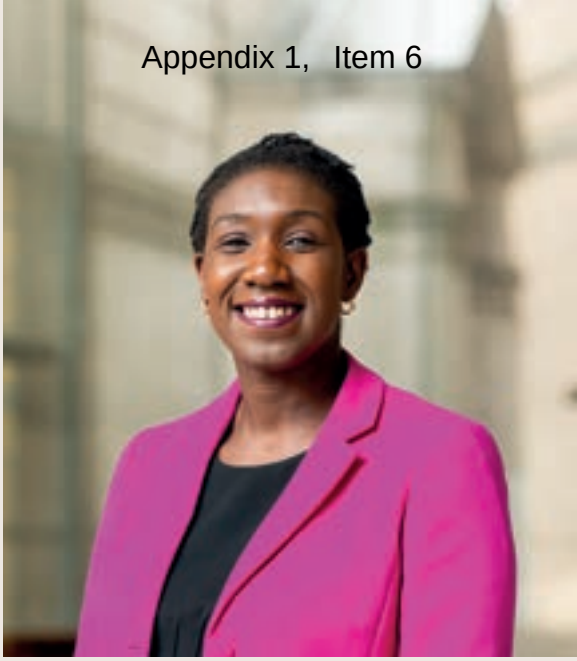
One organisation explained that "people aren't hard to reach, services are", emphasising the need to make services more accessible.

While we acknowledge that the needs of Manchester residents are significant, we also know that the main strength of the city is its diversity and that with the help of local people, we can find solutions and make a real difference.

Having collated the feedback from the engagement discussions, we must now set realistic and honest expectations by keeping people updated with what we're doing with their information. To get back in touch with those who kindly gave their time to speak to us is to ensure that we do not lose the enthusiasm of those who are keen to help us tackle inequalities.

Marmot Engagement Work Team
MARTINA STREET, LIZ MADGE, STEPHANIE ARCHER, SAYDAH BAZ–ITANI AND BETH BRADY


ENTRANCE



Conclusion

Dr Cordelle Ofori

This entire report demonstrates how the city took its own unique and informed approach to working together with its many and diverse neighbourhoods during the pandemic.

That approach was not only the right thing to do, but it has set the foundations and networks needed to move to the next stage – how the city recovers and goes forward in a fair way.

This, combined with what our communities have told us in the past, will feed into Manchester's action plan and response to making the city fairer. This response will also align with the findings of Professor Sir Michael Marmot, who famously analysed how the conditions in which people are born, grow, live, work and age can lead to health inequalities. Manchester has already had a strong focus for many years on these issues, but now it is even more imperative to act.

As a society and as a system of services we now have the opportunity to address those inequality gaps, as well as to focus on where more support is needed to address issues of fairness and equity. In other words, we need to do deeper work with certain groups or communities that may need more support to get to the same vantage point.

We know how big that challenge was before the pandemic, but now COVID has not only increased those gaps, but added to them. We know that for some people life is hard through issues such as long-term unemployment, poverty, systemic discrimination and racism.

Quite simply, as a city we have to dig deep, be brave and tackle those equity gaps.

Working with our partner organisations and communities, we will be taking a targeted approach in eight key areas, working in a way that residents have guided:

1. Giving children and young people the best start in life
2. Lifting low-income households out of poverty and debt
3. Cutting unemployment and creating good jobs
4. Preventing illness and early death from the big killers – heart disease, lung disease, diabetes and cancer
5. Improving housing and creating safe, warm and affordable homes
6. Improving our environment and surroundings in the areas where we live, transport, and tackling climate change
7. Fighting systemic and structural discrimination and racism
8. Strengthening community power and social connections.

Given the breadth and scale of the plan, it will take some time to get underway, so we have also identified five additional projects that will kick-start delivery of the plan with a focus on improving health equity and exemplifying our principles and approach.

But of course, none of this is possible without a Manchester-wide understanding and backing of an approach where helping those who need it most also has major positive implications for the rest of the city, its opportunities and potential to grow and develop. This is the time to do it and Manchester has never shied away from a challenge. We know the facts: it's time to act.

Dr Cordelle Ofori,

ASSISTANT DIRECTOR OF PUBLIC HEALTH FOR MANCHESTER

Manchester has never
shied away from
a challenge.

We know the facts:
it's time to act.

And a final opportunity for me to say thank you as Director of Public Health to everyone who contributed to this second report. We were so fortunate to be able to call on the expertise once again of Penny Shannon, Head of Health Communications and Barry Cooper, Senior Communications Officer, who have really captured the perspectives and stories of so many. Thanks also to Mike Carter, Craig Green and Barrie Leach. A special mention for Sophie Black, Health Protection Programme Lead, who took on the role of co-ordinating the annual report process from start to finish. What a brilliant job she has done.

Last year we thanked our wonderful colleagues at Public Health England before their move over to the UK Health Security Agency on 1 October 2021. Almost one year on, despite this major organisational change, we are still able to call on their support and advice. Dr Caroline Rumble, who is the nominated locality lead for Manchester, is now a key member of our local Health Protection Board – Caroline, a big shout out to you and your colleagues.

David Regan
Director of Public Health

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Manchester Healthy Weight Declaration

Report of: Director of Public Health

Summary

The Healthy Weight Declaration has been developed by *Food Active!* a healthy weight programme delivered by the Health Equities Group, commissioned by Local Authority Public Health and NHS Teams.

It is a strategic, system-wide commitment made across all council departments to reduce unhealthy weight in local communities**,** protect the health and wellbeing of staff and residents and make an economic impact on health and social care and the local economy.

The declaration presents the opportunity for local authorities to lead local action and promote healthy weight and overall good health and well-being in communities. It has been adopted by a number of local authorities across the country, including several in the North West. Manchester has developed a local declaration that will support and promote city-wide activity under the four strands of the Healthy Weight Strategy. It will instigate a communications plan that will see the declaration promoted across stakeholder venues in the city (e.g. GP surgeries, sports centres, school canteens, green spaces), giving leverage for the engagement of a broad range of partners under our whole-system approach while recognising the economic challenges that families face with the cost of living.

Recommendations

The Board is asked to approve the Healthy Weight Declaration.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Obesity harms health, it is linked to a number of conditions and increases the risk of cancer, stroke, heart disease, type 2 diabetes, asthma and sleep apnoea. People with unhealthy weight are more likely to suffer depression and anxiety, stigmatism, discrimination and low self esteem. Obesity contributes to school absence, less likelihood of employment or increased sick leave.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	

Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme One health and care system – right care, right place, right time Self-care	Obesity can reduce life expectancy by up to eight years. Nationally, obesity costs the economy £27 billion in medication, absence from employment and social care. The annual cost to the NHS is £6.1 million. Ensuring the best health of our children is critical in addressing inequalities and the wider determinants that cause poor health. It is essential that children and their families have access to good health care and that heathy weight referral is in place for early and additional help, through our commissioned offer. Ensuring our children are healthy, and not obese when reaching reception age (currently 24% of reception age children) contributes to school readiness and reduced school absence through poor health conditions. Improving educational outcomes is essential for young people to gain qualifications and contribute to Manchester's economic success. A healthy start in life that continues throughout adulthood enables people to be able to make the most of the employment opportunities in the city.

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Background documents (available for public inspection):

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

Manchester Healthy Weight Strategy (MCC) 2020-2025
Manchester healthy weight strategy | Manchester City Council

Adults and Older People JSNA – Manchester City Council
Children and Young People JSNA – Manchester City Council

1.0 Introduction

1.1 In 2021 Manchester launched its five-year Healthy Weight Strategy. The strategy described our whole system approach to reducing obesity across the entire life course, to support residents to achieve and maintain a healthy weight. The strategy is lead by Population Health, working with cross-city partners to deliver on the four strands of the strategy; Food & Culture, Physical Activity, Environment & Neighbourhood and Prevention & Support.

1.2 To maintain the momentum from the launch of the Healthy Weight Strategy, we intend to adopt the *Food Active!* Healthy Weight Declaration. This is a high level commitment signed by City Leaders, that pledges a number of actions to reduce obesity and obesogenic environments.

1.3 A key element of our approach is promoting the strategic aims and objectives as well as communicating our activities and commissioned offer across the city to residents and stakeholders. The success of the strategy relies upon the engagement of a broad sector of partners across the city.

1.4 The 'whole system approach' advocated in guidance from Office Health Inequalities and Disparities (OHID), recognises unhealthy weight as a consequence of 'our obesogenic environment' and thus proposes the engagement of partners beyond those involved in health, social care and physical activity.

1.5 The Healthy Weight Strategy (2020-2025) described a number of stakeholders with whom their involvement and engagement can be a catalyst for reducing our obesogenic environment. The Healthy Weight Declaration provides the high level support and promotion of our Healthy Weight Strategy.

2.0 Background

2.1 The Healthy Weight Declaration has been used as a powerful lever to engage partners and move forward on an issue that has previously been seen solely as a Public Health matter. It is an enabler for working with other areas of the Council and the City (e.g. Local Food Partners, Town Planning, Neighbourhoods, Economic Regeneration) who can impact greatly on healthy weight, though for whom obesity is not an obvious priority.

2.2 An impact assessment undertaken by *Food Active!* demonstrates the benefits of the Healthy Weight Declaration, including case studies from regional neighbours Liverpool, Blackburn with Darwin, Blackpool and Lancashire. This includes developing policy on healthy catering in education and residential care settings, restrictions on hot food takeaway venues and developing active travel initiatives that deliver additional clean air and community safety benefits. *Food Active!* provide bespoke resources to Local Authorities to publicise their declaration widely across the city.

2.3 The declaration has been drafted giving recognition to the 'cost of living' crisis and the challenges faced by residents through food poverty and food insecurity. The Healthy Weight Declaration serves to highlight the contributory

factor, poor diet has in unhealthy lifestyles, and pledges to make healthy food an affordable and easy choice.

2.4 A planned schedule of publicity opportunities will be prepared through Corporate Communications and the press office. *Food Active!* will provide promotional materials including large-scale foam board copies of our declaration. These will facilitate photo opportunities and promotional events. It is a request that Board Members are involved in a promotional photograph with the declaration at a future meeting, to represent their endorsement.

3.0 Recommendations

3.1 The Health and Wellbeing Board is asked to note the report.

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Appendix 1

Page 1

Local Government Declaration on Healthy Weight

This declaration was passed by **Manchester Health and Wellbeing Board** on Day/Month 2022
With partnership pledges from

THIS LOCAL GOVERNMENT DECLARATION ON HEALTHY WEIGHT IS A STATEMENT, INDIVIDUALLY OWNED BY MANCHESTER CITY COUNCIL.
It encapsulates a vision to promote healthy weight and improve the health and well-being of the local population. We recognise that we need to exercise our responsibility in developing and implementing policies which promote healthy weight.

Signed

Councillor Bev Craig,
Leader of Manchester City Council
Chair of Manchester Health & Wellbeing Board

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We acknowledge that
Unhealthy weight is a serious public health problem that increases disability, disease and death and has substantial long term economic, well-being and social costs. The proportion of the population affected by unhealthy weight continues to rise, impacted upon by a *cost of living* crisis, food insecurity and affordable food and fuel options.
Unhealthy weight is affected by health inequalities and is more common in lower socio-economic groups;
Consuming a poor-quality, unhealthy diet is a direct consequence of food poverty, food insecurity and obesogenic environment.
Poor diet during early life (the period between conception and weaning) can carry adverse health consequences in later life;

Poor diet and an unhealthy weight are risk factors for cardiovascular disease, cancer and type 2 diabetes which contribute powerfully to poor health and premature death;
Energy dense food and drinks high in fat and sugar and low in essential nutrients contribute to a significant amount of additional and unnecessary calories in the diet;
There is greater availability and access to foods and drinks high in fat, sugar and salt which are increasingly eaten outside of the home, contributing to excess energy intake;
Increased intake of foods high in fat and sugar and low in fruit and vegetables are strongly linked to those in manual occupations;
Advertising and marketing of foods and drinks high in fat, sugar and salt increases their consumption;
Education, information and the increased availability of healthy alternatives help individuals to make healthy, informed food and drink choices;
Modern physical activity environments contribute to sedentary lifestyles;
Urban planning can have a significant impact on opportunities for physical activity, promoting safer environments for walking, cycling and recreation.

As local leaders in public health we welcome the;
Opportunity for local government to lead local action to prevent obesity, securing the health and well-being of our residents whilst considering available social, environmental annancial NHS and social care resources;
Opportunity to protect some of the most vulnerable in society by giving children the best start in life and enabling all children, young people and adults to maximise their capabilities and make informed choices;
National commitment to address childhood obesity;
Support for the Local Authority Declaration on Healthy Weight from the following organisations: Association of Directors of Public Health North West, British Dental Association, Children's Food Campaign and the UK Health Forum.

Page 3
WE COMMIT OUR COUNCIL AND OUR PARTNERS FROM THIS DATE XX/XX/XXXX
Manchester Health and Wellbeing Board make the commitment to deliver the Manchester Healthy Weight Strategy, adopting the 'Our Manchester' strengths-based approach to reducing health inequality and maximising the potential of our communities
We endeavour to reverse the national trend of unhealthy weight and obesity for children and adults in Manchester, utilising a multi-agency whole systems approach across four themes – **Food & Culture, Physical Activity, Growth & Neighbourhoods and Prevention & Support**

- Reduce food poverty in Manchester and make healthy affordable food the easy option.
- Use our data and intelligence on cost of living, to ensure good low-cost food provision in our priority neighbourhoods, including food banks and the right balance between them.
- Challenge our consumer culture and the way we eat, reducing high fat and sugar intake
- Promote lifestyles around work, home and school that support a healthy lifestyle

- Invest in responding to all vulnerable residents in food poverty or experiencing food insecurity
- Upskill individuals to grow, shop or cook, gaining the skills for themselves and their families to live healthily
- Work with the community food ecosystem to ensure that there is wider wrap around support to reduce residents' food insecurity
- Increase awareness of the relationship between adverse childhood experiences and trauma and food consumption
- Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.
- Ensure an affordable sport and leisure offer that covers the whole life course from baby yoga to health walks
- Promote active travel such as walking or cycling
- Expand physical activity on referral to support social prescribing models
- Work together in partnership to counter obesogenic development in planning applications
- Work towards reduction in unhealthy food provision such as takeaways, milkshake bars and burger vans.
- Ensure community safety to allow streets and neighbourhoods to active places
- Facilitate active travel in local transport plans
- Deliver accessible community weight management provision across the life course
- Ensure health & social care professionals can recognise signs of unhealthy weight and have strength-based conversations.
- Reduce the number of children or adults requiring clinical or surgical intervention
- Ensure safeguarding of vulnerable individuals

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In addition our Authority and partners will work towards

Reducing food poverty, challenge our consumer culture, understand the social and emotional links to food and support change in behaviours
Increasing opportunities for physical activity in all daily lives, reducing sedentary behaviour.
Ensuring that the built and natural environment is developed to promote and enable physical activity and healthy food choices"
Commissioning services and developing partnerships that enable identification and early intervention for vulnerable children and adults"

Signatories

Councillor Bev Craig,
Leader of Manchester City Council
Chair of Manchester Health and Wellbeing Board

Councillor Thomas F Robinson
Executive Member for Adult Health
and Wellbeing,
Manchester City Council

Kathy Cowell,
Chair of Manchester University
NHS Foundation Trust

Councillor Garry Bridges,
Executive Member for Children and Schools,
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Rupert Nichols,
Chair Greater Manchester
Mental Health NHS Foundation
Trust

David Regan,
Director of Public Health
Manchester City Council

Bernadette Enright,
Director of Adult Services
Manchester City Council

Paul Marshall
Director of Children's Services
Manchester City Council

Mike Wild,
Chief Executive, MACC

Katy Calvin-Thomas,
Chief Executive, Manchester Local
Care Organisation

Dr Vish Mehra,
Chair of Manchester GP Board

Vicky Szulist,
Chair of Healthwatch

Cllr John Hacking
Executive Member for Skills,
Employment and Leisure

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Gambling Related Harms

Report of: Director of Public Health

Summary

This report provides an update on the national, regional, and local context of Gambling Related Harms. This includes a summary of the key findings from the Public Health England (PHE) Gambling-related harms evidence review and the recently published Greater Manchester (GM) Strategic Needs Assessment on Gambling Related Harms.

The report provides an overview of some of the activities that have been taking place to support the strategic development of the gambling related harms programme both locally and sub-regionally.

The report is seeking approval for the development of a local gambling related harms plan which will be aligned to the priorities set out in the GM 'Preventing and Reducing Gambling Related Harms Programme'. It will aim to respond to the findings from GM Strategic Needs Assessment and prioritise the delivery of key activities over the next 12 months.

Recommendations

The Board is asked to:

1. Acknowledge the Greater Manchester Strategic Needs Assessment on Gambling Harms.

2. Support the development of a local Gambling Related Harms plan in line with the GM Preventing and Reducing Gambling Harms Programme priorities.

3. Identify leads within their respective organisations and/or services to contribute to the development and/or delivery of the local Gambling Related Harms Plan.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The development of a local gambling - related harms plan will consider a whole system approach to preventing and reducing gambling related harms. The plan
Improving people's mental health and wellbeing	

Bringing people into employment and ensuring good work for all	will seek to address the impact on individuals and their families from harms associated with gambling which include but are not limited to; financial; mental and physical health; relationship, employment, and education. By addressing these harms, we will positively contribute to the priorities set out in the Health and Wellbeing Strategy.
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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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.

Greater Manchester Strategic Needs Assessment (May 2022)
Gambling Harms in Greater Manchester – Strategic Needs Assessment (greatermanchester-ca.gov.uk)

Public Health England Gambling Harms Evidence Review (September 2021)
Gambling-related harms evidence review: summary - GOV.UK (www.gov.uk)

Manchester City Council – Gambling Policy revision report (November 2021)

Gambling Policy Revision report Nov.pdf (manchester.gov.uk)
Manchester City Council – Gambling Policy
Gambling policy statement | Manchester City Council

Manchester city council – Statement licensing policy (2021-26)
Licensing policy | Manchester City Council

1.0 Introduction

1.1 In December 2020, The Department for Digital, Culture, Media, and Sport (DCMS) launched a review of gambling laws (Gambling Act 2005) to ensure they are fit for the digital age. The much-anticipated Gambling White Paper has been delayed several times but is expected to be published soon.

1.2 In September 2021, Public Health England (PHE) published a Gambling-related harms evidence review. The review was commissioned in response to increasing concern in harms associated with gambling; the need to fully understand the extent to which gambling is a public health issue, for whom it is a problem, and the extent of the possible harms.

1.3 In May 2022, Greater Manchester Combined Authority (GMCA) published the first Greater Manchester (GM) Strategic Needs Assessment on Gambling Related Harms. This brings together the best available local and national evidence to describe the extent and impact of gambling related harms, and better understand how partners and services support the needs of GM residents.

1.4 This paper summarises key findings from the reports mentioned above; along with outlining the current and proposed activity locally in response to addressing Gambling Related Harms.

2.0 Background

2.1 The Gambling Act 2005 sets out how regulation of casinos, bingo, gaming machines, lotteries, betting, and remote gambling (including online gambling) are regulated in the United Kingdom. The Gambling Act 2005 describers Gambling as ‘any kind of betting, gaming, or playing lotteries. The responsibility for regulating gambling is shared between the Gambling Commission and local authorities.

2.2 The Gambling Commission (GC) is a non-departmental public body which has responsibility for advising both central and local government on issues relating to gambling. The GC issues Operating Licences to organisations and individuals, which are required by businesses to enable them to operate licensed premises, and Personal Functional Licence, which are required by individuals to operate certain roles and responsibilities in gambling businesses.

2.3 The Council has responsibilities under the Act to issue premises licences, permits and temporary use notices in respect of premises where it is proposed that gambling should take place along with responsibility for the registration of Small Society Lotteries.

2.4 As a Licensing Authority, the Council is required to develop, consult, and publish its statement of licensing policy every three years with regards to the principles they propose to apply in exercising functions under the Gambling

Act 2005. The policy statement was recently updated and is effective from 2022-2025.

2.5 The Gambling Act places a statutory duty on the Council as the licensing authority to "aim to permit" gambling, providing doing so is in line with the Gambling Commission's codes of practice, the Council's gambling policy, and reasonably consistent with the below objectives of the Gambling Act:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime.
- Ensuring that gambling is conducted in a fair and open way
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

In practice, this limits a licensing authority's ability to refuse applications for new licences across the city. However, where appropriate, concerns are frequently addressed through the imposition of licence conditions.

2.6 Licence applicants and holders will be expected to show how they are actively protecting the local population from gambling harms with their processes and operations, and consider how the location, opening hours and promotion of their activities can minimise opportunities for harm to the vulnerable groups. The gambling policy highlights some of the standards licence holders are expected to meet to minimise harm to customers and local residents.

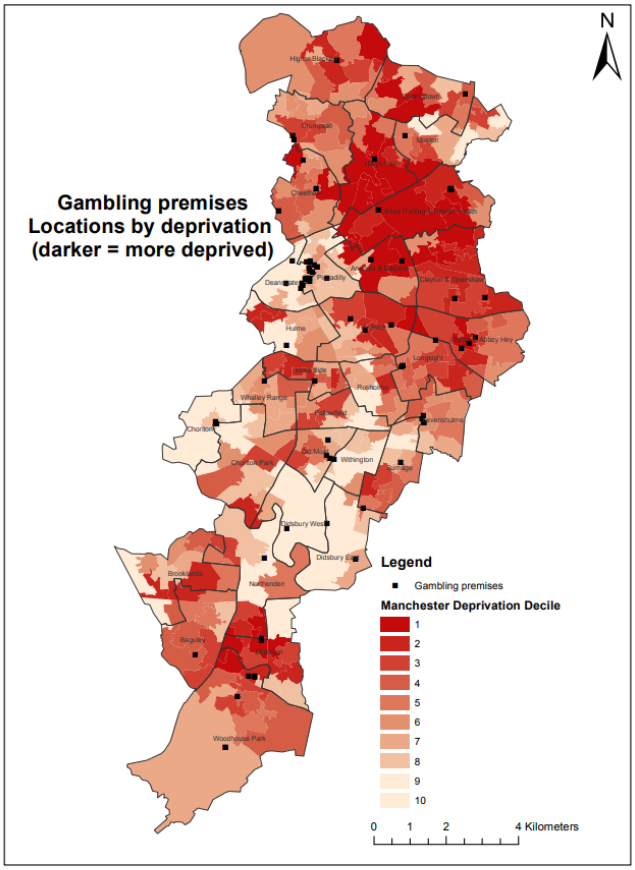
2.7 Responsible Authorities are notified of licence applications and are entitled to make representations against applications if it is felt that they undermine the licensing objectives mentioned above. Public Health are not a responsible authority under the Gambling Act 2005. However, in Manchester, the licensing authority will consult the Director of Public Health on all premises licence applications.

2.8 The Council has an enforcement role under the Gambling Act to ensure compliance with the conditions of the premises licence and legal requirements in respect of other permissions the licensing authority regulates, through a risk-based inspection and enforcement programme. In addition, any unlicensed premises which are operating illegally will be dealt with appropriately to ensure compliance.

2.9 The Council does not have any control around online gambling activity, as this is the responsibility of the Gambling Commission. However, we are becoming increasingly aware of the severe harms that can be caused by online gambling and will continue to raise awareness and signpost to support.

2.10 There are 97 licensed premises within Manchester. Figure 1 shows the distributions of these premises at ward level against Index of Multiple Deprivation score.

Figure 1: Licensed gambling premises in Manchester



3.0 Preventing and Reducing harms in Greater Manchester

3.1 The GM gambling related harms programme aims to prevent and reduce the harms caused by gambling to the population. The programme has the following priorities.

- Developing our understanding of gambling related harms
- Improving access to high quality treatment and support
- Supporting intervention to prevent gambling harms
- Engaging with people and communities to co-design our work

3.2 The programme is driven by the GM Gambling Harms Board which includes representatives from Public Health within each of the ten local authority areas, along with input from individuals with lived experience, Voluntary and Community Sector (VCS) organisations and gambling treatment and support providers.

3.3 The GM programme is supported by the GC as part of the National Strategy to Reduce Gambling Harms. The programme is funded by a regulatory settlement with an industry operator.

3.4 Funds from the programme have been used to deliver community-led initiatives across GM along with commissioning the GM Strategic Needs Assessment on gambling related harms which was published in May 2022.

4.0 Key findings from recent reports

4.1 Participation in Gambling

4.1.1 Identification of gambling participation and prevalence is through analysis of nationally available data from Health Survey for England (HSE) and various other gambling data sources which are referenced in the PHE Gambling-related harms evidence review and the GM Strategic Needs Assessment.

4.1.2 While gambling is perceived to be an enjoyable leisure activity for many, previous research has shown that harms associated with gambling are wide-ranging. Harmful gambling is 'any frequency of gambling that results in people experiencing harms.' In 2017 the Gambling Commission described 'problem gambling' as a 'Public Health concern'. This is supported by research which has evidenced that harms associated with gambling are wide ranging, not only to individual gamblers but their families, close associates, and wider society.

4.1.3 People experiencing gambling related harms, refers to a broader group of people across the spectrum of harm such as those experiencing harmful gambling and includes those who are affected indirectly due to another person's gambling (also referred to as 'affected other').

4.1.4 Greater Manchester residents who gamble, spend on average 3.7% of their financial outgoings annually on gambling, which is approximately £1,345 per individual and equates to £2.1bn estimated spend in GM.

4.1.5 Over half (55%) of the adult population in GM have participated in some form of gambling in the past year. Although this is lower than the national average, those who do gamble in GM take part in a greater number of activities, gamble more frequently and are more likely to gamble online than the national average.

4.1.6 Greater Manchester residents are more likely to report gambling on products considered to be 'most harmful' (such as online gambling, electronic gaming and slot machines and casino), which suggests they are more likely to experience higher harms than the general population. Additionally, 5.5% of residents reported that they participated in five or more different gambling activities

4.1.7 In GM, men gamble more than women, taking part in more gambling activities and gamble more frequently, which is a similar picture nationally. Anecdotal reports suggest women's participation in gambling may be increasing but this is not yet reflected in prevalence data.

4.1.8 Although most gambling products have a legal age of 18 (except for football pools, society lotteries and category D gaming machines) 11% of children

aged 11-16 reported to have spent their own money on gambling in the past week. Further information on children and young people and gambling is included in section 4.4.

4.1.9 Participation in all forms of gambling remained stable (2012-2018) except for lottery, decreasing by 10%; and online gambling increasing from 6% to 9%. Revenues from online gambling have grown by 62% in the past five years, indicating a significant growth in the use of gambling products which research has identified to be associated with harms. The proportion of people experiencing problem gambling has remained stable over time, however recent data suggest that the proportion of 'low risk' gamblers may be growing.

4.1.10 Some analysis to understand the impact on gambling behaviour due to covid-19 found an overall reduction in gambling in the first lockdown (March 2020). However frequent gamblers tended to gamble the same amount or more during lockdown; and those who increased their gambling activity were more likely to be participating in harmful gambling; more likely to be male and younger in age. Longitudinal studies are needed to better understand the lasting impact of COVID-19 on gambling behaviour and gambling related harms.

4.2 Gambling Prevalence

4.2.1 The estimated prevalence of 'problem gambling' within the adult population is 0.5% in the UK. This increases to 0.8% in GM, which is the equivalent of 18,100 adults. This is 1.5 times higher than the national average. GM residents are more likely to experience 'problem gambling' and harms from gambling. This may be attributed to having a younger population, higher levels of social and economic exclusions and/or greater participation in more harmful gambling products.

4.2.2 In the UK, 3.8% of the adult population are identified as 'at-risk' gamblers, meaning they experience some level of negative consequences due to their gambling. This figure increases to 4.3% (97,400 GM residents) of which 3.5% are classed as 'low risk' and 0.8% 'moderate risk. Young people aged 16-24 years have the highest prevalence of 'at risk' gambling despite having the lowest participation in gambling.

4.2.3 When indicators of harm are used, 1.7% of the GM population (38,500 resident) report experiencing harms as a direct result of their gambling. This is similar to another health harming activity i.e., 1.7% GM residents experience alcohol dependency. Men have higher rates of gambling harms than women, with 1 in 20 men who gamble, reporting that they experience harms as a direct result of their participation in gambling.

4.2.4 It is estimated that approximately 7% of the population in the UK is affected negatively by someone else's gambling. For every individual person directly affected by their own gambling, an average of six others are indirectly affected. This may be children, partners, parents, friends, or colleagues who experience harms in a similar way to the person who gambles. Locally, this

means that 1 in 15 GM residents are experiencing the harmful impacts of gambling.

4.2.5 The gambling prevalence in Manchester, which is based on the GM analysis estimates that there are 0.8% (3,500 adults) thought to be experiencing 'problem gambling', 4.3% (23,900 adults) who gamble classified as 'at risk'; and 6.7% (35,300 people) experiencing gambling related harms which includes 'affected others. These are conservative estimates of true prevalence as although they are based on the most statistically robust samples, they are reliant upon self-reported data and exclude some population groups (e.g., students and those experiencing housing instability).

4.3 Impact of gambling harms on communities

4.3.1 The reasons for which people gamble will vary and can overlap. The list below provides a breakdown of some of the most common reasons GM residents are engaging in gambling:

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

4.3.2 The PHE Gambling-related harms evidence review mentions that people at the greatest risk of harm from gambling are more likely to be unemployed, living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems. There was some evidence that particular populations, such as migrant communities and people with learning disabilities are at more risk of harm.

4.3.3 Research suggests that people living in the most deprived communities are nearly twice as likely to participate in gambling; and are seven times more likely to experience problem gambling, compared with those living in the least deprived communities. They are also more likely to gamble using scratch cards, bingo and some of the more harmful gambling products such as machines in bookmakers and online games.

4.3.4 Greater Manchester residents who participate in gambling are three times more likely to need to use a foodbank, with a quarter of those who gamble reporting they go without food because of a lack money. Approximately 1 in 5 residents who gamble reported borrowing money, compared to 13% who do not gamble.

4.3.5 Participation in gambling by people from communities' experiencing racial discrimination is lower; however, evidence suggests they bear a

disproportionate burden of harms and rates of addiction. They are underrepresented among people seeking treatment for gambling related harms, and those that do seek treatment are more likely to be experiencing a greater severity of harms. More detailed analysis is needed to understand the specific reasons for this; however, it is recognised that there are differences in cultural beliefs which may mean that their participation in gambling is considered a taboo, resulting in shame, stigma, and social exclusion for individuals who may be affected by gambling related harms.

4.3.6 Prevalence of gambling is higher among members of the armed forces community, with military veterans ten times more likely to experience a gambling disorder or addiction. It is worth noting that gambling is currently not included in routine mental health assessment after deployment.

4.3.7 Students residing in halls are excluded from gambling prevalence statistics. Given that Manchester has a significant student population, it is important that we do not discount the potential harms which may be being experienced with student communities as result of their gambling. In 2019, a NUS survey found three in five students reported to have gambled in the last 12 months with 16% of students who gamble identified as experiencing harms or addiction. A recent survey conducted by census wide in 2022 found 4 in 5 students (80%) reported to have gambled, with 41% admitting that gambling has had a negative impact on their university experience. More than 1 in 3 university students who gamble, are using borrowed money to help fund their gambling, with just over 1 in 5 using their student loan to gamble.

4.3.8 Surveys suggest that there is a higher prevalence of gambling disorder among people who are in contact with the criminal justice, however there is limited data to demonstrate a cause-effect relationship. Although gambling is identified as one of the top six support needs by custody and probation service users, screening is not systematically embedded across GM and/or the criminal justice system.

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

4.4 Children and young people

4.4.1 The proportion of children and young people (11–16-year-old) who participated in any gambling in the past week was 11% (2019). Although lower than those drinking alcohol (16%), it is higher than smoking tobacco cigarettes (6%) or taking illegal drugs (5%). The proportion of children and young people reporting they had gambled in the last 12 months was 36%. Participation in gambling is higher among older children (14–16-year-olds), and boys are twice more likely to gamble than girls.

4.4.2 Electronic gaming (fruit and slot) machines were often identified as the first experiences of gambling among children and young people. National Lottery, scratch cards, and placing private bets with friends were the most common forms of gambling reported. As young people get older, there is a significant increase in online gambling among boys. There is a growing link between gaming and gambling with features such as loot boxes and in-game trading normalising gambling behaviour within games more frequently played by young people.

4.4.3 Risk factors for harmful gambling in children and young people are identified as follows:

- impulsivity
- substance use (alcohol, tobacco, cannabis, and other illegal drugs)
- being male
- depression
- number of gambling activities participated in
- already experiencing levels of problem gambling severity
- anti-social behaviour
- violence
- poor academic performance
- peer influence

4.5 Harms associated with gambling

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

Financial Harms–This is the most common harm mentioned from gambling and includes debt, loans, asset loses, bankruptcy, inability to save, financial hardship which can lead to other harms, and negatively impacts 'affected others. Housing problems, insecurity or homelessness are also reported as a result of gambling. Nearly two thirds of GM residents accessing specialist treatment support report being in some level of debt because of their gambling, with most reporting average spend on gambling of £200-£500 in the month prior to the referral.

Mental and physical health harms – These are the second most common harms from gambling and include addictive and compulsive behaviours, depression and anxiety, stress, sleep deprivation and exhaustion. The relationship between gambling and mental health is complex and is linked to suicide and suicide ideation. *See section 4.6 for additional information.*

Relationship harms- At risk' or 'problem gamblers' experience lower levels of family functioning and social support compared to low risk or non-gamblers. Gambling directly causes relationship problems affecting the gambler and their close associates, including children. This can include

relationship disruption, conflict or breakdown, loss of trust, neglect of responsibilities, violence, and domestic abuse.

Criminal activity-crimes associated with gambling include theft, damage to property in licensed premises, threatening behaviour, and fraud. Qualitative studies showed that gambling led to some gamblers engaging in crime and often impacted close family and friends where gamblers took out loans in other people's names, stole from friends and family, committing fraud etc.

Employment and education-Gambling can lead to reduced performance at work or towards educational commitments. Examples include, increase absenteeism, potential theft and fraud from businesses, lower productivity.

Cultural harms- Gambling may be considered as 'taboo' in some communities and therefore gamblers and their close associates may experience additional harm such as shame, stigma, isolation which could make it difficult for them to seek help. Alternatively, gambling may be 'normalised' in some communities/families with harms being passed onto the next generation.

4.6 Gambling and co-morbidities

4.6.1 Gambling is a health harming activity and has a strong relationship with mental health and wellbeing and substance use. Studies reported mixed findings on the link between gambling and various measures of alcohol, smoking and drug use. The PHE Gambling-related harms evidence review found a clear association between gambling at all levels of harm and increased alcohol consumption, which was greater for 'at risk' and 'problem gambling'.

4.6.2 There is an established link between gambling addiction and suicide attempts and ideation. Suicidal events are at least twice as likely among adults experiencing problems with gambling. Greater Manchester Police (GMP) respond to at least one incident each week where serious concern has been raised of a risk of suicide directly associated with gambling. It is estimated that between 240 -700 people take their own life every year in England related to gambling, however gambling is not currently recorded as a relevant factor to deaths by suicide by coroners. Suicide risk and suicide prevention should also be considered where gambling harms are identified.

4.6.3 It is important that services that are supporting individuals with these health issues consider potential harms linked to gambling, and where treatment support is provided for gambling related harms, similar consideration is given to the health issues highlighted above.

4.7 Estimated economic burden of gambling

4.7.1 The PHE Gambling-related harms evidence review estimated that the excess economic burden as a result of gambling harms in the UK was £1.27 billion in 2019-20. Economic modelling, following a similar approach to PHE,

estimated that the excess economic burden of gambling across the city region in 2022 to be at least £80m.These figures are likely to be an underestimate as they do not take account of the full range of harms experienced.

4.7.2 Using the GM economic analysis, the economic burden of gambling in Manchester is estimated at £15.3m in 2022.This figure comprises £9.59m in direct costs plus £5.71m in further societal costs (reflecting instances of premature deaths associated with gambling). The table (figure 2) below provides a breakdown of these costs, noting that these do not include the cost of treatment and support provision.

Figure 2: estimated economic burden of gambling in Manchester

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

4.7.3 Given the estimated personal and economic impact and costs associated with gambling related harms in the UK, it is fair to say that the investment in addressing gambling related harm is not being matched to reflect this, and more is needed to raise awareness of gambling related harms and the impact this can have on individuals and families.

4.8 Gambling referrals, treatment, and support

4.8.1 Local authorities are not currently responsible for commissioning gambling treatment and support service. NHS England funds a Northwest regional clinic (NHS Northern Gambling Service) which is based in Salford. All other specialist treatment and support services for people experiencing gambling harms are commissioned on a regional basis by GambleAware, using funding primarily sourced from gambling operators (including the National Gambling Helpline). Although free to access, they are not accountable to local health governance structures.

4.8.2 Beacon Counselling Trust (BCT) is the GM/regional treatment and support service commissioned by GambleAware, providing advice, information, and support. In March 2022 BCT opened a new gambling treatment and support clinic in the city centre, which is co- located with Manchester substance misuse services (Phoenix Mill) for GM residents. Gordon Moody (a charity set up to support families and communities affected by gambling related harms) provides residential rehabilitation services for gambling support and has recently opened a new facility in Greater Manchester this year. There is also a growing number of peer support services available for people experiencing or in recovery from gambling related harms in GM. Help and Support

Manchester includes further information on gambling support services which can be accessed via this link Gambling | Help & Support Manchester . GMCA website also includes information on treatment and support services and can be accessed via this link. GMCA Gambling treatment and support .

4.8.3 Data from Beacon Counselling Trust (April 2016-March 2021) shows that on average 470 people access specialist gambling support each year in GM, with just over 95% service users being male. In Manchester, 72 people access gambling treatment support each year of which 91% are self - referrals, 4% health and social care referred, 1% police, probation, and courts service and 4% referred by other service or agency (e.g., VCS or Job Centre Plus).

4.8.4 The proportion of self-referrals are particularly high for gambling treatment and support. In contrast, 61% of referrals to specialist drug and alcohol services come from self-referrals and 21% from health and social care settings. More work is needed to raise awareness of gambling related harms and the treatment and support services available amongst professionals and communities to ensure more people have access to the appropriate information advice and support for themselves or to support others.

4.8.5 The Problem Gambling Severity Index (PGSI) and Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) are assessment tools which can be used to measure harmful gambling. The average PGSI score among people accessing specialist treatment services in Greater Manchester is 24 (out of a maximum 27). This suggests that only the most severe cases are actively seeking support, with potential unmet ned within the population particularly where early preventative interventions could have the greatest impact.

4.9 Summary

4.9.1 There is a range of evidence to support that gambling can be a health harming activity, with the impact to individuals and/or their families varying significantly dependent on their circumstances. We know that some communities are disproportionately affected by gambling related harms than others, and that those living in more deprived communities are at greater risk of harm from gambling. Harmful gambling can make existing health inequalities worse. Particular groups and/or communities have been identified to be more at risk of experiencing gambling harms, although there is limited data available to fully understand the extent of this.

4.9.2 Since the publication of these reports, there is now a cost-of-living crisis. This means that harms from gambling are an increased risk for everyone; however, those living in more deprived neighbourhoods will be at greater risk. Sadly, some people may see gambling as a way out to alleviate their financial difficulties, whilst others may be in financial difficulties because of their gambling. The council's webpage signposting residents to a library of debt and money advice has recently been updated to include additional resources across a range of topics that residents affected by the cost-of-living crisis are

experiencing. This includes information on gambling treatment and support services which can be viewed via the following link Helping Hands. Links between poverty and gambling harms will need to be monitored more closely to fully understand the impact locally.

4.9.3 Gambling related harms is still perceived as a hidden harm and therefore greater awareness and understanding is needed, with a whole system public health response to reducing existing harms and preventing future generations from experiencing further harms. It is vital that we focus efforts towards a preventive and early identification and intervention approach, given the complexity of harms which can be experienced, along with acknowledgement that we are acutely aware that individuals who are seeking treatment are predominantly those experiencing greater severity of gambling harms.

5.0 Delivery of Gambling Related Harms work

5.1 As mentioned earlier, the delivery of preventing and reducing gambling harms is driven by Greater Manchester Gambling Harms Board. Work has been taking place to support the strategic development of the gambling related harms programme both locally and at a GM level. Key activities include:

- Further development of the Greater Manchester Gambling Harms Programme within the ten localities.
- Greater Manchester Strategic Needs Assessment on Gambling related harms.
- New Gambling Treatment clinic opened in Manchester city centre.
- Gambling Harms discussion sessions with communities experiencing racial
- inequalities.
- Engagement with Gambling Treatment and Support Providers to better understand and promote service offers.
- Delivery of Communities Against Gambling Harms (CAGH) projects.
- Commissioning research with student population to raise awareness of
- gambling harms and increase our understanding of the impact of gambling within the student population.

5.2 It is proposed that a local Gambling Related Harms Plan is developed which respond to the key findings from reports mentioned earlier, considers local intelligence and information on gambling related harms and importantly, encompasses lived experience. The plan will be aligned to the priorities set out in the Greater Manchester Gambling Harms programme and will include the following activities:

- Developing our understanding of gambling related harms
    - Promote a comprehensive training offer for front line staff, Voluntary Community Faith, and Social Enterprise (VCFSE) primary care professionals and partner agencies to; increase awareness and understanding of gambling related harms and support services available to effectively signpost.
    - Improving data and intelligence on gambling harms locally.
    - Develop an information/resource hub on gambling related harms

- Improving access to high quality treatment and support.
    - Work with existing treatment and support providers to improve information on pathways, referrals, and accessibility to these services.
- Supporting intervention to prevent gambling harms
    - Explore options to consider gambling screening tools and/or gambling discussions within key services to support early identification of gambling related harms
    - Working with licensed operators to ensure appropriate measures are in place in line with the gambling policy; including staff trained on identification of risks associated to gambling/harmful gambling products.
    - Explore options for organisations to support staff who may be experiencing gambling related harms.
- Engaging with people and communities to co-design our work
    - Communications and key messaging on gambling related harms for communities; signposting to appropriate support services.
    - Exploration of potential community projects in Manchester to complement the GM Community Against Gambling Harms Programme.

6.0 Recommendations

6.1 The Health and Wellbeing Board is asked to note the report and provide feedback on the following:

- Acknowledge the Greater Manchester Strategic Needs Assessment on Gambling Harms
- Support the development of a local Gambling Harms plan in line with the GM Preventing and Reducing Gambling Harms Programme priorities
- Identify leads within their respective organisations and/or services to contribute to the development and/or delivery of the local Gambling Related Harms Plan.

7.0 Appendices

Appendix 1: Gambling Related Harms

MANCHESTER CITY COUNCIL

Gambling Related Harms

Health and Wellbeing Board

02 November 2022

Name
Date

Introduction

Summary of the key findings from

Public Health England (PHE) Gambling-related harms evidence review	Sep 21	Need to fully understand the extent to which gambling is a public health issue, for whom it is a problem, and the extent of the possible harms
Greater Manchester (GM) Strategic Needs Assessment on Gambling Harms	May 22	Brings together the best available local and national evidence to describe the extent and impact of gambling related harms, and better understand how partners and services support the needs of GM residents

- Overview of activities taking place to support the Gambling Related Harms programme locally and sub regionally.
- Support the development of a local gambling harms plan responding to findings identified in the above reports.

Background

The Council has responsibilities under the **Gambling Act 2005** to issue premises licences, permits and temporary use notices in respect of premises where it is proposed that gambling should take place along with responsibility for the registration of Small Society Lotteries.

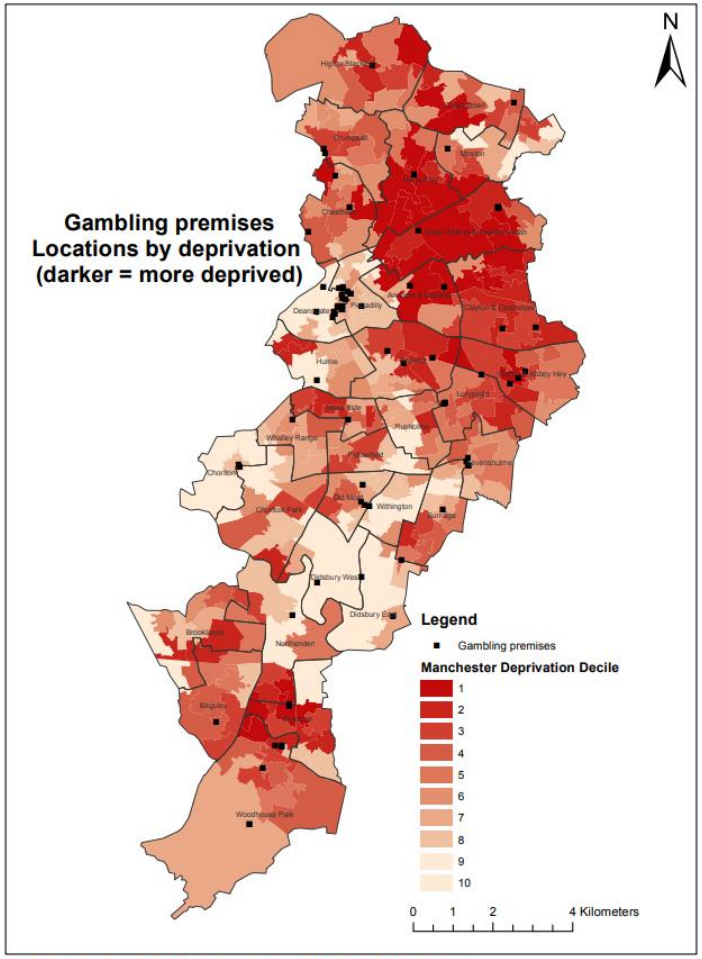
Authorisation of Premises license applications are guided by; the codes of practice and guidance issued by the Gambling Commission; the Council's own Gambling Policy; and the following licensing objectives:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime
- Ensuring that gambling is conducted in a fair and open way; and
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

Licence applicants and holders will be expected to demonstrate how they uphold these.

The Council has an enforcement role under the Gambling Act to ensure compliance with the conditions of the premises licence and legal requirements in respect of other permissions the licensing authority regulates, through a risk-based inspection and enforcement programme.

Licensed Gambling Premises by ward



Greater Manchester Gambling Harms programme

Greater Manchester (GM) Gambling Harms programme priorities:

- Developing our understanding of gambling related harms
- Improving access to high quality treatment and support
- Supporting intervention to prevent gambling harms
- Engaging with people and communities to co-design our work

GM Gambling Harms Board

- Includes representatives from Public Health within each of the ten local Authority areas, along with input from individuals with lived experience, Voluntary and Community Sector (VCS) organisations and gambling treatment and support providers.
- Commissioned Greater Manchester Strategic Needs Assessment

Gambling Participation

Over half (55%) of the adult population in GM have participated in some form of gambling in the past year

- Although lower than the national average; people who gamble in Greater Manchester are significantly more likely to experience gambling disorder and harms as a direct result of their gambling

GM resident who gamble, spend on average 3.7% of their annual financial outgoings

- approximately £1,345 per individual and equates to £2.1bn estimated spend in GM.

GM residents more likely to report gambling on 'most harmful' products

- online gambling, electronic gaming and slot machines and casino
- 5.5% of residents reported that they participated in five or more different gambling activities

men gamble more than women

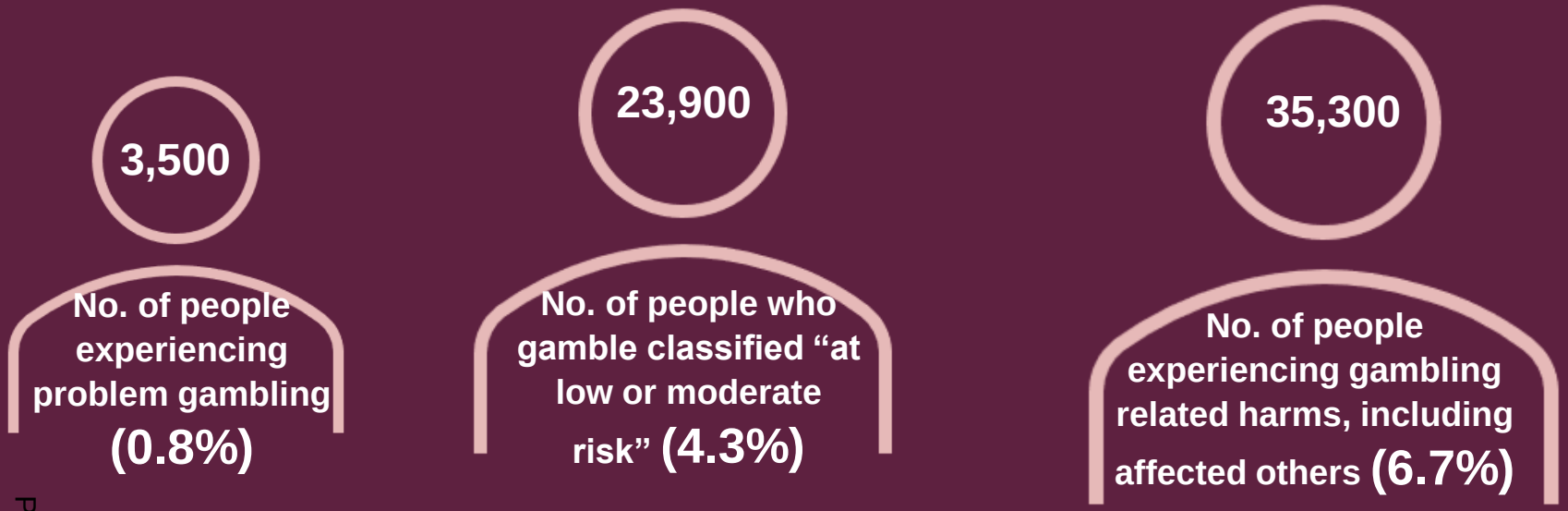
- This is similar to the national picture

11% of children aged 11-16 reported to have spent their own money on gambling in the past week

online gambling increasing from 6% to 9%

- Revenues from online gambling have grown by 62% in the past five years, indicating a significant growth in the use of gambling products which research has identified to be associated with harms.

Gambling Prevalence in Manchester



X1.5 higher than National Average

3.8% of UK population 'at risk' gamblers

1 in 15 people affected by gambling

For every **One** person directly affected by their own gambling **it is estimated that an average of six others are indirectly affected**

**These are conservative estimates of true prevalence as although they are based on the most statistically robust samples, they are reliant upon self-reported data and exclude some population groups (e.g., students and those experiencing housing instability).*

Why do people gamble?

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






Impact of gambling harms in communities

Anyone can be harmed by gambling, however harms are not evenly distributed; people at the greatest risk of harm from gambling are more likely to be unemployed, living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems. Particular populations, such as migrant communities and people with learning disabilities are at more risk of Harm.

(PHE Gambling –related harms evidence review)

- Military Veterans - ten times more likely to experience a gambling disorder or addiction
- People live in most deprived communities -seven times more likely to experience problem gambling
- Communities experiencing racial discrimination bear a disproportionate burden of harms and rates of addiction
- 16% of students who gamble identified as experiencing harms or addiction
- Higher prevalence of gambling disorder among people who are in contact with the criminal justice

Gambling may not be the sole cause of harm but can make existing inequalities and disadvantages worse

Children and Young people

- Most gambling products have a legal age of 18
- 11% of children aged 11-16 reported to have spent their own money on gambling in the past week - higher than smoking tobacco cigarettes (6%) or taking illegal drugs (5%).
- Participation in gambling is higher among older children (14–16-year-olds),with boys are twice more likely to gamble than girls.
- Growing link between gaming and gambling
- Risk factors for harmful gambling in children and young people are identified as follows:

- Impulsivity
- Substance use (alcohol, tobacco, cannabis and other illegal drugs)
- Being male
- Depression
- number of gambling activities participated in
- already experiencing levels of problem gambling severity
- anti-social behaviour
- violence
- poor academic performance
- peer influence

Harms associated with gambling

Financial	• Most common harm which includes debt, loans, asset loses, bankruptcy, inability to save, financial hardship which can lead to other harms, and negatively impacts 'affected others. • Housing problems, insecurity or homelessness are also reported as a result of gambling. • Nearly 2/3 of GM residents accessing specialist treatment support report being in some level of debt because of their gambling
Mental and physical health harms	• second most common harms from gambling and include addictive and compulsive behaviours, depression and anxiety, stress, sleep deprivation and exhaustion • The relationship between gambling and mental health is complex and is linked to suicide and suicide ideation. • Suicidal events at least twice as likely among adults experiencing problems with gambling • Similar complexity with relationship between gambling and use of alcohol, drugs and tobacco- evidence indicates some association
Relationship harms	• Gambling directly causes relationship problems affecting the gambler and their close associates, including children. • This can include relationship disruption, conflict or breakdown, loss of trust, neglect of responsibilities, violence and domestic abuse.
Criminal activity	• crimes associated with gambling include theft, damage to property in licensed premises, threatening behaviour, and fraud. • Qualitative studies showed that gambling led to some gamblers engaging in crime often to pay off debts
Cultural harms	• Gambling may be considered as 'taboo' in some communities and therefore gamblers and their close associates may experience additional harm such as shame, stigma, isolation which could make it difficult for them to seek help. • Alternatively, gambling may be 'normalised' in some communities/families with harms being passed onto the next generation.

Gambling and co-morbidities

- Gambling is a health harming activity and has a strong relationship with mental health and wellbeing and substance use
- Clear association between gambling at all levels of harm and increased alcohol consumption, which was greater for ‘at risk’ and ‘problem gambling’ *(PHE Gambling-related harms evidence review)*

Established link between gambling addiction and suicide attempts and ideation.

- Suicidal events are at least twice as likely among adults experiencing problems with gambling.
- Greater Manchester Police respond to at least one incident each week where serious concern has been raised of a risk of suicide directly associated
- Estimated between 240 -700 people take their own life every year in England related to gambling

Estimated economic burden of gambling

Economic burden of gambling in Manchester is estimated at £15.3m in 2022. (£9.59m direct costs plus £5.71m in further societal costs)

The table below provides a breakdown of these costs, noting that these do not include the cost of treatment and support provision. These figures are likely to be an underestimate as they do not take account of the full range of harms experienced.

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

Gambling referrals, treatment and support

- Local authorities are not currently responsible for commissioning gambling treatment and support service
- NHS England funds a North West regional clinic (NHS Northern Gambling Service) which is based in Salford
- Other specialist treatment and support services commissioned by Gamble Aware on a regional basis using funding primarily sourced from gambling operators
    - Beacon Counselling Trust (BCT) is the GM/ regional treatment and support service commissioned by GambleAware, providing advice, information and support
    - Gordon Moody provide residential rehabilitation services
    - Growing number of peer support services available for people experiencing or in recovery from gambling related harms

- Data from BCT (April 2016-March 2021) average of 72 referrals per year (91% are self referrals)
- Only the most severe cases are actively seeking support
- More work is needed to raise awareness of treatment and support services available amongst professionals and communities

Treatment and Support services

Many people experience stigma when speaking about a gambling problem. Opening a conversation with a non-judgemental questions such as "*have you ever worried about your own or someone else's gambling?*" will help someone feel they can talk.

What support is available?

1. Specialist gambling support
2. Tools to restrict gambling
3. Addressing the impacts of gambling

For anonymous advice or just to talk

National Gambling Helpline
0808 8020 133
GamCare.org.uk

All services listed here are FREE for GM residents and accept self-referrals or referrals from professionals

Specialist support for people affected by gambling

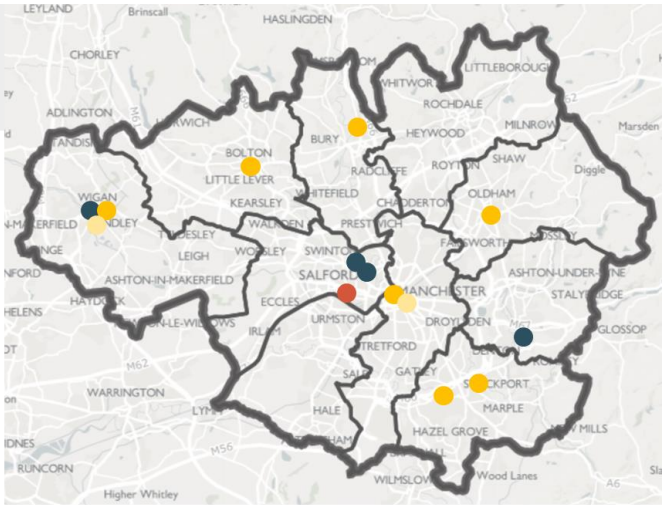
NHS Northern Gambling Service
0300 300 1490
referral.ngs@nhs.net
www.leedsandyorkpft.nhs.uk/our-services/northern-gambling-service

Beacon Counselling Trust
0151 226 0696
gamcare@beaconcounsellingtrust.com
www.beaconcounsellingtrust.co.uk/problematic-gambling

Connect with peer support groups

GamFam
An online support network for people affected by someone else's gambling
gamfam.org.uk

Gamblers Anonymous
Regular peer support meetings held in Bolton, Bury, Wigan, Oldham, Stockport and Manchester
www.gamblersanonymous.org.uk



Key: ● = NHS Northern Gambling Service, ● = Beacon Counselling Trust ● = Gamblers Anonymous meetings, ● = Gam-Anon meetings

Delivery to date

- Further development of the Greater Manchester Gambling Harms Programme
- Greater Manchester Strategic Needs Assessment on Gambling related harms
- New Gambling treatment clinic opened in Manchester city centre
- Gambling Harms discussion session with communities experiencing racial inequalities
- Engagement with treatment providers to better understand and promote service offers
- Delivery of communities Against Gambling Harms (CAGH) projects
- Commissioning research with student population to raise awareness of gambling harms and increase our understanding of the impact of gambling within the student population

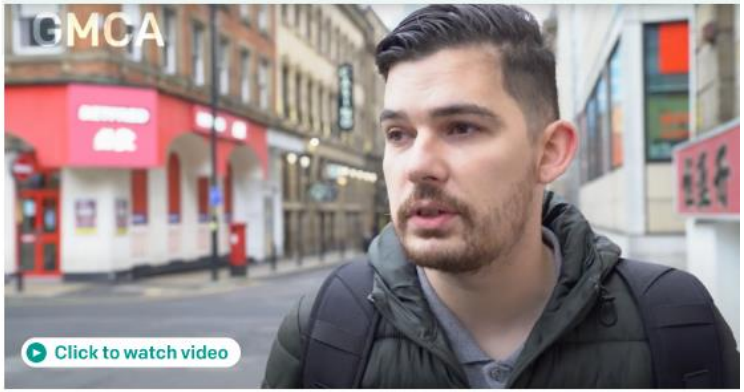
Development of a local gambling related harms plan

Developing our understanding of gambling related harms	Improving access to high quality treatment and support
• increase awareness and understanding of gambling related harms and support services available • Improving data and intelligence • Develop information/resource hub on gambling harms	• Work with existing treatment and support providers to improve information on pathways, referrals, and accessibility to these services
Supporting intervention to prevent gambling harms	**Engaging with people and communities to co-design our work**
• Explore gambling screening tools/checklist to support early identification • Work with licensed operators to ensure appropriate measures are in place on identification of risks associated to gambling and promote responsible gambling.	• Communications and key messaging on gambling related harms for communities; signposting to appropriate support services. • potential community projects in Manchester to complement the GM Community Against Gambling Harms Programme.

Case Study (Danny)

"the main advertising in Manchester is actually the amount of casinos and bookies and slots that we have everywhere. I walk to work every day and all I see is endless bookmakers. I think it was the last time I counted, over 20 different bookies that I had to walk past from getting off the train to getting to my desk. So every day when I have to walk to work I used to do different routes to avoid walking past bookies, but that just became really difficult to do. The problem with walking past them all is that every one has got a free bet, or an offer or something in the window just to entice you back in every time."

Danny – a gambling addict



Click on link to watch video

Gambling Harms in Greater Manchester

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Cost of Living Crisis

Report of: Interim Deputy Place Based Lead (Manchester)

Summary

A Cost of Living (Health and Social Care) Task Group, chaired by the Interim Deputy Place Based Lead, has been established to coordinate the health and social care response to the cost of living crisis in Manchester. As its first task, the Group has undertaken a piece of work to collate information from key health and social care organisations with a view to arriving at a collective understanding of the range of activities being undertaken in response to the crisis. In doing so, the Group has identified six common themes where collective action is being taken, with further activity planned. These are attached as a slide set to this cover report. Additional focus has been placed on the priority wards where enhanced activity is most likely to be needed to mitigate against the impacts of the crisis.

Recommendations

The Board is asked to note the report and ensure their respective organisations continue to support this work.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Activity led by the Cost of Living (Health and Social Care) Task Group will work to ensure a coordinated response to the crisis. This includes ensuring the response tackles existing health inequalities and avoids them being widened further by the crisis; identifying additional risks and pressures being placed on the health and social care system because of the crisis; and link into Groups coordinating the wider response, including the Residents at Risk Group and Making Manchester Fairer Task Group.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection): None

Cost of Living Crisis (Health & Social Care) Task Group
Collective Actions

Cost of Living Crisis (Health & Social Care) Task Group

Collective Actions

<u>Member organisations</u>

NHS Greater Manchester Integrated Care (Manchester locality)

Manchester City Council Public Health Team

Manchester City Council Adults Social Care

Manchester Local Care Organisation

Primary Care

Manchester Foundation Trust

Greater Manchester Mental Health

Big Life

<u>Key thematic priority areas</u>:

1. Resident & community engagement
2. Upskilling & enabling staff to signpost to the wider offer of support
3. Timely access to support & health advice
4. Maintaining medical treatment at home
5. Supporting our employees
6. Coordinating data and intelligence on the health impact of the crisis

1. Resident & Community Engagement

Key issues & risks to consider

- Using Cost of Living Crisis data, could the Group approach NHS landlords to request unused spaces are repurposed for initiatives providing support without associated room hire/rental costs?

Citizens Advice on MFT Site

- MFT are in early discussions with Citizens Advice Manchester (CAM) to agree the best approach; this may include stalls at the hospital site.

Advocating for residents

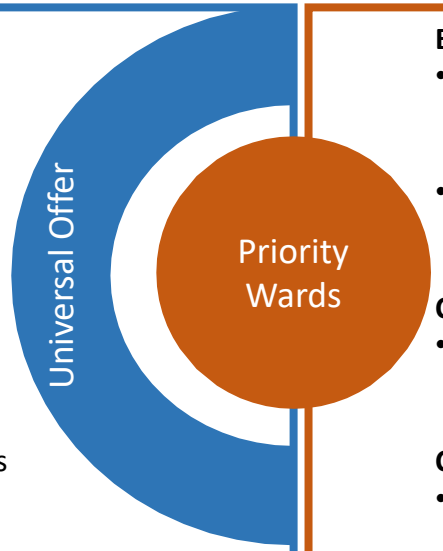
- GMMH - Buzz are regularly fact checking energy saving articles and signposting residents to alternative reliable sources of information around energy saving tips.

Community Support Booklets

- MLCO working with MCC EasyRead booklet for Winter help: includes vaccination and other medical advice, all set within wider cost of living support. Booklet available citywide and can be accompanied by hyperlocal information. Booklets will be provided with a Z-card product, too, which fits in people's pockets and also has our key winter vaccine information on it.
- Ongoing discussions with how they will be distributed

GP Practice Websites

- Primary Care: All GP Practice websites to be updated to include cost of living advice line information
- TVs in waiting rooms to display signposting information



Enhanced neighbourhood presence

- Big Life, MLCO and Primary Care are working together to take the CAM outreach van to priority neighbourhoods. These will link into wider winter resilience engagement events and council roadshows.
- Big Life are exploring options to increase Be Well presence at food bank 'Food and Talk' sessions. This requires capacity to be released elsewhere.

Community events

- Teams Around the Neighbourhood are planning winter warmer events which will include a cooked meal, a winter meal pack and signposting to local services.

Considering routes to engagement:

- Primary Care to place additional focus on digital exclusion in light of the impacts of the crisis and consider alternative mechanisms for communication and access.

Considering the role of NHS estates

- Primary Care will look to enhance the role of GP practices and health centres as 'trusted hubs', by working with landlords to open spaces to other services such as Housing Providers to offer additional support

2. Upskilling & enabling staff to signpost to wider offer

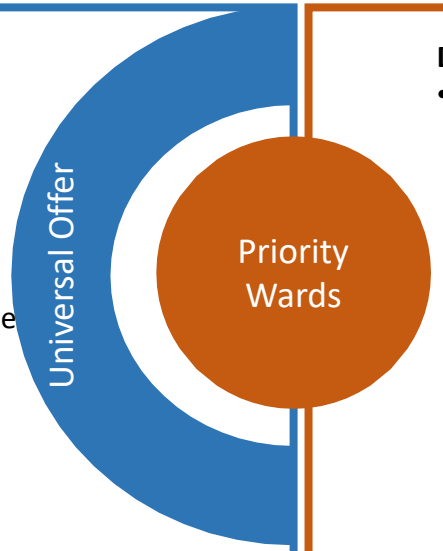
- As a system, we need to ensure staff are familiar with and can signpost patients to the primary health-financial schemes:
  - Healthcare Travel Costs Scheme: https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/
  - NHS Low Income Scheme: https://www.nhs.uk/nhs-services/help-with-health-costs/nhs-low-income-scheme-lis/
  - Help with Dental Costs: https://www.nhsbsa.nhs.uk/help-nhs-dental-costs
  - NHS Prescription Costs – free prescriptions: https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions/
  - Prescription pre-payment certificates: https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/save-money-with-a-prescription-prepayment-certificate-ppc/
- In addition to the MCC Cost of Living Advice Line.

Cost of Living Advice Line

- Primary Care: Ambition that every person working within primary care will receive the Cost Of Living Advice Line information to sign post residents correctly. This includes community pharmacy, optometry and dentistry as well as general practice.
- ASC staff are signposting to the Advice Line. ASC Communities of Practice have focused on this via Spotlight sessions including Citizens Advice Bureau attending and sharing information to support front line practitioners in signposting/support
- MLCO working with all community staff to ensure understanding of hyper-local booklets and relevant signposting. MLCO including CoL conversations at health contacts where possible.

Maximising the existing offer

- Both Primary Care and GMMH (Buzz) maximising promotion of existing offer, including Healthy Start vouchers, 2-4 year-old free childcare provision, safe sleeping advice at GP baby checks and ensuring every child receives their free vitamins.
- Promote uptake of Healthy Start Vouchers - across MLCO, MFT & MCC
- Primary Care further signposting to smoking cessation services; Alcohol support services, safe sleeping and ICON advice
- Primary Care to signpost to local services to enable signposting to foodbanks, local VCSE offers, local 'Warm Room Schemes' (use of hyperlocal comms as it becomes available).



Digital Inclusion

- Big Life coaches have been running pilot with Manchester City Council Digital Inclusion team and coaches in priority wards have been trained in delivering digital inclusion support. They also have direct access to tablets and data packs. This prevents an onward referral having to be made and can be used to support residents to engage with money saving or government help.

3. Timely access to support & health advice

Key issues & risks to consider

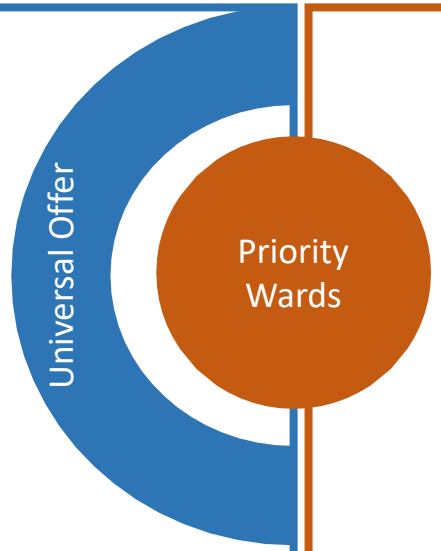
- ASC have anecdotal evidence that some citizens are turning down/cancelling their ASC care package due to the charges because of wider cost of living considerations. Data being gathered to further understand this issue

Prioritising contact

- Primary Care, via GPs, are exploring ways to identify and enhance support offered to those who request an extension of fit for work note beyond two weeks; one proposal is for such residents to receive an automatic referral to Be Well and to the Advice Line by the practice, in addition to the fit note extension.
- MLCO supporting Primary Care partners and PCNs to ensure all relevant and up to date referral knowledge is in place for services such as Care Navigators, Acute Home Visiting Service, First Contact Practitioner Service etc.
- Primary care – *advice* to practices to build in a cost of living enquiry to long term condition and mental health reviews.

Taxi Offer:

- Locality team to explore use of vaccine taxi fund to extend this as a limited offer to residents needing help with transport to health appointments (fund to be accessed via cost of living advice line; criteria to be determined)



Prioritising contact

- Big Life are exploring capacity within the priority wards to operate short wait times (target of initial contact within 72 hours)

Targeted support to enable access

- GMMH - Buzz continues to fund bus tickets for residents in certain wards to access a subsidised weekly shop

'Poverty Proofing' a hospital visit

- MFT exploring ways to 'poverty proof' a visit, taking inspiration from similar work in schools. This may tackle and mitigate against digital exclusion, the costs of transport and offer of food vouchers while on site.

Investigating rates of children not being brought to appointments

- MFT are working with the Health Protection Hub to explore a pilot which would seek to call parents of children who have not been taken to hospital appointments, investigating reasons – and whether they are related to CoL issues.

Safe discharge

- Locality team to work to build in safe and well checks as part of MLCO control room work

Augment winter funding for primary care delivery in priority wards

- If winter monies become available for Primary Care, scaled augmented funding for general practices with >40% patients within Cohorts A and B, to fund cost of living enquiry at long term condition and mental health reviews, longer appointments for holistic care and assurance that cost of living information has been cascaded to every staff member within the practice

4. Maintaining medical treatment at home

Key issues & risks to consider

- Locality team has proposed organisations can come together and use their respective charitable functions to enable patients to access a medical fund providing basic support to maintain treatments and care at home.

Community pharmacy

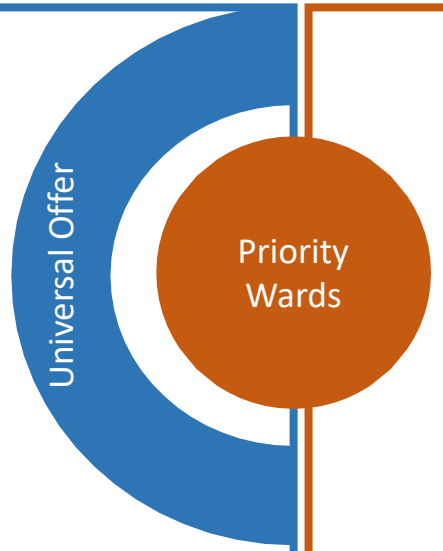
- Primary care to optimise use of CPCS, Minor Ailment Scheme, healthy heart and free contraceptive services
- Primary Care to maximise use of free prescriptions and pre-payment cards, and offer a longer supply of medication where people do need to pay for scripts
- Primary Care - GPs to work with community pharmacists to flag patients not collecting their scripts

Medical devices

- links with Primary Care, MFT and MCC – additional energy top up payment is needed. This includes assisted tech

Medical fund

- Locality team are exploring development via charitable means to secure a medical fund for people unable to afford aspects of their medical care



Placeholder - Further details TBC

5. Supporting our employees

Key issues & risks to consider

- Primary care – independent providers, not many living wage employers, high proportion of low paid staff, risk of increased sickness absence/staff turnover.

Primary Care:

- Promotion of advice for low paid employees on support with bills etc, benefit entitlements.
- Promote options for practices to develop employee schemes e.g. Salary Sacrifice Scheme -Can include things like childcare vouchers, cycle to work scheme.
- Option for employers to offer 'one off' supermarket vouchers to low paid staff (up to circa £150) – does not affect in work benefits or tax but cannot be repeated annually
- To promote NHS health and well being and employee assistance offers

Big Life

- Big Life working on plans for employee support around cost of living crisis. Not confirmed as yet.

MFT

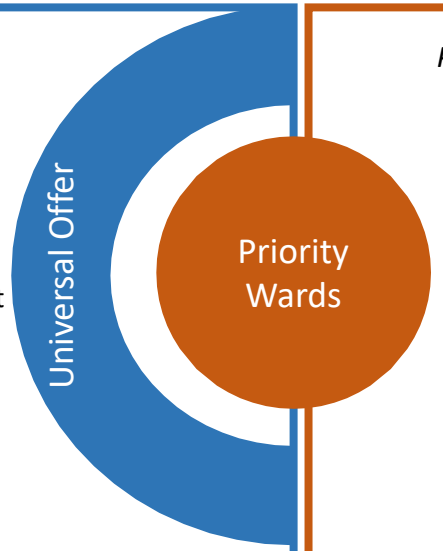
- Have a range of staff offers in place through employee health and wellbeing incl financial and legal advice, NHS discounts, and support for travel (interest free loans, discounts). Reviewing further options.

GMMH

- Trust is a Real Living Wage Employer
- Trust can offer employee schemes e.g. Salary Sacrifice Scheme – which includes things like childcare vouchers, cycle to work scheme

MLCO

- Amplifying partners messages via staff bulletin including helping hands. CAM session held as communities of practice spotlight session shared with all staff

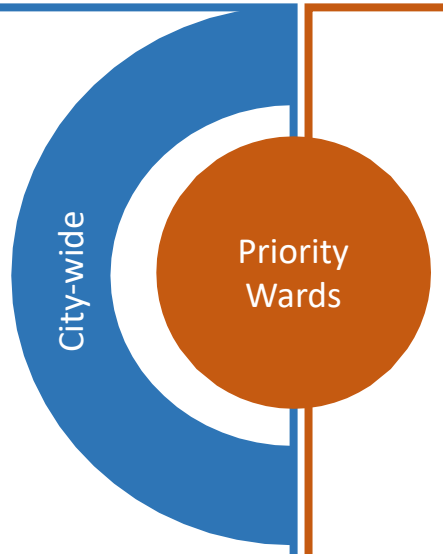


Placeholder - Further details TBC

6. Use of data and intelligence to understand and respond to the health impacts of the crisis

Key issues & risks to consider

- Analysis of the impact of the cost-of-living crisis often takes an economic focus. As a Task Group, we need to ensure an equal priority is placed on analysing the impact of the crisis on the health of our population and local health and care services.
- Need to effectively coordinate pieces of ad-hoc or ongoing analysis (inc. Dashboards) being undertaken by local partners to arrive at a joined-up view of the health and care impacts of the cost of living crisis and the effectiveness of the work that is taking places to address and mitigate these impacts.



- Help to coordinate and inform the work of data and intelligence partners in Manchester in respect of understanding and responding to the health impacts of the cost of living crisis (ONGOING)
- Engage with Greater Manchester Combined Authority (GMCA) and NHS Greater Manchester Integrated Care to understand the work that is going on to develop cost of living dashboards and the indicators being used to monitor the impact of the cost living crisis on population health and health and care services. (ONGOING)
- Co-ordinate approaches to analysis of priority areas, communities and impacts of cost of living crisis across locality partners (MEETING SCHEDULED FOR 3 NOVEMBER)
- Big Life have proposed including deprivation band (or priority neighbourhood) specific data within their main scorecard in order to capture on a monthly basis the work that is being completed.

- Re-analysis of data on patients registered with a GP practice to identify which GP practices serve patients living in the priority wards (COMPLETE)
- Application of methodology used to identify priority wards to GP registered populations in order to identify priority GP practices based on the estimated proportion of patients likely to be most affected financially by cost of living crisis due to having a very low or discretionary income. (COMPLETE)
- Arrangements being made with Experian to enable the supply of Mosaic data to MLCO to facilitate analysis of the impact of the cost of living crisis on users of community health services (UNDERWAY)
- Work with MFT to explore extending methodology used to identify priority wards to the analysis of data in respect of patients seen by hospitals in the city (UNDERWAY)

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Children's Board Annual Report 2021-2022

Report of: Strategic Director of Children and Education Services

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Summary

The Children's Board provides overall leadership for the shaping and delivering the vision for children, young people and their families; which is 'Our Manchester – building a safe, happy, healthy and successful future for children and young people'. The Annual Report 2021 – 2022 provides an overview of the work undertaken by the Board and highlights the strategic context in which the Board operates and the progress made against key metrics in the outcomes framework.

Recommendations

The Health and Wellbeing Board members are asked to:

1. Consider the content of report, recognise the progress that has been made during the reporting period and priorities identified.

2. Recognise the strategic importance of the Children's Board and continue to provide the necessary governance.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Providing the best start in life is a vital area for the Board and there is a key focus on improving outcomes in the first 1,000 days of a child's life.
Improving people's mental health and wellbeing	Key priorities include children and young people being able to have a better education around physical and mental health issues and have quick and accessible access to emotional and mental health support
Bringing people into employment and ensuring good work for all	A thread running through the work of the Board is to improve the education offer for children and young people and provide opportunities for high level skills to be developed which will ultimately result in a highly skilled, home grown and motivated workforce.

Enabling people to keep well and live independently as they grow older	Focus on developing skills for life and providing access to high quality careers advice and support. This, aligned to a commitment to reducing the number of young people not in education, employment or training, will provide the foundations that enable young people to successfully transition into adulthood.
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	The aim of the Board is for everyone in the city to have the same opportunities, life chances and potential to lead safe, healthy, happy and fulfilled lives, no matter where they are born or live.
One health and care system – right care, right place, right time	The importance of meeting children's health, social, emotional and educational needs are critical to improving their overall wellbeing and for them to have a happy, healthy and successful future. Key to this is receiving the right, care, in the right place and at the right time. Consequently, these are key features in each of the key strategies that are governed by Manchester's Children's Board.
Self-care	N/A

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Background documents (available for public inspection): None

Manchester Children's Board Annual Report 2021-22

1 Introduction

1.1 Over the past 12 months the Children's Board has had to continue to adapt to the challenges that have resulted from the Covid 19 pandemic. Inequalities and deprivation already existed in significant areas of the city and the pandemic has only exasperated and laid bare the challenges we face to address these issues.

1.2 As a result of the significant challenges faced the Board has continued to adapt and with the commitment and support from the wider partnership we have ensured that we have been able to provide the required leadership for shaping and delivering our vision for children, young people and their families; which is 'Our Manchester – building a safe, happy, healthy and successful future for children and young people'.

1.3 The Board continues to focus its priorities on delivering the aims and objectives set out in the Children & Young People's Plan 2020 – 2024 **(see appendix 1).** The Plan articulates our collective vision for children across the city and it highlights our key priorities which will ensure that we invest in the next generation to build a successful, world class city that is full of opportunities.

1.4 A key focus during 2021-22 has been ensuring that we maintain a focus on all the key strategic areas that are the responsibility of the Board. To achieve this we developed an annual plan that has facilitated a series of thematic meetings which have focused on all the strategic areas that fall under the remit of the Board. Through doing this we have been able to monitor how each of the strategic areas is contributing to enable us to meet our key priorities that have been set out in the C&YPP 2020 – 2024.

1.5 In addition, board members have continued to engage, promote and support Manchester's 'Our Year 2022' initiative and ambition to be recognised by UNICEF/UK as a child friendly city (**see appendix 2**)**.** The progress and impact of 'Our Year 2022' will be evaluated in November/December 2022, as the initiative transitions into planning to become a 'child friendly city' and launch in early 2023.

1.6 The governance processes of the Board have remained strong. However, we identified gaps in the membership of the Board and that there was a need to ensure that we had a balanced membership where individuals have complementary skill sets which allow a culture to develop that will enable the Board to work together to make effective decisions. To address this we reviewed the 'terms of reference' and recruited new members who have brought additional expertise, experience and the ability to critical analyse what we are doing and how we could do it better.

1.7 The focus over the next 12 months is to overcome the challenges faced by the public sector and the communities we serve. Although this will be extremely difficult the strong leadership and management, that has been displayed by the Board, provides the assurance and confidence that we are able to drive

further improvements and deliver excellent outcomes for children, young people and families in Manchester.

2 Strategic context

2.1 The Children's Board is responsible and assumes strategic oversight for the delivery of a number of key strategies for the city:

2.2 **Children & Young People's Joint Strategic Needs Assessment**
The Joint Strategic Needs Assessment (JSNA) has been produced in recognition of the fact that improving the health outcomes of children and young people in Manchester requires a multi-agency approach to the collation, analysis, presentation and publication of data, research and intelligence relating to the health and wellbeing of children, young people and families across the city.

2.3 Having an effective JSNA is a way of ensuring that local strategies for addressing poor health and care outcomes in Manchester are underpinned by a strong evidence base, which has helped to provide a range of effective services to support children, young people and families in need of help, care and protection

2.4 A key focus of the JSNA is the work that is being done on combatting childhood obesity. The World Health Organisation (WHO) regards obesity as one of the most serious public health challenges of the 21st century and Manchester is consistently significantly higher than national average for overweight and obesity at reception, year 6 and in adults. The Marmot Review; 10 Years On' (February 2020) reinforced the link between social inequalities and poor health, notably referencing Manchester and the wider region as a case study for deprivation and poor health

2.5 To address the highlighted issues Manchester has developed a new five-year strategy called the new 'Manchester Healthy Weight Strategy 2020-2025'. The strategy advocates a whole system approach that addresses healthy weight across our obesogenic environment and across each life course while placing the responsibility with a wide array of stakeholders.

2.6 As the 'whole system approach' suggests, reducing childhood obesity in Manchester needs the inclusion and commitment of a broad and varied number of partners across the city and there is very strong support from the Board to ensure that, over the next 12 months, it provides the necessary governance and support to enable the strategy to work towards achieving its goals and objectives.

2.7 **Early Help Strategy**
The importance of delivering an effective and timely early help offer is vital as it can provide children and young people with the support needed to reach their full potential and improve the quality of their home and family life, enabling them to perform better at school and improve their health.

2.8 The Children's Board are keen advocates of early help and maintain ownership and oversight over Manchester's Early Help Strategy. The Early Help Strategy is currently being refreshed and the new strategy will run from 2022 – 2025. The Board will play an important role in ensuring that the updated strategy is innovative, partnership led and, above all, relevant and accessible for children, young people and their families.

2.9 The impacts of the pandemic have been significant on early help services and over the past 12 months Manchester's Early Help Hubs have seen a 43% increase in demand for support for families. Despite the significant increase the hubs have been able to continue to deliver business-as-usual services. The ability to maintain services has been enabled as a result of significant funding received from the Supporting Families programme. Manchester will receive £3,089,635 over the course of the 3-year programme. However, this is wholly dependent on meeting key indicators such as partnership completion of Early Help Assessments and impact measures. These are submitted annually and subject to scrutiny by Manchester City Council Children and Families Scrutiny Committee and via external audit.

2.10 As well as being used to maintain the current offer the funding from the Supporting Families Programme will also be used to:

- commission services from the VCSE and invest to strengthen our Think Family approach
- free up capacity/resource to facilitate support to a number of new initiatives
- support development of Family Hubs, continue partnership working and implement relevant recommendations from the social care and SEND Ofsted inspections

2.11 Over the next 12 months the Board will continue to support the implementation of the new strategy to ensure that it is at the forefront of strategic thinking when it comes to delivering services for children, young people and their families. The Board is also fully behind the move, which will see services/agencies working more effectively to deliver from central points within communities, enabling them to make the most of their local knowledge and expertise to deliver easily accessible services, which are visible to those who would benefit most from them.

2.12 In addition, as part of the drive to continually improve the services for children and their families, Manchester's Children Social Care Services (including early help) has developed several initiatives in partnership with the NHS as part of a comprehensive programme of reform. The aim is further strengthening services through 'locality-based working', evidence led innovation/practice, partnership and collaboration in these 4 broad areas which have also been ratified by the Manchester Partnership Board and Manchester Provider Collaborative:

1. Think/Whole family approach - developing and strengthening collaborative working practices and joining up services across children's services, mental health, adult services, health services and integrated

neighbourhood teams to support children and adults, particularly those experiencing multiple and complex problems
2. Family Safeguarding - Implementation of a multi-agency offer for families requiring specialist interventions due to compromised parenting as a result of substance/alcohol use, mental health and/or domestic abuse
3. SEND - Implementation of a new delivery model which provides an integrated specialist service for children with disabilities, delivered in localities
4. Joint Commissioning - development of joint commissioning priorities working across the Council, NHS commissioners, partner agencies and communities to ensure maximisation of existing resources, improved quality and better outcomes.

2.13 **Start Well Strategy**
Over the past 12 months the Start Well Partnership Board has continued to monitor the neighbourhood action plans that have been developed to ensure objectives are being achieved and partnership work is taking place to deliver and meet the needs of local communities. Although the action plans all have consistent priorities that are tailored to be reflective of local needs. What underpins them all is that they are co–designed with parents to support the first 1,001 days and the focus is on access, inclusion and delivery of programmes to support school readiness.

2.14 In 2021, the government published a report, “the Best Start for Life – A Vision for the 1,001 Critical Days”. The report sets out the findings of a review that took place in Autumn 2020 into improving health and development outcomes for babies in England, and the vision for what provision should look like. The report sets out a definition that resonates strongly with the Start Well Partnership in Manchester and chimes with our approach and the principles that have long driven early years provision in the city.

2.15 At the heart of our plans to deliver the vision is the Manchester Start Well Strategy 2022 – 2025 and we are determined that all our children should get the best start in life and to grow up to be safe, happy, healthy, and successful.

2.16 The refreshed strategy benefits from extensive collaboration and partnership – not just with a wide range of professionals but with families themselves. It builds on what we have achieved to date but enhances our offer so that families know where to go for support from conception and throughout their child’s early years. Our Family Hubs and the Neighbourhood Model will see services working together in an intelligent way to allow us to offer the right support to families at the right time and in the right place.

2.17 **Promoting Inclusion and Preventing Exclusion Strategy**
The Manchester Inclusion Strategy (2019 - 2022) was launched in November 2019 in response to an annual increase, both locally and nationally in exclusions over a number of years. Since the launch of the strategy some key indicators that highlight improvements have been evidenced. These include:
- overall school attendance of 93.7% following two years of disrupted education due to the pandemic

- a five-year trend of reduction in permanent exclusion
- 4.7% of young people aged 16-17 years who are Not in Education, Employment or Training (NEET). This is the lowest ever figure for Manchester young people
- 89.5% of Manchester schools are judged as good or better by Ofsted
- a positive Local Area SEND inspection in November 2021.

2.18 The next steps will be to build on the good progress to date. This will be achieved through focusing on a number of key priorities which are central to the refreshed strategy that will run between 2022 – 2025. These priorities include a concerted focus on school attendance throughout 2023 and the following areas:

- listening and responding to the voice of children, young people and their families
- promoting equality and diversity with a particular focus on race, LGBT+ and disability (SEND)
- develop the aspirations and skills of children and young people
- reduce health inequalities and improve social, emotional and mental health and wellbeing
- promote good attendance
- ensure exclusion is only ever used as a last resort.

2.19 Work done to date has reinforced the importance of all partners working together to establish a sense of belonging for children and young people and our multi-agency partners have increasingly worked with dedication and creativity, during incredibly challenging times, to identify and support the needs of children and young people in inclusive and personalised ways. Manchester now has the challenge, as it works towards becoming a UNICEF Child Friendly City, to build upon the improvements achieved so far and to continue to enhance the experiences and outcomes of children and young people.

2.20 **Young Carers Strategy**

Building on the successful roll out of the Young Carers Strategy 2017– 2019 the Young Carers Strategy 2020 – 2023 has sought to continue to deliver significant improvements in both awareness of and support for young carers across the system. Although great progress has been made, there are still too many children and young people, that we don't know about, with significant caring responsibilities and a key focus of the strategy is that, regardless of our role or service, we work together to listen, to connect and to support this group of young people no matter who we are or where we work.

2.21 To further strengthen the offer we have employed a Young Carers Co-ordinator to champion the rights of young carers and she has already made a massive impact, working with schools and other partners to offer the right support for our young carers. A vital part of the co-ordinator's role will be to implement the key aims of the strategy. These include:

- improving the identification of young carers and their families

- preventing inappropriate caring roles from impacting on children and young people's wellbeing
- embedding the offer for young carers into early help, developing services which are responsive and flexible
- promoting the responsibility of all agencies for improving outcomes for young carers and their families
- promoting young carers' rights to assessment and support, including their right to a statutory needs assessment
- ensuring the voice of young carers is heard and responded to
- ensuring young carers are supported to achieve their aspirations.

2.22 Despite the good work that has been done there is a belief amongst key stakeholders that the current data does not reflect the real number of young carers in Manchester, and that the number is in fact much higher. The key to addressing this is to continue to increase the profile of young carers and the continued support and strategic oversight from the Children's Board will be vital in ensuring that this group of children and young people get the required support.

2.23 The work of the Young Carers Team has attracted national and international recognition/interest and they are a credit to the city and partnership.

2.24 **Manchester Poverty Strategy**
There has been a recognition that we have not been able to significantly reduce poverty over the last 20 years, and that we have many areas in the city where poverty is deeply engrained. Previous strategies tried to address issues of poverty via the Family Poverty Strategy, but it has now been agreed that as poverty is so pervasive, we need to consider all residents in poverty, not just households with children.

2.25 Over the past 12 months high inflation and increasing living costs have continued to squeeze household budgets, especially our poorest households and neighbourhoods. Given this a decision was taken at Executive, in 2021, to ensure that The Council considers poverty in all our decision making and budget setting processes.

2.26 Because the causes and consequences of poverty are so wide-ranging, there is significant overlap with other areas of work, and this is especially true in the case of children and young people where those who live in poverty have a significantly reduced chance of building a safe, happy, healthy and successful future. To attempt to address this significant consultation, with key stakeholders, is now being undertaken to develop and deliver the Manchester Poverty Strategy 2023 – 2027.

2.27 The new strategy will focus on achieving change in three key areas:
- lessening the chance of a person experiencing poverty
- lessening the impact of poverty on people who do experience it
- increasing the chance of a person being able to move out of poverty

2.28 Over the lifetime of the strategy the Children's Board will work closely with key partners to ensure that the work done interlinks with interventions that are being delivered in other thematic areas, thus avoiding duplication and work being done in isolation.

3 Our Priorities

3.1 One of the key objectives of the Board is to ensure that the key priorities outlined in the Manchester's Children and Young People Plan 2020 - 2024 are always at the forefront of our work. Whilst the pandemic has had an impact on children and young people, an evaluation of the priorities has not resulted in any additional areas being added, rather a need for 'doubling down' on our key priorities; these are for all children and young people to:

- feel safe in their community and have trusted adults they can speak to
- have an improved knowledge around e safety
- be able to access affordable, cultural, leisure, youth and sports opportunities
- have their voices heard and be recognised for their contributions and achievements
- be able to have quick and accessible access to emotional and mental health support
- have better education around physical and mental health issues
- be able to live in a society where environmental issues are intrinsic to decision making
- attend an education setting that is judged to be good or better and has high quality pastoral support
- be able to develop skills for life and access high quality careers advice and support.

3.2 To ensure that we can track progress in each of the key areas a bespoke Outcomes Framework has been designed which provides quarterly data and this enables the Board to monitor progress against key indicators. The table below highlights the metrics used to track progress – where there is a gap in the table the data is not available.

	National Average	Core Cities	Manchester (March 21)	Manchester (March 22)	Direction of travel
Number of LAC per 10,000 population	67 (March 22)	91 (March 22)	112	113	
Number of CP per 10,000 population	41 (March 22)	53 (March 22)	46	41	
Number of CIN per 10,000 population	321 (March 22)	357 (March 22)	436	419	
% LA maintained nurseries in Manchester judged good or outstanding			100%	100%	
% LA maintained PRU schools in Manchester judged good or outstanding			100%	100%	
% of Primary Schools rated good or outstanding			93%	93%	

% of Secondary Schools rated good or outstanding			69%	73%	
% of special schools rated good or outstanding			93%	93%	
Increase in the number of schools who achieve silver/gold status as Rights Respecting Schools			51	48	
Care Leavers EET				61	
% of LAC aged 16-17 known to be in EET			73%	80%	
Fixed term exclusions			2158	4120	
Permanent exclusions			28	74	
Number of Early Help Assessments			1044	1234	
Hospital admissions for asthma (under 19 years) per 100,000	74.2 (2020/2021)		355.6 (2019/2020)	187.8 (2020/2021)	
Admissions for diabetes for children and young people aged under 19 years per 100,000	48.2 (2020/2021)		61.8 (2019/2020)	65.2 (2020/2021)	
Admissions for epilepsy for children and young people aged under 19 years per 100,000	65.6 (2020/2021)		81.2 (2019/2020)	65.2 (2020/2021)	
Hospital admissions for mental health conditions in 0-17 year olds per 100,000	87.5 (2020/2021)		130.2 (2019/2020)	109 (2020/2021)	
Children under 18 admitted to hospital for alcohol-specific conditions per 100,000	29.3 (2020/2021)		41 (2019/2020)	36.6 (2020/2021)	
Infant mortality rate per 1,000	3.9 (2018/2020)		6.1 (2017/2019)	6.1 (2018/2020)	
Hospital admissions for dental caries (0-5 years) per 100,000	220.8 (2019/2021)		529.1 (2017/2019)	419.3 (2019/2021)	
Reception: Prevalence of obesity (including severe obesity) %	9.9% (2019/2020)		11.9% (2018/2019)	11.9% (2019/2020)	
Year 6: Prevalence of obesity (including severe obesity) %	20.4% (2019/2020)		26% (2018/2019)	26.6% (2019/2020)	
Under-18 conception rates (per 1,000 females aged 15-17) %	13% (2020)		20.2% (2019)	15.1% (2020)	
KS2: % achieving the expected standard in Reading, Writing and Maths (all children)	65% (2018/2019)		62% (2017/2018)	61% (2018/2019)	
KS2: % achieving the expected standard in Reading, Writing and Maths (LAC)	37% (2018/2019)		41% (2017/2018)	37% (2018/2019)	

KS4: % achieving a strong pass in English and Maths (strong pass 5 and above)	40.1% (2018/2019)		35.6% (2017/2018)	35.5% (2018/2019)	

3.3 The use of data enables the Board to evidence the impact of its work. It also enables us to challenge and offer support to strategic partners if there are areas of concern that need to be addressed. To ensure that all the metrics are reviewed in depth we do a deep dive at each Board meeting that focuses on a small number of the metrics. The deep dives allow us to analyse and interpret the latest data to see what the current trends/patterns are. We are then able to offer a collaborative approach to solutions to any issues that may have arisen.

3.4 **'Our Year'**
As indicated in paragraph 1.5, 2022 has been designated as 'Our Year'. It has been widely acknowledged that the pandemic has had a big impact on our children and young people, affecting many aspects of their lives such as educational achievement, wellbeing, social and emotional development, resilience and financial hardship. Now, as we start to shape our city post-covid, we will work together using our collective resources to help the next generation reclaim their futures.

3.5 Our Year is a focused year of listening to young people and bringing key partners together to create more experiences, opportunities and support to ensure children and young people are at the heart of all we do in Manchester. It is a chance for everyone who shares this vision across the city – from large businesses to community groups or passionate individuals – to play their part and make a difference.

3.6 The Board is committed to playing an important role in ensuring that 'Our Year' can meet its objectives as it will provide the governance arrangements for the programme and offer the strategic support from the wider partnership. We have also seconded the lead of the programme onto the membership of the Board and 'Our Year' will be a standard agenda item at all Board meetings.

4 Conclusion

4.1 The previous 12 months has seen the Children's Board navigate through an extremely difficult period. The impacts of the pandemic have had a severe impact on services, and we envisage that we will be managing the fallout for the foreseeable future. This aligned to the ongoing cost of living crisis has meant that budgets will continue to be stretched and services will potentially suffer.

4.2 Despite the context in which we are operating the Board is confident that with the ongoing strategic commitment and participation from a wide range of partners and the determination and willingness to work towards the common goal, of achieving good outcomes for young people and children, the Board will continue to prosper and ensure that we can deliver on our key priorities.

Our Manchester, Our Children

Manchester's Children and Young People's Plan 2020 – 2024

Building a safe, happy, healthy and successful future for children and young people

Our Vision

Children and young people matter in Manchester and it is vital that we invest in the next generation to build a successful, world class city that is full of opportunities. The Plan highlights how agencies and organisations will work together with children and young people to ensure that they can enjoy a safe, happy, healthy and successful future.

Priorities

Our key priorities over the next 4 years will be for all children and young people to:

- feel safe in their community and have trusted adults they can speak to
- have an improved knowledge around e safety
- be able to access affordable, cultural, leisure, youth and sports opportunities
- have their voices heard and be recognised for their contributions and achievements
- be able to have quick and accessible access to emotional and mental health support
- have better education around physical and mental health issues
- be able to live in a society where environmental issues are intrinsic to decision making
- attend an education setting that is judged to be good or better and has high quality pastoral support
- be able to develop skills for life and access high quality careers advice and support

Passionate about;

We know having a safe place to live, economic stability, literacy and good health is important to having a successful future. This is why we are passionate about:

1 – children living in safe, supportive and loving families

2 – reducing the number of young people not in education, employment or training

3 – promote a love of reading from birth to adulthood

4 – reducing childhood obesity

How we will do it

1 Place children and young people at the centre of everything we do.

This means not only the way we work directly with children through our services, but as a city as a whole. It is our ambition for Manchester to be a truly child-friendly city, and partners from statutory, voluntary and community sector organisations will work together to achieve this.

2 Listen to and respond to children and young people.

We will recognise and value the voices of children and young people in all areas of our work, listening to them and responding to what they tell us. Children and young people will have the opportunity to be active participants in shaping both policy and practice, as well as the future city.

3 Focus on strengths and building resilience.

We will focus on children's strengths and provide them with the support to build resilience and overcome obstacles. As part of this we will celebrate our children's and young people's successes and encourage them to reach their full potential. We will ask children what is important to them and what is good in their lives. We will then use this to help families build strength-based networks that capitalise on both human and community assets.

4 Emphasise the importance of prevention and early intervention.

We will intervene early through a range of universal and specialist services to ensure that every child and young person has the opportunity to thrive and succeed. A particular focus will be prevention, early help and tackling a range of issues centred around the child by providing a whole-system, multi-agency approach. 'Early help will be everyone's business'.

5 Provide the best start in life.

We will focus on improving outcomes in the first 1,000 days of a child's life. This period is critical to child development and if a baby's development falls behind in the first years of life, it is more likely to fall even further behind in subsequent years than to catch up with those who've had a better start.

6 Innovation, creativity and learning will be at the centre of our planning and decision making.

Learning from research, practice and the experiences of children and their families are critical to informing how we develop and improve the way we engage and deliver services. We will embrace the knowledge, skills, and the experience of practitioners and Manchester's residents to ensure we continually improve the experiences and outcomes for children.

7 Working at a locality level we will deliver excellent support for vulnerable children and young people.

Through developing meaningful relationships and having an empowered, well trained, capable and stable workforce which is passionate about continually improving outcomes for all children.

8 Challenge poverty and inequality.

Our aim is for everyone in the city to have the same opportunities, life chances and potential to lead safe, healthy, happy and fulfilled lives, no matter where they are born, live or ethnicity. We need to work with families to lift them out of poverty and challenge racial inequality/discrimination. We want all children and young people growing up in the city to achieve their potential.

How we'll know if we have made a difference

1 – Number of children in need (LAC, CP, CiN)

2 – Number of children with a plan of permanence that is agreed and delivered within 18 months of receiving a specialist children's service

3 – Emergency hospital admissions for asthma in 0-19 year olds per 100,000

4 – Emergency hospital admissions for diabetes in 0-19 year olds per 100,000

5 – Emergency hospital admission rates for mental health related issues in 0-19 year olds per 100,000

6 – Reduction in the number of CYP aged 0-19 attending A&E departments with no follow-up required

7 – Infant mortality rates

8 – Reduction in hospital admissions for dental caries (tooth decay) at age 0-5 years

9 – Healthy weight – reduction in children in reception and year 6 classified as overweight or obese

10 – Under-18 conception rates

11 – Schools rated good or outstanding by Ofsted

12 – KS2: % achieving the expected standard in Reading, Writing and Maths (all children)

13 – KS2: % achieving the expected standard in Reading, Writing and Maths (LAC)

14 – KS4: % achieving a good pass in English and Maths

15 – Increase in the number of schools who achieve silver/gold status as Rights Respecting Schools

16 – % Care Leavers known to be NEET, % of LAC aged 16-17 known to be in EET

17 – Reduction in fixed and permanent exclusions from school

18 – Number of completed Early Help Assessments and Team Around the Family meetings

Our Manchester Behaviours

in everything we do we'll make sure that...

> We work together and trust each other
> We're proud and passionate about Manchester
> We take time to listen and understand
> We 'own' it and aren't afraid to try new things

Appendix 2

2022 Our Year, has been a year-long campaign run by Manchester City Council to create a year of opportunity for children and young people across the city. From providing opportunities, to amplifying their voices, 2022 Our Year was a chance for young people in the city to have their talents recognised and is a chance for young people to make up for all the lost opportunities due to the pandemic.

In line with Manchester's Children's and Young People Plan throughout 2022 we have continued to support Manchester's young people creating a whole-city approach to building a safe, happy, healthy and successful future for all children and young people. This has been achieved through additional opportunities, events, activities, campaigns, competitions, changes to policy and strategies and more. It has been a collective approach where all partners, services, sectors have been encouraged and supported to organise their own events, as they know the needs of the communities they work in. There have been city centre events, and activities to also encourage families to visit the city centre to help us achieve our ambition of Manchester being a child friendly city. Events have been added throughout the year and for more information please visit www.ouryear.uk

Legacy – Beyond 2022
Our goal is for the City of Manchester to come together and work together with children and young people to ensure that they can enjoy a safe, happy, healthy and successful future, and a city where we really embed children's rights in the planning, design and delivery of our services.

We acknowledge this requires a long-term commitment to change, and there is a real sense of excitement and readiness to involve children as partners and key stakeholders. A place where children and young people really feel welcomed, appreciated, and can achieve their potential. We will help them to prepare for adulthood throughout their life by supporting them to understand their responsibilities alongside their rights.

Child Friendly Cities & Communities is a UNICEF UK programme that works with councils to put children's rights into practice. The programme aims to create cities and communities in the UK where all children – whether they are living in care, using a children's centre, or simply visiting their local library – have a meaningful say in, and truly benefit from, the local decisions, services and spaces that shape their lives. Putting children's rights into practice, allowing them to have a meaningful say and truly benefit from the local decisions, services and spaces that affect their lives. Where all services and all partners build the voices of children and young people into how they work and their priorities for action.

The United Nation Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights.

With this city-wide approach to embedding children's rights, it is envisaged that Our Year 2022 and participation in the Child-Friendly City programme will also help contribute to wider city priorities, including but not limited to:

- there is increased awareness amongst young people of engagement opportunities and activities
- increased uptake of eligible children on Holiday Activity and Food schemes
- increased number of SEND young people attending a provision of their choice
- wider network of organisations offering quality work experience placements
- increase in inter-generational opportunities and events
- greater opportunities for Early Years children to have a meaningful say in decisions that affect them
- increase in number of children who access the outdoors and attend an outdoor residential opportunity
- there are more targeted engagement opportunities for local youth and play providers and schools to share their views on issues important to them
- there are more opportunities for young people to influence local policy and decision making
- there is a clear understanding of the Manchester's Youth and Play offer, evidenced by increased use of 'Loads to Do'
- children and young people report that Manchester is welcoming and safe, with friendly places to go, and a place they can have fun and play
- there are more places and spaces to play and things to do, in all wards of Manchester that are accessible to all
- young people feel supported to prepare for adulthood and young people have access to opportunities to develop their skills and knowledge

Over the next few months we will have a clearer picture of the impact of 2022 and will use the results of our city-wide engagement to monitor perceptions of young people about the services available to them and what life is like for them in Manchester.

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Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Better Care Fund (BCF) return

Report of: Senior Planning and Policy Manager, NHS GM Integrated Care

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Summary

NHS England have requested that a BCF return is completed for Manchester which demonstrates the plan to successfully deliver integrated health and social care.

The plan focuses on the requirement to reduce long length of stay in acute settings and to provide support for people to remain in the community by having effective discharge pathways and social care provision.

NHS England request that the plan is approved by the Health and Wellbeing Board retrospectively as the plan needed to be submitted to NHS England by 26 September 2022.

Recommendations

The Board is asked to:

1. Approve the BCF return.
2. Approve the narrative return in support of the BCF plan.
3. Approve the capacity and demand template.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Enabling people to keep well and live independently as they grow older	The plan sets out the support that is in place to support people to remain in the community. This includes the support that is provided by the crisis team to reduce the likelihood that patients will require hospital care. It also includes the work to support people to be able to return home including the Home from Hospital activity and the adaptions that are provided by the Manchester Care and Repair. The return provided an overview of the effective discharge pathways including discharge to assess provision to minimise the length of stay of patients in hospital.
One health and care system – right care, right place, right time	
Self-care	

	The plan also includes the support that is provided to help people remain in the community once they leave hospital such as the reablement provision and the neighbourhood apartments which provide short term support to rehabilitate patients.

Links to the Manchester Health and Social Care Locality Plan

The three pillars to deliver the Manchester Health and Social Care Locality Plan	Summary of Contribution or link to the Plan
A single commissioning system ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services	A resilient discharge programme has been developed which is a Citywide partnership approach to effective discharge. This model not only ensure that discharge planning is in place which ensure that support is provided to facilitate patients to leave hospital to leave hospital when they are medically fit to do so. The programme includes have effective pathways including discharge to assess and community provision including Homecare support.
'One Team' delivering integrated and accessible out of hospital community based health, primary and social care services	There is an integrated community approach including support which is being provided by crisis teams, reablement, intermediate care, residential and nursing care.
A 'Single Manchester Hospital Service' delivering consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the city	The hospital discharge policies have been produced in consultation with MFT to ensure that patients are able to leave hospital as soon as they are medically fit to do so.

Lead board member: Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care

Contact Officers:

Name: David Regan
Position: Director of Population Health and Wellbeing
Telephone: 0161 234 3981
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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.

- BCF planning template
- BCF Capacity and Demand template
- BCF narrative return

1.0 Introduction

1.1 This paper provides the Health and Wellbeing Board with an overview of the Better Care Fund (BCF) planning guidance for 2022/23 and the related reporting requirements related to the BCF plan and pooled budget.

2.0 Background

2.1 The Department of Health and Social Care (DHSC) have issued a policy framework for the implementation of the Better Care Fund in 2022/23. The framework sets out that plans should have stretching ambitions for improving outcomes against the national metrics.

2.2 From March 2020, in response to the pandemic, the Hospital Service Requirements set out revised processes for hospital discharges in all areas, including a requirement that people are discharged on the same day that they no longer need to be in an acute hospital; and implementation of a home first approach.

2.3 Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) are paid to local authorities with a condition that they are pooled into the BCF and spent on specific purposes set out within the BCF framework.

2.4 The reporting requirement requires the reporting template to be populated with NHS minimum contributions to the BCF, Disabled Facilities Grant and the Improved Better Care Fund.

3.0 Reporting requirements

3.1 The BCF returns needed to be submitted to NHS England by 26 September 2022.

3.2 Part of the requirements of the return are that the approach and return must be agreed by stakeholders and signed off by the Health and Wellbeing Board. Where this is not possible prior to the submission of the return localities are asked to achieve retrospective approval.

3.3 The return requires consideration of how health inequalities are taken into consideration in the delivery of services. Actions undertaken including trying to have a culturally competent workforce, having availability of translation services and engaging with communities at a neighbourhood level.

3.4 The BCF funding also requires that there is Section 75 agreement between the Health and Social Care for the pooling of health and social care budgets. A Section 75 agreement is now in place between the MLCO and MCC as the deliverers of integrated health and social care.

4.0 Key aspects of the return

4.1 The BCF plan complies with the 4 BCF national conditions for 2022/23 which are:

1. A jointly agreed plan between local health and social care commissioners, signed off by the HWB
2. NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution
3. Invest in NHS-commissioned out-of-hospital services

4.2 Implementing BCF policy objectives – which includes enabling people to stay well, safe and independent at home for longer.

4.3 The activity within the plan has been agreed by health and social care colleagues from the NHS, MCC and MLCO and the funding has been agreed in line with the NHS uplift requirements for the programme.

4.4 The programme concentrates on a range of activity to support people to be cared for in the community meaning that they either do not need to enter hospital such as by receiving support from the crisis response team or by having effective pathways in place to support people to be discharged from hospital on the day that they no longer need to be there.

4.5 A key aspect of the plan are the discharge pathways which are:

Pathway 0 – Discharge home with no further care needs
Pathway 1 – Discharge home with care needs
Pathway 2 – Discharge to intermediate care
Pathway 3 – Discharge to Residential or nursing care.

4.6 For patients that are unable to be discharged home straight away the care that they are able to access includes neighbourhood apartments which offer a short term solution to help support patient rehabilitation. Additionally, Pathway 3 includes Discharge to Assess beds within residential and nursing homes, helping to support patients who may have more complex short term care needs on leaving hospital.

4.7 The return includes a recognition of the demand strains that exist within the system and the complexity the growing complexity of the people needing to access services. For 2022/23 MFT have indicated that they feel there will be a large increase in demand from pre-pandemic levels. Despite having an effective discharge and community care system in place, there is recognition that the additional demand will make it difficult to deliver improved performance against all of the BCF targets relative to 2021/22.

5.0 Conclusion and Recommendation

5.1 The BCF return was submitted on 26 September 2022. Initial feedback has been provided by the GM Assurance team which suggests that NHS England believe that Manchester has produced a strong return which shows the effectiveness of the health and social care system in Manchester.

5.2 The Health and Wellbeing Board are asked to approve the BCF planning template and narrative return and provide confirmation of sign off for the plan.

Department of Health & Social Care | Department for Levelling Up, Housing & Communities | Local Government Association | NHS England

BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans but use of this template for doing so is optional. Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

An example answers and top tips document is available on the Better Care Exchange to assist with filling out this template.

Cover

Health and Wellbeing Board(s)

Manchester Health and Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

The BCF plan has been completed in collaboration with Adult Social Care and community care colleagues from Manchester City Council (MCC) and the Manchester Local Care Organisation (MLCO). The plan plan has also involves Manchester University NHS Foundation Trust (MFT) involvement in the discharge planning process, the use of voluntary sector organisations (16 of which have contracts / grants with MCC) to support the delivery of community support for those discharged from hospital or to support people to avoid them needing to enter hospital. MCC works with housing associations to enable people to receive the appropriate accommodation to meet their needs. There is involvement of several MCC departments including Manchester Care and Repair, which is an in house adaptation service which ensures that patients are able to receive the adaptions they need quickly to return home. The Manchester Equipment and Adaptions Partnership (MEAP) have also been involved as they provide therapists to provide support disabled people with their equipment and adaption needs.

How have you gone about involving these stakeholders?

The BCF plan has been completed in collaboration with Adult Social Care and community care colleagues from Manchester City Council (MCC) and the Manchester Local Care Organisation (MLCO). Data has been gathered from the Business Intelligence information gathered from Manchester Foundation Trust and from Quality Improvement managers who undertake performance reviews and sit on acute boards. The approach is a continuation of the approach adopted in 2021/22 which was presented to stakeholders within the Health and Wellbeing Board which includes representatives of the Voluntary and Community sector. A process for the development of the plan was put in place for 2021 in which finance colleagues from the CCG and MCC agreed on the funding allocation for BCF activity along with the reporting arrangements. Meetings have taken place with colleagues from the MLCO, Provider Quality, improvement and Reform and Business intelligence to develop the approach.

Executive summary

This should include:

- Priorities for 2022-23
- Key changes since previous BCF plan

Key priorities for the BCF plan are:

1. Ensuring that there are effective discharge pathways in place to allow people to leave hospital as soon as possible.
2. To deliver effective crisis response activities in place to prevent admissions
3. Ensure there is sufficient reablement provision to maximise the amount of people who are able to remain at home 91 days after leaving hospital
4. To ensure there is sufficient residential care and nursing care to meet the needs of the cohort

The plan involves working with North West Ambulance Service (NWAS) to have crisis responses that minimise the number of people who need to enter hospital. When NWAS workers receive a call, an assessment can be made of the level of support that is needed. The crisis team are embedded within the City and include a nurse, a therapist and practitioner who can also call upon additional help to support people to stay at home. For patients who are supported to stay at home they also receive a reablement response with 72 hours which provides a long term approach to help them stay at home.

For people who do enter hospital, MLCO colleagues work closely with hospital discharge teams to ensure that they are able to be discharged once they are medically fit to do so. There are 4 pathways in place to support the discharge process:

Pathway 0 – Discharge home with no further care needs

Pathway 1 – Discharge home with care needs

Pathway 2 – Discharge to intermediate care

Pathway 3 – Discharge to Residential or nursing care.

Although currently not formally part of the BCF pooled budget, the discharge arrangements out of hospital in to pathway three have been significantly invested in since the previous BCF plan, in particular in response to the pandemic. Manchester is working on how on consolidate plans post Hospital Discharge Programme (HDP) funding cessation – with proposals on continuation of blocked booking arrangements and risk share with the local authority on costs.

Governance Please briefly outline the governance for the BCF plan and its implementation in your area.

The Governance of the BCF plan has been approved by the Health and Wellbeing Board. The Discharge process and the delivery of all community activities have been approved by the MCLO Reform, Recovery and Portfolio Board which also has representation from Manchester Integrated Care Partnership. The finances for BCF are agreed through finance committees at MCC and previously at Manchester Health and Care Commissioning and now through Manchester Integrated Care Partnership.

All programmes related to BCF have gone through a business planning approval process. This has looked at what the individual programme will do, who they are targeted towards, the number of people being supported and expected outcomes. As part of the approval process this has meant explaining this process to finance, strategy committees and ultimately to the Health and Wellbeing Board. There has also been regular scrutiny of programmes including a review of performance against the identified targets for each programme. At a high level all programmes within BCF have to be focused on admissions avoidance, timely discharge and supporting people to be discharged to the most appropriate place such as their own home whereby they can avoid future admittance to hospital.

Performance is reported to MLCO Reform, Recovery and Portfolio Board and there is monitoring of performance through data supplied by the Manchester Integrated Partnership Business Intelligence team. Should there be shortfalls in performance there are mechanisms in place through the governance approach including through several committees/ Boards to ensure that senior managers ensure that a plan is put in place to increase capacity or flow. Going forward Manchester Integrated Care Partnership (MICP) is seen as a full partnership of key stakeholders within Manchester which should continue to ensure that we continue to deliver the objectives of the BCF.

The overall approach is supported by a crisis team who help to minimise the amount of people who need to attend hospital. For those who do need to be discharged from hospital there is an acceptance that many people may need significant support on leaving hospital. This is done in several ways including having Extracare provision which allows for intermediate support to be offered to people who are not fully capable of a return home following their stay in hospital. The provision is 25 short stay beds which is helping to get people out of hospital as soon as possible. With a further 5 Extracare beds becoming available for 2022/23 there will be further opportunities to support people to leave hospital in a timely manner.

Sufficient provision has also been procured with residential and nursing care to allow the system to maximise the speed of patient discharge. Additional support is also provided to care homes to ensure that people are reviewed within 4-6 weeks to ensure that they are moved to appropriate long term provision.

Overall system governance is also provided by review panels of experts and practitioners who ensure that when service users circumstances change that they are provided with the most appropriate provision for their needs.

The Health and Wellbeing Board sits every two months and is able to ensure that there is fidelity within the system.

The Manchester Partnership Board is also in place including stakeholders from health, social care, Manchester City Council and the Voluntary and Community sector, working together to set Manchester's priorities and strategy.

Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2022-23
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to integration. Briefl describe any changes to the services you are commissioning through the BCF from 2022-23.

In Manchester all stakeholders within health, social care and housing have the priorities to support patients and residents to be able to be discharged home or remain at home or their normal place of residence for as long as possible. This is supported through crisis response activity which involves collaborative working between NWAS and social care to ensure that people are given the appropriate support to stay at home with support where their condition does not warrant attendance at hospital.

Reducing long length of stay is a joint priority. This involves community services working closely with hospital discharge teams to ensure that patients can be discharged as soon as they are medically fit to do so.

As a system four discharge pathways have been agreed, which ensure that when discharged patients are given access to the appropriate level of care for their needs. One of the overarching areas of support to help keep people at home is the reablement programme. The reablement team provide support to patients to cope with or manage their condition. The team are also able to work closely with adult social care colleagues to provide additional support if needed.

Reablement support is highly effective in Manchester. In 2019/20, 82% of people who were discharged from hospital with a reablement package (not including intermediate care) were still at home 90 days after discharge. Where patients are not able to return home straight away Short term neighbourhood apartments provide a viable short term solution to help support patient rehabilitation. Due to the success of the reablement programme it is believed that 85% of people discharged from hospital with reablement in 2021/22 will be able to remain at home 90 days after discharge.

In addition to reablement patients are supported with their immediate care needs on being discharged from hospital. Home from hospital gives residents a range of immediate support to enable them to get home as quickly as possible, This includes immediate help from a handyman, help with shopping and providing advice and guidance which may include providing details of the voluntary sector activity that is available.
For people who need a longer term solution Homecare provision is now in place. New contracts are now in place with community Homecare providers who are all skilled in applying the strengths based approach which is about providing the care and support to help people to achieve their own goals. In many cases this will involve supporting people

to live more independently and to access the local support from friends, family and the voluntary and community sector which helps them to be as independent as possible,

There are also currently 25 neighbourhood apartments, with 130 people benefiting from the provision since 2019/20, only 4% of which returned to hospital following their stay in the neighbourhood. 25% were able to return to their original home and 31% moved into long term Extracare provision. These neighbourhood apartments also provide step down provision from residential care. Th ae neighbourhood apartments are also located in places which allow the provision to align with the Integrated Neighbourhood teams offer.

The main changes to the system from 2021/22 are discharge pathways and the increase in neighbourhood apartments.

Through having a neighbourhood approach all partners and stakeholders are working towards the same goal which is admissions avoidance, early discharge and supporting people to live independently at home or in their community for as long as possible.

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

Please use this section to outline, for each objective:

- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objective

Plans for supporting people to remain independent at home for longer should reference

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level.

Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to:

- Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.

- Carry out collaborative commissioning of discharge services to support this.

Discharge plans should include confirmation that your area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

In Manchester, the processes that are in place to support safe, timely and effective discharge in 2022/23 include having appropriate pathways and support in place. The BCF plan for Manchester aims to continue to build on the processes that were put in place during the pandemic by facilitating a reduction in long length of stay in 2022/23. Data analysed for 2021/22 suggests that over 96% of people who are discharged from hospital will be able to be discharged to the normal place of residence and is expected to continue in 2022/23.

Community discharge to assess teams including reablement teams (focusing on pathway 1) help to support the discharge process including making sure that patients receive the support that they need once released. Over 80% of people who have been discharged from hospital with a reablement package are still at home 90 days after being discharged.

On discharge from hospital patients' current care needs will be checked to make sure that they are still appropriate and if not their care needs will be reviewed and alternative support put in place. The availability of neighbourhood apartments to provide a short term opportunity for patients to be rehabilitated to a level where they are able to return home also ensures an effective discharge which minimises the likelihood of the patient needing to return to hospital.

For those patients on pathway 3, in response to the pandemic a dedicated team was established to facilitate timely discharge from hospital. This team is part of the community service offering, and is fully integrated between health and social care – with all placements being made by one dedicated 'control room'. To ensure consistency of service and availability of beds Manchester had adopted a block booking approach – creating dedicated discharge to assess beds. Evidence to date has shown that patients discharged in to one of these dedicated beds is likely to receive all assessments required on a much more timely basis, and also more likely to be discharged home than those who have gone to a 'spot purchase' bed. Manchester is currently exploring the potential to invest in expanding the block booking approach, and investing post hospital discharge programme (HDP) funding expiry. It is noted that Manchester currently does not flow HDP funding through its BCF agreement, but it remains a key part of the discharge strategy

There is also a role for integrated neighbourhood teams (INTs) who operate across 12 neighbourhoods to support the delivery of care. The teams support a joint approach to delivering care. The INTs work closely with GPs as the main point of access to care, as well as connecting with MLCO and wider health and wellbeing services. The INTs also work with other partners in the neighbourhood including Manchester City Council neighbourhood teams, local housing associations, police and VCS organisations to deliver the best possible care for service users.

Although the BCF plan for 2022/23 builds on the plan for 2021/22, it also takes into consideration 'Managing Transfers of Care – A High Impact Change Model'. The process has included reviewing Manchester's proceses against each of the changes included within the model.

1. Early discharge planning – is a clear focus of timely discharge. It includes having community staff linked to, or part of hospital discharge teams to ensure that timely discharge can happen when patients are medically fit, as well as having appropriate reablement capacity to facilitate people to undergo rehabilitation at home.
2. Monitoring and responding to system demand and capacity – Manchester has comprehensive Business Intelligence in place to monitor demand and to ensure that there is appropriate system flow.
3. Multi-discipliary working – is at the heart of the joint approach with Multi-disciplinary teams being available within each of the integrated neighbourhood teams.
4. Home first discharge to assess – by working closely with hospital discharge teams Manchester is able to ensure that support can be put in place to facilitate timely discharge planning along with the continued support including reablement to ensure that people can remain at home and avoid future hospital admittance.
5. Flexible working patterns – have included changing the contracts of reablement workers to ensure that they can be more flexible to meet the needs of patients and residents.
6. Trusted assessment – the strengths based approach to assessing needs is adopted in Manchester. This is ensures that patients have the support that they need on being discharged from hospital.
7. Engagement and Choice – Manchester Integrated Care Partnership has an engagement team which is focused on ensuring that service offerings are in line with the needs of people in the local community.
8. IImproved discharge to care homes – Even during the pandemic Manchester ensured that patients were tested for Covid prior to discharge to care homes. Enhanced designated services are in place with care homes to ensure that patients receive effective follow up and support including structured medications reviews. When complex patients are discharged to care homes they will often be reassed once in the care home to ensure that it remains the appropriate place for them if they have received effective rehabilitation.
9. Housing and related services – Manchester Care and Repair and Manchester Manchester Equipment & Adaptations Partnership (MEAP) are in place to support people to receive the support they need when being discharged from hospital. This is includes the Home from Hospital Service which is supplied as a free service by Manchester Care and Repair to residents over 60. The service offers a free handyman service, advice and support with services or welfare benefits, advice on home safety and falls prevention and a helping hand with immediate needs such as shopping and buying equipment.

Supporting unpaid carers.

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Manchester City Council and the MICP work in partnership with ‘Carers Manchester’ a network of local Carers organisations. All people with a caring responsibility are encporaged to make contact with the Carers Manchester Contact Point, to find out what support would be helpful to you, now or in the future.

Carers Manchester is a group of organisations that form the Carers Manchester Pathway, which provides support to carers in a variety of ways including telephone and face to face support, a learning and development programme

Carers Manchester is a 'first point of contact' service that offers tailored support and advice to all unpaid carers in the Manchester City Council area.

Carers Manchester is a partnership of Gaddum, LMCP Care Link, Manchester Carers Forum and Wai Yin Society, working together to provide the contact point as part of the new Carers Pathway in Manchester who can offer to support to a range of communities and age groups.

Unwaged carers in Manchester are able access the contact point for information, advice and support for a range of issues by phone or email.. Trained advice workers from all four organisations are able to answer your queries or direct you to the relevant service.

Advice workers available to offer advice and support in different languages, on a range of issues including:

- Benefits and financial advice
- Bereavement support
- Employment advice
- Your rights as a carer
- Older carers
- Support for parent carers

Manchester City Council are responsible for undertaking carers assessments. A Carers Assessment is a good way for carers to find out about the support available. Carers can have an assessment even if the person they care for doesn't receive services themselves. The Carers Assessment carers explain how caring is affecting their health and wellbeing and helps them to think about what would happen if they were unable to care for whatever reason, and make a Carer's Emergency Plan.

Support are directed to the Carers Guide to Respite should they need respite support, which includes getting the carers assessment which could lead to funding where appropriate.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, social care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

Manchester Care and Repair have in house equipment and an adaptation service which ensures that patients are able to receive the adaptions they need quickly to return home. This is used to support timely hospital discharge.

The demand for mandatory DFG has increased significantly over the last 2 years, in terms of numbers, value and also in terms of the complexity of works assessed for. Major adaptations would usually be assessed for following discharge from hospital. However, if the discharge teams can notify Manchester Equipment & Adaptations Partnership (MEAP) well in advance, this can be facilitated in advance of discharge.

90% of MEAP service users do not use or are not known to Adult Social Care for any other services. If the service can reach citizens early enough ythey can delay citizens requiring services for an average of 5 years or more. This also prevents admissions to hospital.

Discretionary DFGs are awarded as Home Repairs Assistance Grants and Emergency Heating Grants for works of a Health and Safety nature, where the disrepair can exacerbate existing health conditions. For instance, this could be to make the property wind and weather tight, deal with damp, dangerous electrics, hazards, etc. These works are undertaken by Care and Repair.

The DFG Emergency Heating Grants are just for heating, where the heating system has broken down, or is very faulty, leaving the citizen without heating and/or hot water.

MEAP work closely with Registered Housing providers to ensure that appropriate adaptions are put in place. Over 300 Assessments of Need related to registered providers were requested in August 22. Adaptions which have been undertaken include complex works such as bedroom adapations/bathroom extensions and providing ground floor facilities to help disabled people to be able to live independently in their own home and reduce the likelihood of them requiring hospital admissions.

The Manchester Equipment and Adaptions Partnership (MEAP) has occupational therapists who support disabled residents with equipment and adaptations for their home, or by rehousing them in a more suitable property.

There have been issues when people need an Occupational Therapists as there is a national shortage of therapists, but generally adult social care is able to arrange the appropriate care needs for service users including any adaptions, with social workers able to make rapid decisions to support services users to receive the adaptions that they need.

Equality and health inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

The community services operated by Manchester Local Care Organisation (MLCO) has a very diverse workforce which is able to provide support to service users in several different languages. Staff also have access to translation services including phone translation to support people for whom English is not their first language.

By linking in with local neighbourhood teams, engagement activities are undertaken to understand the needs of different communities. The assessment and support process that is in place mean that support is tailored to the needs of the individual including any of their long term health conditions.

An assessment is being taken to ensure that there is equity within service delivery. This is involving a review of the outcomes of acute activity by ethnicity. Disparity in outcomes will then help to identify whether additional support needs to be put in place to support specific groups.
Where patients are released from hospital consideration is made of patient's protected characteristics in order to make sure that the most appropriate care can be provided to service users.

An addressing inequalities action plan has been developed by the Manchester Health and Care Commissioning (MHCC) which was the partnership between the CCG and the Manchester City Council to look at how actions to reduce inequalities can be evidenced. As part of this, effort is being made to ensure that there is a systematic review of Equal Impact Assessments to ensure that all programmes fully take the needs of the protected characteristics of service users. The plan is also about ensuring that there is sufficient data to analyse the impact of services on people based on different protected characteristics.

Previously Manchester Health and Care Commissioing and now Manchester Integrated Care Partnership (MICP) has had a comprehensive Business Intelligence data which has helped to improve the equity of the service offer that is in place. This Business Intelligence data is linked to improvements in data recording including ethnic on patients care records. This data can then be used to interrogate data across all services. This data has been used to help with the risk stratification process which is able to identify those people in the community who need the greatest amount of support to help them to remain out of hospital.

Community services are now working with MFT hospital data to identify some cases where there are higher incidents of presentations from ethnic minorities such as people with respiratory conditions and those presenting with complications due to diabetes. The analysis of this data then helps to identify if there are any trends related to specific ethinicities and other protected characteristics whereby specific groups can be targeted for additional support.

Manchester Integrated Care Partnership has a strong focus on equality with a equality leads within the organisaiton. A key focus of this is now on Core20plus5 with the current addressing inequalities plan being reviewed to ensure that it is line with this approach. There remains a focus on long term conditions including respiratory and cardiovascular conditions as well as increased support for people with mental health conditions and ensuing the delivery of annual health checks against Manchester's Primary Care Quality Resillence and Recovery Scheme. These processes are helping to ensure that as a system we are more aware of the people who are most likely to need services, with support interventions being able to be put in place as part of multi-disciplinary teams at an Integrated Neighbourhood Team level.

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Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans,

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to
- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.
Data for capacity and demand should be provided on a month by month basis for the third and fourth

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, cont
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green

england.bettercarefundteam@nhs.net

(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital
We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and
Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital.
You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest level of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)

- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

HM Government NHS

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Manchester
Completed by:	David Regan
E-mail:	david.regan@manchester.gov.uk
Contact number:	07770981699
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off
If no, please indicate when the report is expected to be signed off:	Wed 02/11/2022 << Please enter using the format, DD/MM/YYYY

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director of Public Health
Name:	David Regan

How could this template be improved?	

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet]

[^^ Link back to top]

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Manchester

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	101	131	78	122	162	223
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	209	210	165	238	190	196
2: Step down beds (D2A pathway 2)	60	60	60	60	60	60
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	61	61	61	61	61	61

Any assumptions made:	0 - These figures relate to the support offered by voluntary and community sector related to the Home from Hospital service to support people on discharge. Full figures for voluntary sector activity are not available as the voluntary grants are based on supporting their existing activity not the contracting for specific numbers. Some people will get support from the voluntary sector on discharge without receiving home from hospital, but

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Demand - Discharge Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector	50	60	39	60	80	100
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	209	210	165	238	190	196
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2: Step down beds (D2A pathway 2)	60	60	60	60	60	60
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	3: Discharge from hospital (with reablement) to long term residential care (Discharge to	61	61	61	61	61	61

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Manchester

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	1. VCSE - Not collectable as the contracts are not for specific numbers. This is an estimate based on total hospital discharge and demand for home from hospital services. Demand and capacity have been set at the same level because it just relates to referrals expected from home from home as overall demand figures are not available. 2. Crisis response information - MCR (MLCO): These are an estimate of average monthly

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	60	60	60	120	120	120
Urgent community response	440	440	440	440	440	440
Reablement/support someone to remain at home	71	73	60	80	70	84
Bed based intermediate care (Step up)	3	3	3	3	3	3

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Manchester

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Intermediate care figures based on 100% capacity as max occupancy levels. Residential Care Capacity only reported for P3 D2A block booked beds

Capacity - Hospital Discharge							
Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.	51	71	39	62	82	123
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	50	50	50	70	70	70
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	225	225	210	240	240	250
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	76	76	76	76	76	76
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	30	30	30	30	30	30

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: Manchester

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	VCS data relates only to two providers delivering Home from Hospital services across the city (data totals have been combined for both organisations) Intermedite care capacity is combined and not ringfenced to step-up/down.

Capacity - Community							
Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	60	60	60	120	120	120
Urgent Community Response	Monthly capacity. Number of new clients.	30	30	30	30	30	30
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	75	75	70	80	80	89
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	n/a	n/a	n/a	n/a	n/a	n/a

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: Manchester

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	**£122,648,943**
BCF related spend	£31,749,311
Comments if applicable	

BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input a planned rate for these admissions, per hundred thousand people by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but we are only relying on the rate per 100,000 population instead of the indicator value and also in the interest of timeliness, relying on the latest available population data.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the quarter.
- The denominator is the latest local population based on Census mid year population estimates for the HWB which as of May 2022 is 2020/21 (we are aware that this doesn't match the numerator timeframe)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX.
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

			Checklist
			Complete:
Health and Wellbeing Board:	Manchester		Yes
Completed by:	David Regan		Yes
E-mail:	david.regan@manchester.gov.uk		Yes
Contact number:	07770981699		Yes
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No		Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 02/11/2022	<< Please enter using the format, DD/MM/YYYY	Yes
If using a delegated authority, please state who is signing off the BCF plan:	David Regan		

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director of Public Health		Yes
Name:	David Regan		Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Bev	Craig	cllr.bev.craig@manchester.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	David	Regan	david.regan@manchester.gov.uk	Yes
	Additional ICB(s) contacts if relevant	n/a	n/a	n/a	communicationsmanchester@nhs.net	Yes
	Local Authority Chief Executive		Joanne	Roney	joanne.roney@manchester.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Bernie	Enright	bernadette.enright@manchester.gov.uk	Yes
	Better Care Fund Lead Official	Mr	Andrew	Kennedy	andrew.kennedy1@nhs.net	Yes
	LA Section 151 Officer		Carol	Culley	carol.culley@manchester.gov.uk	Yes
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->						Yes
						Yes
						Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Manchester

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£8,482,757	£8,482,757	£0
Minimum NHS Contribution	£49,939,875	£49,939,875	£0
iBCF	£31,749,311	£31,749,311	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£32,437,000	£32,437,000	£0
Total	**£122,608,943**	**£122,608,943**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£14,191,497
Planned spend	£31,868,592

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£18,071,284
Planned spend	£19,125,914

Scheme Types

Assistive Technologies and Equipment	£1,497,303	(1.2%)
Care Act Implementation Related Duties	£2,116,106	(1.7%)
Carers Services	£0	(0.0%)
Community Based Schemes	£55,223,671	(45.0%)
DFG Related Schemes	£8,482,757	(6.9%)
Enablers for Integration	£29,083,261	(23.7%)
High Impact Change Model for Managing Transfer of	£365,000	(0.3%)
Home Care or Domiciliary Care	£3,597,835	(2.9%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£14,676,429	(12.0%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£1,986,273	(1.6%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£5,580,309	(4.6%)
Other	£0	(0.0%)
Total	**£122,608,944**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)				

Discharge to normal place of residence

2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan

Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.0%	92.5%	92.7%	92.3%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	1,402	1,581

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	83.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Manchester

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Manchester	£8,482,757
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£8,482,757**

iBCF Contribution	Contribution
Manchester	£31,749,311
Total iBCF Contribution	**£31,749,311**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

Checklist
Complete:

Yes

Yes

NHS Minimum Contribution	Contribution
NHS Greater Manchester ICB	£49,939,875
Total NHS Minimum Contribution	**£49,939,875**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Greater Manchester ICB	£32,437,000	Additional ICB Contribution
Total Additional NHS Contribution	**£32,437,000**	
Total NHS Contribution	**£82,376,875**	

	2021-22
Total BCF Pooled Budget	**£122,608,943**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Yes

Yes

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Manchester

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£8,482,757	£8,482,757	£0
Minimum NHS Contribution	£49,939,875	£49,939,875	£0
iBCF	£31,749,311	£31,749,311	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£32,437,000	£32,437,000	£0
Total	**£122,608,943**	**£122,608,943**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£14,191,497	£31,868,592	£0
Adult Social Care services spend from the minimum ICB allocations	£18,071,284	£19,125,914	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	DFG	The DFG is a means-tested capital grant to help meet the costs of	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£8,482,757	Existing
2	Improved Better Care Fund	Address pressures on Adult Social Care budgets - It is well	Enablers for Integration	Integrated models of provision		Social Care		LA			Local Authority	iBCF	£29,083,261	Existing
3	Winter Pressures Grant	Additional social care posts to provide social care capacity for	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£2,196,050	Existing
4	Winter Pressures Grant	Additional funding to support increase in home care packages	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	iBCF	£105,000	Existing
5	Winter Pressures Grant	Additional social care posts to provide social care capacity for	High Impact Change Model for Managing Transfer	Early Discharge Planning		Social Care		LA			Local Authority	iBCF	£365,000	Existing
6	Care Act	Funding to cover changes in the legislation relating to eligibility,	Care Act Implementation Related Duties	Other	Safeguarding, financial assessments,	Social Care		LA			Local Authority	Minimum NHS Contribution	£2,116,106	Existing
7	Social Care	Protection of ASC: variety of spend such as social workers,	Residential Placements	Care home		Social Care		LA			Local Authority	Minimum NHS Contribution	£3,434,069	Existing

8	Social Care	Protection of ASC: variety of spend such as social workers,	Residential Placements	Nursing home		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,564,825	Existing
9	Social Care	Protection of ASC: variety of spend such as social workers,	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum NHS Contribution	£125,692	Existing
10	Social Care	Protection of ASC: variety of spend such as social workers,	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Local Authority	Minimum NHS Contribution	£316,980	Existing
11	Social Care	Protection of ASC: variety of spend such as social workers,	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,986,273	Existing
12	Social Care	Protection of ASC: variety of spend such as social workers,	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	Minimum NHS Contribution	£2,315,069	Existing
13	Social Care	Protection of ASC: variety of spend such as social workers,	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	Minimum NHS Contribution	£2,586,273	Existing
14	Social Care	Protection of ASC: variety of spend such as social workers,	Residential Placements	Other	Supported Accom	Social Care		LA			Local Authority	Minimum NHS Contribution	£581,415	Existing
15	Social Care DTOC	Funding will be used to support existing services or transformation	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Local Authority	Minimum NHS Contribution	£2,138,020	Existing
16	Social Care - Extra Care	Support for the extension of extra care, to enable people to	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	Minimum NHS Contribution	£906,563	Existing
17	Equipment and adaptation	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Other	Social Care	Social Care		CCG			Local Authority	Minimum NHS Contribution	£1,054,630	Existing
18	Adult Community Services	Community Based Schemes	Community Based Schemes	Other	Community Health	Community Health		CCG			NHS Acute Provider	Minimum NHS Contribution	£30,813,961	Existing
19	Integrated Community Teams	Integrated Care Planning and Navigation	Integrated Care Planning and Navigation	Other	Community Health	Community Health		CCG			NHS Acute Provider	Additional NHS Contribution	£6,077,655	Existing
20	Intermediate Care	Intermediate Care Services	Integrated Care Planning and Navigation	Other	Community Health	Community Health		CCG			NHS Acute Provider	Additional NHS Contribution	£1,949,635	Existing
21	Reablement	Community Based Schemes	Community Based Schemes	Other	Community Health	Community Health		CCG			NHS Acute Provider	Additional NHS Contribution	£12,596,272	Existing
22	Adult Community Services	Community Based Schemes	Community Based Schemes	Other	Community Health	Community Health		CCG			NHS Acute Provider	Additional NHS Contribution	£11,813,438	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.

11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Manchester

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition	Checklist Complete:
Rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions (per 100,000 population)	Rate per 100,000	251.2	266.3	295.1	247.1	Rates are likely to be similar to in 2021/22 as there has been an increased level of demand for services of at least 30% for hospital servies. Although effective admission avoidance processes are in place, the increased numbers of people with complex needs is likely to mean that	A key part of the plan includes having in place effective crisis response in place to prevent admissions. The plan involves working with North West Ambulance Service (NWAS) to have crisis responses that minimise the number of people who need to enter hospital	Yes
	Numerator	1,396	1,480	1,640	1,373			
	Denominator	555,700	555,700	555,700	555,700			
(See Guidance)		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan			
	Indicator value	260	270	300	260			Yes

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	93.0%	93.8%	93.4%	93.9%	The percentage of people discharged to their normal place of residence was very high in 2021/22. MFT are reporting that there will be a large increase in admissions approximately 30% in 2022/23 and therefore there is expected to be an increase in discharges. This increase in discharges could cause a pressure on the system which is likely to mean that the	Within Manchester there a specialist discharge lead and teams working with MFT to ensure appropriate discharge and that the most appropriate pathway of support is in place to support all residents. Significant processes are in place to ensure that hospital discharges to usual place of residence are as high as possible. A key to this approach is the availability of	Yes
	Numerator	10,496	10,997	11,157	10,249			
	Denominator	11,284	11,720	11,944	10,916			
(SUS data - available on the Better Care Exchange)		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan			
	Quarter (%)	93.0%	92.5%	92.7%	92.3%			
	Numerator	10,700	11,100	11,400	12,000			Yes
	Denominator	11,500	12,000	12,300	13,000			Yes

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	1402.3	1144.7	1459.5	1581.2	Demand modelling completed for care budgets, reset to 21.22 outturn plus known HDP transfers. There is likely to be increased demand for residential care admissions due the the number and complexity of people being	Through additional extra care units, stregths based assessment and joint discharge to assess bed model pilot. It is hoped that with the increase in extra care and other supported accommodation that will be available that there can be a	Yes
	Numerator	723	600	765	842			Yes
	Denominator	51,557	52,417	52,417	53,249			

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	63.5%	85.0%	78.7%	83.0%	The main rationale behind the ambition is the effective implementation of the discharge pathway 0-3. Reablement is a main focus of this where we have consistently achieved over 85% but the official figure tends to be lower as it also	Provision is in place within the reablement provision to support all discharges from hospital for all people who would benefit from the service. MICP believes that this figure would be over 90% if it related to reablement	Yes
	Numerator	238	850	758	799			Yes
	Denominator	375	1,000	963	963			Yes

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Manchester

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes			
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes			
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes			
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Implementing the BCF policy objectives	PR6	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes			

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes			
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes			

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