



Health Scrutiny Committee

Date: Wednesday, 19 July 2023

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

Access to the Council Antechamber

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

Filming and broadcast of the meeting

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Membership of the Health Scrutiny Committee

Councillors - Green (Chair), Bayunu, Curley, Hilal, Karney, Muse, Reeves, Riasat, Stogia and Wilson

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. [2.00-2.05] Minutes

5 - 10

To approve as a correct record the minutes of the meeting held on 21 June 2023.

5. [2.05-2.55] Implementing Ockenden: Update report

11 - 30

Report of Saint Mary's Managed Clinical Service, Manchester University NHS Foundation Trust

Dame Donna Ockenden was appointed to conduct an independent review of maternity services at Shrewsbury and Telford NHS Trust. A report highlighting the initial findings was published in December 2020 , with the second and final report being published in March 2022 . A report detailing Saint Mary's MCS progress against delivering the immediate and essential actions to both reports was presented at the Health Scrutiny Committee on 22 June 22. This report provides a further update on our progress against the remaining actions.

In addition, as requested by the Health Scrutiny Committee in June 2022, Saint Mary's MCS have provided actions being taken to address inequalities for our most vulnerable women from Black and Minority Ethnic (BAME) backgrounds.

This report also provides a summary of actions taken by the Saint Mary's MCS in response to a 29A warning notice issued by the CQC, and outlines improvements made in key metrics.

6. **[2.55-3.40] Manchester ACEs and Trauma Informed Practice Update** 31 - 76
Report of the Deputy Director of Public Health
- This report is an update to a report considered at the meeting of the committee on 7 September 2022 on Adverse Childhood Experiences (ACEs) and Trauma Informed Practice.
7. **[3.40-3.50] Draft Terms of Reference and Work Programme for the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group** 77 - 84
Report of the Governance and Scrutiny Support Unit
- This report sets out the proposed terms of reference and work programme for the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.
8. **[3.50-4.00] Overview Report** 85 - 98
Report of the Governance and Scrutiny Support Unit
- The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.

Information about the Committee

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

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

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. To help facilitate this, the Council encourages anyone who wishes to speak at the meeting to contact the Committee Officer in advance of the meeting by telephone or email, who will then pass on your request to the Chair for consideration. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

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Smoking is not allowed in Council buildings.

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Further Information

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This agenda was issued on **Tuesday, 11 July 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 21 June 2023

Present:

Councillor Green – in the Chair
Councillors Curley, Karney, Muse, Riasat and Wilson

Apologies: Councillors Bayunu, Hilal and Reeves

HSC/23/26 Urgent Business – The Recent Heatwave

The Chair introduced the item of urgent business by inviting the Director of Public Health to update the Members on the local health system response to the recent heatwave.

The Director of Public Health informed the Committee that a new Heat-Health Alerts (HHAs) system had been introduced by UK Health Security Agency (UKHSA) and the Met Office.

On the 7 June, the UK Health Security Agency and the Met Office had issued the first heat-health alert of the year, noting that as of Tuesday 13 June, the HHAs issued by UKHSA had been extended until 9am, Monday 19 June. All regions of England had been placed under a yellow alert for this period.

He advised that a yellow alert meant that any impacts included the increased use of health care services by vulnerable populations and an increase in risk to health for individuals over the age of 65 or those with pre-existing health conditions, including respiratory and cardiovascular diseases. There was also the potential for indoor environments, including health and care settings, to become very warm.

Information and relevant updates on Heat-Health Alerts can be viewed on the following website:

<https://www.gov.uk/government/news/heat-health-alerts-issued-by-ukhsa-and-the-met-office>

The Director of Public Health advised that all front-line services could register to receive these alerts, adding that an audit of all Manchester GP practices who had registered would be undertaken. He advised that timely information and advice would be shared locally with partners via trusted sources. He commented that planning across the system was underway for the response in the event of a red alert being issued and a briefing note on this would be shared with all elected Members. He added that ward specific analysis as to the impacts of extreme weather was being undertaken to inform all future planning.

The Director of Public Health stated that data on the excess deaths resulting from extreme weather for 2020 indicated that there had been two and half thousand excess deaths in that year. He added that the data for 2022 was not yet available, however it was anticipated that this figure would be higher. He commented that

anecdotal evidence indicated that there had been an increase in presentations at primary and secondary care settings during the recent heatwave. He concluded that the key public health messages, such as drinking water regularly, closing curtains to keep the direct heat out and using sunscreen remained, in addition to other messaging around associated risks such as the dangers related to open cold-water swimming.

Members of the Committee reiterated the importance of the use of sunscreen and commented that residents should shop around for this product as the prices charged by different retailers for this product could vary significantly.

Decision

To note the oral update.

HSC/23/27 Minutes

Decision

To approve the minutes of the meeting held on 24 May 2023.

HSC/23/28 Adult Social Care Community Capacity Market Development and Commissioning

The Committee considered the report of the Executive Director of Adult Social Services that provided a further update on the Better Outcomes Better Lives (BOBL) Transformation Programme and an update on Adult Social Care Commissioning, including the latest refresh of the Manchester Local Care Organisation (MLCO) Commissioning Plan.

Key points and themes in the report included:

- Providing an introduction and update in relation to BOBL across a range of activities;
- A description of the central aims of the MLCO Commissioning Plan;
- Consideration of the other commissioning priorities and developments 23/24; and
- Conclusions.

The Committee also received a video presentation submitted by Darren Knight, Chief Executive, George House Trust that provided testimony of working with commissioners.

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

- Welcoming the format of the report and the use of plain English;
- Recognising the benefits of integrated health and social care teams and services;
- What planning was being given to respond to future demands on services, noting the ageing population;
- How would the work described address health inequalities;

- Could a citizen or a professional acting on their behalf request a reassessment of their individual care needs in the event of a change in their circumstances; and
- Noting the challenge presented by staff recruitment and retention across the care sector and what was being done to address this.

The Assistant Director, Commissioning stated that consideration was given to planning for future demands and demographic trends. She commented that commissioners were alert to the issue of residents with complex long-term conditions and disabilities; and those residents due to transition into Adult Social Care (post 18). She stated that using evidence-based analysis this then informed all considerations and future planning, noting that wider issues and solutions, such as appropriate housing adaptations were considered. She drew Member's attention to the Extra Care Housing report that had been considered by the Committee at their meeting of 22 June 2022 as one example of this approach and planning. She commented that commissioning was responsive to gaps in provision and referenced how feedback from frontline Social Workers was captured and informed this decision-making process. The Director of Market Development referred to the activities to engage with providers to identify pressures and understand capacity across the sector. He referred to the Innovation Labs that had been established to facilitate and support this ongoing dialogue, adding that the citizen's voice was evident in these conversations with providers.

The Director of Market Development further commented that the pandemic had exacerbated staffing issues that had already existed across the external care market. He described that improved relationships and dialogue with the external care sector had been established. He advised that the Council had supported with the hosting of job fairs to support the sector and many employers were now paying the Living Wage, in addition test and learn pilots had been delivered to support and develop staff, commenting that this would contribute to staff retention. He commented upon the improved relationship and understanding that now existed between commissioners and the external care provider market.

The Assistant Director, Commissioning advised that work had been done to consider inequalities mapping and to understanding the needs of various communities, and they were working with the newly appointed Joint Director, Equality, Inclusion and Engagement to consider how this area of work could be strengthened, particularly in relation to hidden need. She added that Equality Impact Assessments would inform all decision making. She further commented that coproduction and lived experience were central to commissioning and there was a commitment to this, adding that recruitment to a post to specifically support this work was currently underway and further information on this activity would be provided in future update reports to the Committee. The Director of Public Health stated that a comprehensive update report on the Making Manchester Fairer Plan was due to be considered by the Committee at their October meeting.

In response to a question from a Member, the Assistant Director, Commissioning stated that BOBL was predicated on strength-based conversations with citizens to understand what was important to the person to support their independence and wellbeing so as to then deliver the appropriate support for that individual. She advised that there was a duty under the Care Act to undertake a review of a package

of care with a person, adding that individuals or professionals could request a care assessment again if their needs changed. She commented that the learning of the Unpaid Carer Survey model would be developed and rolled out more widely with a view to assessing citizen satisfaction. She further referred to the Early Help Offer in North Manchester that could act as a triage service for citizens to identify means of immediate, low-level support that could be accessed pending a full formal assessment.

The Chief Executive of the Manchester Local Care Organisation described the positive outcomes of the integration of health and social care across Manchester. She advised that BOBL provide a sound foundation on which to engage with NHS partners to create and deliver services that responded to citizens needs and utilise all available resources.

Decision

To note the report.

HSC/23/29 Manchester Safeguarding Partnership Annual Report 2021-22

The Committee considered the report of Manchester Safeguarding Partnership Adults Executive Chair, that provided a summary update on the Manchester Safeguarding Partnership (MSP) Annual report. The Annual report was appended to the report.

Key points and themes in the report included:

- An introduction, describing that the MSP was a partnership of adult and children's safeguarding;
- Describing the Partnership arrangements;
- Communication and engagement;
- Safeguarding effectiveness and scrutiny;
- Safeguarding practice reviews;
- Learning and development;
- Complex safeguarding;
- Neglect; and
- Homelessness.

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

- Welcoming the openness and honesty within the report;
- Recognising the significant impact the pandemic had on safeguarding;
- Enquiring if the information and data that described the outcomes of this work would be included in the 2022/23 report;
- Recognising the importance of coproduction; and
- How did the work of safeguarding in Manchester compare to that in the other nine authorities across Greater Manchester.

The Assistant Director, Adult Social Care advised that the production of the 2022/23 report had been delayed for a number of reasons but was currently being finalised

and would be presented to the Committee at an appropriate time. He advised that the 2022/23 report would discuss the outcomes, impact and evaluation of this work for Manchester residents. He described that the 2022/23 report would also include the new Strategic Plan that was evidence based and responded to the safeguarding issues that had arisen and been acutely intensified as a result of the pandemic. He further informed the Committee that the Strategic Plan also captured and articulated the citizen voice and experience. He commented that the report would also update the Committee on the improved and strengthened governance arrangements that had developed following an independent review.

The Assistant Director, Adult Social Care commented that there were many common safeguarding themes that existed across all the Greater Manchester authorities, however Manchester had its own unique, bespoke and complex challenges. He said that the new governance arrangements acknowledged and responded to this complexity. He added that Manchester was a member of the Northwest Safeguarding Alliance that provided a forum to share learning and experience.

In response to a specific question about the relationship between the NHS Greater Manchester Integrated Care System and safeguarding, the Director of Public Health advised that this would be captured in the report that was scheduled for consideration at the September meeting.

Decision

To note the report.

HSC/23/30 Overview Report

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

The Chair commented that discussions were ongoing to agree the scope and remit of the Mental Health Subgroup that was recommended at the May meeting. She advised that if Members were interested in joining the Subgroup they should contact both herself and the Scrutiny Support Officer.

Decision

The Committee notes the report and agrees the work programme.

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Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 19 July 2023

Subject:

1. The Ockenden Report - Manchester University NHS Foundation Trust's Response
2. Actions being taken to address inequalities for women from Black and Minority Ethnic (BAME) backgrounds
3. Actions taken in response to a CQC 29A Warning notice

Report of: Saint Mary's Managed Clinical Service (MCS), Manchester University NHS Foundation Trust

Summary

Dame Donna Ockenden was appointed to conduct an independent review of maternity services at Shrewsbury and Telford NHS Trust. A report highlighting the initial findings was published in December 2020¹, with the second and final report being published in March 2022². A report detailing Saint Mary's MCS progress against delivering the immediate and essential actions to both reports was presented at the Health Scrutiny Committee on 22 June 22. This report provides a further update on our progress against the remaining actions.

In addition, as requested by the Health Scrutiny Committee in June 2022, Saint Mary's MCS have provided actions being taken to address inequalities for our most vulnerable women from Black and Minority Ethnic (BAME) backgrounds.

This report also provides a summary of actions taken by the Saint Mary's MCS in response to a 29A warning notice issued by the CQC, and outlines improvements made in key metrics.

Recommendations

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

Wards Affected: All

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

None

¹ <https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

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

It is recognised within the Ockenden report that women from black and ethnic minority backgrounds, and women living in areas with higher rates of social deprivation, are at increased risk of maternal and neonatal morbidity and mortality. Implementation of the recommendations of the Ockenden report, as described in this paper, will improve access to services for these women, reduce variations in care and improve outcomes for women.

See **Section 4** for Saint Mary's Managed Clinical Services (SM MCS) actions to date to support the maternal health of women and families from Black African, Asian, and other ethnic minority groups

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	N/A
A highly skilled city: world class and home grown talent sustaining the city's economic success	N/A
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	N/A
A liveable and low carbon city: a destination of choice to live, visit, work	N/A
A connected city: world class infrastructure and connectivity to drive growth	N/A

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

- Equal Opportunities Policy – N/A
- Risk Management – N/A
- Legal Considerations – N/A

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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Background documents (available for public inspection):

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

1. Emerging Findings and Recommendations from the Independent Review of MATERNITY SERVICES at the Shrewsbury and Telford Hospital NHS Trust. December 2020
2. Independent Maternity Review. (2022). Ockenden report – Final: Findings, conclusions, and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (HC 1219). Crown. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

1. Introduction

- 1.1. As reported to Health Scrutiny committee in June 2022, the 'Ockenden report' is based on the themes identified within the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust.
- 1.2. There were 7 immediate and essential actions (IEAs) within the initial report (2020) and a further 15 IEAs in the final report (2022).
- 1.3. Saint Mary's Managed Clinical Service (SM MCS), as part of Manchester University NHS Foundation Trust (MFT), manages the maternity services on the North Manchester General Hospital, Wythenshawe and Oxford Road Campus sites.
- 1.4. As previously reported to Health Scrutiny Committee, SM MCS remain fully compliant with the 7 IEAs from the initial Ockenden report. In this paper, SM MCS describe their response to the final Ockenden Report and actions underway to achieve full compliance.

2. Manchester Foundation Trust response to emerging findings from the first Ockenden report

- 2.1. A report from Saint Mary's MCS to the Health and Security Committee on 23rd June 2022 confirmed full compliance with the initial Ockenden report. This has been maintained and is monitored bi-monthly at the MFT Group Quality and Performance Scrutiny Committee and is submitted quarterly to the Greater Manchester and Eastern Cheshire Local Maternity and Neonatal System (GMEC LMNS) informing them of maintained compliance with all 7 IEAs of the first Ockenden Report.
- 2.2. Since reporting to Health Scrutiny Committee, and as part of the national NHS England review to provide assurance with Ockenden IEA's, Saint Mary's MCS welcomed the Regional Midwifery Team to review progress against the first Ockenden IEAs in August 2022. This included an onsite visit to all 3 maternity sites and submission of evidence of compliance against specific metrics within the 7 IEAs (provided to the regional team 1 week prior).
- 2.3. Confirmation was received that the regional team were assured of continued compliance with initial Ockenden IEA's and provided additional feedback for consideration, relating to areas of good practice. See Table 1 for clarity of recommendations and compliance.

Ockenden Insight Visit Recommendation / Point for consideration	RAG
The Trust should undertake reciprocal arrangements with other specialist trusts to ensure PMRT reviews are subject to external scrutiny.	Complete (Sept 2022)
The Trust should promote the role of the Safety Champion to ensure staff at all levels were aware of who they are and their function.	Complete (Sept 2022)
The Trust should continue to mirror the best practice from one site across all three to ensure a consistent and high-quality care is across the sites.	Complete (Sept 2022)
The Trust should adopt the birth talk service across the three sites.	Complete (Sept 2022)
The Trust should continue to harmonise guidance across the three sites as a priority.	Complete (Feb 2023)
The Trust must as a matter of urgency return resuscitation equipment to theatres at NM to prevent the separation of mother and baby at birth.	Complete (Aug 2023)
The transitional care model offered at the Wythenshawe site should be replicated across the three sites without delay.	In progress estimated completion by December 2023

Table 1 Current compliance of Saint Mary's MCS Ockenden Insight Visit recommendations

3. Manchester Foundation Trust response to findings from the final Ockenden report

- 3.1. As reported to Health Scrutiny Committee in June 2022, the 15 IEAs in the final Ockenden report were made up of 97 separate elements, of which SM MCS were fully compliant with 57 elements.
- 3.2. SM MCS has made good progress and at the end of June 2023 there are five outstanding provider led actions (three within Clinical Scientific Services (CSS), one within SM MCS and one at Group level) to achieve full compliance with the Final Ockenden report³. There remain 10 actions to be completed by external bodies and are detailed within the full action plan provided in Appendix 1.

³ https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf

3.3. Of the five outstanding provider led actions:

- Two are related to build within Hive (the Electronic Patient Record introduced to MFT in Sep 2022) which have been delayed due to clinically significant Hive build taking priority. Neither action impact on patient safety and system builds remain ongoing (expected to complete by the end of July 2023).
- Two are related to additional obstetric anaesthetic staffing
- One action which relates to involvement of a maternity service user representative within the complaints process is being led at Group level and has been scheduled into the Corporate Patient Experience Team's 2023/24 workstreams/objectives.

3.4. Progress against the action plan is reported at divisional level and within the maternity unit to the Saint Mary's Quality and Safety Committee; to the MFT Group Quality and Safety Committee and to the Board of Directors. The Board Safety Champions (including a Non-Executive Director) meet regularly with the Medical Director and Director of Midwifery and Nursing, as does the ICB Deputy Director of Quality and Patient Safety Specialist. Assurance is also provided to the Local Maternity System, to the Regional Maternity Team and returns are submitted nationally.

4. **Support for the maternal health of women and families from Black African, Asian and other ethnic minority groups**

- 4.1. SM MCS cares for over 16,500 women each year across the three maternity units. Approximately 35% of women are from Black, Asian or minority ethnic backgrounds and almost 50% of births are to parents not born within the United Kingdom. Manchester has the second highest proportion of deprived neighbourhoods in England (Manchester City Council, 2023⁴).
- 4.2. Following publication of confidential perinatal (Draper, 2022⁵) and maternal (Knight, 2022⁶) enquiry reports, research publications and national surveys (such as that from the Five X More Campaign) it was important for the Saint Mary's MCS (SM MCS) to initiate and support actions to minimise the risk to

⁴ Manchester City Council, 2019. Indices of Deprivation (<https://manchester.gov.uk>)

⁵ Draper ES, Gallimore ID, Smith LK, Matthews RJ, Fenton AC, Kurinczuk JJ, Smith PW, Manktelow BN, on behalf of the MBRRACE-UK Collaboration. MBRRACE-UK Perinatal Mortality Surveillance Report, UK Perinatal Deaths for Births from January to December 2020. Leicester: The Infant Mortality and Morbidity Studies, Department of Health Sciences, University of Leicester. 2022

⁶ Knight M, Bunch K, Patel R, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2022.

women from more at-risk groups. Saint Mary's MCS has worked closely with the Local Maternity and Neonatal System (LMNS) and Maternity Voices Partnerships (MVPs) to prioritise and implement several workstreams.

Reaching out and reassuring women with tailored communications and advice.

- 4.3. SM MCS has worked closely with other maternity service providers in the Northwest to co-produce a suite of ten key messages, in several different languages to promote safe maternity care. These messages include information on reduced fetal movements, mental health, Vitamin D deficiency and pre-eclampsia.
- 4.4. SM MCS has worked with the Maternity Voices Partnerships (MVPs) and voluntary sector organisations to engage with and signpost women to these resources which are also available digitally from a QR code that each midwife carries on a fob (Northwest safety information). To ensure that digitally isolated women have equal access to these important key messages, a booklet is available in 11 translated languages, for women to take away when attending clinics and other midwifery appointments.
- 4.5. Since black women are more likely to be Vitamin D deficient, they are given tailored advice about this. Discussion of Vitamin D supplementation is included when women are first seen in pregnancy and timely prescribing of higher dose Vitamin D for those women at increased risk from deficiency has been embedded into our pathways. The SM MCS Public Health Matron has also worked very closely with midwifery staff and voluntary sector organisations in areas with high ethnic diversity to increase uptake of the Healthy Start Scheme, to reduce food insecurity and improve access to healthy nutrition.
- 4.6. During the Covid-19 pandemic SM MCS also ensured that women, particularly women such as black women, those who were known to be at greater risk of poorer outcomes, were given access to evidence-based information about the Covid-19 vaccine (in collaboration with voluntary sector organisations), and drop-in vaccine clinics were held on-site to increase vaccine uptake successfully. Drop-in vaccination clinics continue to be supported for Covid-19, Pertussis and Flu.

Raising the awareness of staff about the disparities in outcomes

- 4.7. Bespoke information about the increased risk of poorer outcomes for women from ethnic minority backgrounds has been developed for staff to ensure that all health care staff are aware of the differences for some groups. Clinicians have been encouraged to have a lower threshold to review and consider admission and multidisciplinary escalation in women from Black, Asian, and ethnic minority backgrounds who call or present to maternity triage.
- 4.8. We have also recently appointed two midwives to work across the MCS as Cultural Safety and ethnic minority engagement midwives. These midwives

will work closely with our MVPs, voluntary sector organisations and communities to ensure services listen to women and families from Black, Asian and ethnic minority groups.

Research and being responsive to data

- 4.9. Over the previous two years SM MCS clinical and academic staff have undertaken several pieces of work to ensure local data are captured and analysed to facilitate provision of care that is responsive to these findings. One of the consultant obstetricians has led on work analysing a large data set of birth outcomes and found differences in the rates of fetal growth restriction in certain geographical areas with high ethnic diversity. This work will ensure targeted clinical care is focused on trying to reduce these rates or to detect growth restricted fetuses and provide appropriate intervention.
- 4.10. A consultant midwife has led work on understanding the maternity experiences of women living in areas of high diversity and a multidisciplinary team undertook work investigating high level incidents in relation to ethnicity (Farrant et al, 2022⁷). Future work in all of these areas is planned as well as working with the Manchester Foundation Trust (MFT) health inequalities group.
- 4.11. MFT has recently introduced a Trust-wide electronic patient record system (Epic/ Hive) which will provide the opportunity to interrogate data at a more granular level. This work is evolving but will allow investigation of inequalities in processes rather than outcomes (for example are there differences in waiting times on triage for Black women). SM MCS also ensures that ethnicity is now recorded on any high-level incidents, complaints, and audit data so that any trends or disparities can be examined.

Working with the Local Maternity and Neonatal System (LMNS) and Maternity Voices Partnerships

- 4.12. There has been close working between the SM MCS and the Greater Manchester and Eastern Cheshire (GMEC) LMNS to support development of the Equity and Equality Action Plan which was published last year (GMEC E and E Action Plan) . This comprehensive and ambitious co-produced 5-year plan contains 36 interventions against 36 national or local priorities and there are 363 individual actions.
- 4.13. Several areas have been prioritised in anticipation that they will have a greater impact on improving equity and reduce inequality for women in Manchester. SM MCS will work closely with the LMNS to enact these high impact interventions which include preconception care, early access to antenatal

⁷ Farrant K., Faluyi D., Watson K., Vause S., Birds H., Rowbotham S., Heazell AEP., 2022. Role of ethnicity in high-level obstetric incidents: a review of cases from a large UK NHS maternity unit. *BMJ OPEN Quality*, 11:e.

services, personalised care and support planning, addressing raised Body Mass Index and increasing the number of smokefree pregnancies.

- 4.14. A further intervention is ensuring that 12 Black and Asian maternity equity standards are fulfilled, and this will be a priority for SM MCS.
- 4.15. We have three vibrant and well-led MVPs that will support us with this vitally important and ongoing work. The absolute priority for SM MCS is to ensure we remain focused on providing safe, equitable and personalised care that is responsive, culturally sensitive and meets the needs of our diverse communities and continues to reduce inequalities.

5. Response to CQC 29A Warning Letter

- 5.1. A CQC inspection of Saint Mary's MCS Maternity Services took place between the 7th and 9th March 2023.
- 5.2. MFT were notified of a CQC Warning Notice issued under Section 29A of the Health and Social Care Act on the 24th of March 2023. The three main concerns were:
 - The service did not operate effective and timely triage process to protect women, birthing people and newborns.
 - The service did not facilitate timely access to appropriate treatment and birth settings for women, birthing people and newborns.
 - The service did not always have enough sufficiently skilled and experienced midwifery and medical staff to appropriately assess and care for women and birthing people and mitigate risks in a timely manner.
- 5.3. MFT were given a 12-week warning notice period to demonstrate compliance and improvement. A compliance action plan was developed covering three areas: maternity triage; no delays (specifically in the induction pathway and caesarean section pathway) and, relation to 'safer staffing'.
- 5.4. Three working groups were set up, with an overarching Operational Delivery Group, reporting to a Midwifery Oversight Group chaired by the Group Chief Nurse and Deputy Chief Executive.
- 5.5. Submissions to the CQC in relation to the compliance plan have been submitted on:
 - 27th April 2023
 - 15th May 2023
 - 26th May 2023 (Interim Report)
 - 23rd June 2023 (Final Report)
- 5.6. The submission on the 23rd of June 2023, prepared by SM MCS comprised a comprehensive end-point report detailing progress and completion of the compliance action plan.

Progress on Success Measures

5.7. Triage

- Continuous and sustained improvement has been seen in:
 - Response to telephone calls to triage
 - Allocation to a category of urgency (denoted by a colour) using the Birmingham Symptom Specific Obstetric Triage System (BSOTS)
- Improvement has been seen in 'time to initial midwifery triage' and 'time to medical review', but work is ongoing to achieve further improvements. Actions which have been taken in response include :
 - Reviewed and increased midwifery staffing on all 3 maternity triage units
 - Increased senior medical presence within maternity triage on all sites
 - Escalation policy reinforced with midwifery and medical staff
 - Increased visibility of categorisation and waiting times on the Patient Status at a Glance (PSAG) board
 - Improved oversight of those awaiting review by senior midwives and consultant
- Invited external review visits to Maternity Triage by Local Maternity and Neonatal System have been completed across the 3 maternity sites. The team at the Oxford Road site invited an external 'critical friend' visit from colleagues at University Hospital Coventry.
- Improvements have been achieved in all categories of the action plan for triage including time to be seen within 15 minutes of arrival and time to be reviewed by a doctor. These metrics will continue to be monitored as part of our response to the national 3-year improvement plan for maternity services.

5.8. Patient pathways – Caesarean section and Induction of labour

- A rising Caesarean section rate has led to a review of the capacity required for elective Caesarean sections as some elective caesarean sections were needing to be performed by the labour ward team. The increased pressure on the labour ward capacity had resulted in delays to women being induced.
- Implementation of additional capacity for elective caesarean section activity since the 1st of May 2023 has supported improvement in the reduction of delays across the maternity elective pathways.
- The Trust has approved long term substantial investment and recruitment to increase the number of obstetric consultants, obstetric anaesthetic sessions, theatre team support, midwifery staffing and consumables.

- By increasing the Caesarean section capacity, more caesarean sections are done when scheduled (fewer postponements). Additionally, the pressure on labour ward capacity has been relieved resulting in significant reductions in delays for women who are being induced.
- All metrics for access to theatres are improving and will continue to be monitored as part of our response to the NHSE 3-year improvement plan.:

5.9 Staffing

5.9.1 *Midwifery staffing*

- Review of midwifery and support worker staffing levels – was in progress with the LMNS.
- Daily and weekly staffing oversight arrangements for midwifery staffing have been reviewed and improved processes established for reporting and escalation in line with agreed SOP
- Proactive recruitment
 - 137 midwives in the domestic pipeline:
 - 10 experienced band 6 midwives to join between June and September 2023
 - 127 newly qualified midwives to join between September 2023 and January 2024.
 - Proactive international recruitment
- A rolling advert to attract midwives has run over the last 12 months, for both general and specialty specific roles. A new recruitment campaign is being launched to attract both experienced and newly qualified midwives
- Retention midwives in post on each site
- There has been a reduction in leavers during May and June 2023.

5.9.2 *Medical staffing*

- Investment for consultants and junior doctors included within Caesarean Section business case
- Increased Tier 2 doctor shifts on triage
- Reassessment of Junior doctor establishment to ensure that both service needs and training needs are included
- Proactive and frequent recruitment to medical vacancies with positive advertising of learning and career opportunities to attract locally employed junior and senior doctors. Utilised the Manchester International Fellowship scheme and RCOG MTI scheme and supporting the partnership with RefuAid
- Development and implementation of Medical Staffing Escalation standard operating procedure

6. Recommendations

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

7. Appendices

Appendix 1 - Progress since June 22 to achieve compliance with Immediate and Essential Actions of the final Ockenden Report

Appendix 1 Progress since June 22 to achieve compliance with Immediate and Essential Actions of the final Ockenden Report.

This table only includes actions which were open in June 22 when SMMCS last reported to the Health Scrutiny Committee. Actions which had already been closed by June 22 are not included.

Key -

With regional or national team to address	Work ongoing	Completed
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Recommendation	Action	Lead	Due date	Update
<ul style="list-style-type: none"> Immediate and Essential Action 1: WORKFORCE PLANNING AND SUSTAINABILITY The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe maternity and neonatal care across England. Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, 	Request made to Regional Chief Midwifery Officer as require actions to be completed by regional and national groups	Director of Nursing and Midwifery,	TBC	Meeting held with Deputy Regional Chief Midwifery Officer, no updates at this time. To await further information in the following months.

Recommendation	Action	Lead	Due date	Update
<p>staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.</p> <ul style="list-style-type: none"> • The feasibility and accuracy of the BirthRate Plus tool and associated methodology must be reviewed nationally by all bodies. These bodies must include as a minimum NHSE, RCOG, RCM, RCPCH. • All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce. • The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the 				

Recommendation	Action	Lead	Due date	Update
shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term.				
Immediate and essential action 5: Clinical Governance Incident Investigation and complaints	Amend divisional governance report to demonstrate any changes to practice following SI are implemented within allotted timescale.	Divisional Governance Lead Obstetrician and Lead Midwife for Governance	Completed	Closed
<ul style="list-style-type: none"> Change in practice arising from an SI investigation must be seen within 6 months after the incident occurred. All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent. 	Work required from governance team to link with group regarding service user review of complaint process		Work required from Group – Deadline 2023	Maternity Voices Partnership (MVP) will be invited to complaint user participation group once set up.
Immediate and essential action 6: Learning from Maternal Deaths	Request made to Regional Chief Midwifery Officer as require actions to be completed by regional and national groups	Director of Nursing and Midwifery,	TBC	No deadline provided. Awaiting regional update in due course
<ul style="list-style-type: none"> NHS England and Improvement must work together with the Royal Colleges and the Chief Coroner for England and Wales to ensure that a joint review panel is provided in any case of a maternal death. This joint review panel/investigation must have an independent chair, must be aligned with local and regional staff and 				

Recommendation	Action	Lead	Due date	Update
seek external clinical expert opinion where required.				
Immediate and essential action 7: MDT Training <ul style="list-style-type: none"> All trusts must mandate annual human factor training for all staff working in a maternity setting; this should include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. The content of human factor training must be agreed with the LMS. Clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. This must be mandatory 	Review current human factor training and submit to LMS for approval	Lead Midwife for Education	Completed	Closed
	Await work nationally and regionally regarding review of human Factors training	GMEC LMS	TBC	LMNS confirmed that they are awaiting national guidance on human factors training and will update in due course.
	Review maternity workforce to identify current gap	Matrons	Completed	Closed
	Review Obstetric workforce to identify current gap	Lead Obs	Completed	Closed
	Allocate all outstanding on nearest available training	Education team/CTG champions	Completed	Closed
	Undertake gap analysis review on those requiring training over next 3	Education team/CTG champions	Completed	Closed

Recommendation	Action	Lead	Due date	Update
	months ensuring all allocated to prevent any non-compliance			
	Communicate with all staff the importance of remaining compliance with CTG and emergency skills training.	CHoD and HoM	Completed	Closed
Immediate and essential action 9: Preterm Birth <ul style="list-style-type: none"> Women and their partners must receive expert advice about the most appropriate fetal monitoring that should be undertaken dependent on the gestation of their pregnancies and what mode of delivery should be considered Discussions must involve the local and tertiary neonatal teams so parents understand the chances of neonatal survival and are aware of the risks of possible associated disability. 	Capture compliance of discussion and documentation in maternity record within PreCEpT audit	J Myers	October 2022 Extended to July 2023	Will be captured with an electronic proforma within Hive. Awaiting DQ issues to be resolved before template test in system.
Immediate and essential action 11: Obstetric anaesthesia	Request CSS response for compliance across all 3 maternity sites.	Associate Head of Midwifery	completed	Report received 10.6.22
<ul style="list-style-type: none"> Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance 	Await resources to be created and made available nationally	CSS	TBC	Awaiting update from Royal College of Anaesthetists

Recommendation	Action	Lead	Due date	Update
<ul style="list-style-type: none"> Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia 	Ensure all pathways in place ahead of the introduction of HIVE to include a postnatal database detailing patients being followed up. This will significantly upgrade the ability to track patients and outcomes.	CSS Business Case for ORC has been written and waiting approval within CSS before comes to obstetrics. Extra clinic. Accommodating existing	Oct 2022 (extended to Q4 22/23)	Partially compliant. Business case and recruitment in progress to provide substantive clinic at Oxford Road and North Manchester. Currently women are being accommodated on existing clinics through local arrangements. Wythenshawe have a dedicated postnatal clinic in place.
<ul style="list-style-type: none"> Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman's overall experience and reduce the risk of long-term psychological consequences. 	Develop SOP to detail role and responsibilities across anaesthetic service. Once created this will support HIVE and the ability to track patients and outcomes.	CSS Currently undertaken on IP follow up. A more robust approach when create a targeted questions in the PN aspect. Signpost to follow up services. Physician Builder Course July 23.	Q4 22/23	Standardised postnatal script is planned to be built into HIVE. Currently documentation is input into the existing follow up section on HIVE. Timescale to complete script October 23.
<ul style="list-style-type: none"> All anaesthetic departments must review the adequacy of their documentation in maternity patient records and take steps to improve this where necessary as 	Integrate documentation into HIVE and provide harmonised approach across 3 sites.	CSS	Complete	Closed

Recommendation	Action	Lead	Due date	Update
recommended in Good Medical Practice by the GMC				
<ul style="list-style-type: none"> Obstetric anaesthesia staffing guidance to include: The role of consultants, SAS doctors and doctors-in-training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave. 	compliant across all 3 sites -work ongoing to strengthen process including harmonisation of SOPs.	CSS	End of August 2023	Full complement of staff in place. Roles and responsibilities outlined by Royal College of Anaesthetists. Additional SOP being developed by North Manchester, to reflect OOH provision for a 2nd theatre.
<ul style="list-style-type: none"> The full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity. 	Harmonisation across 3 maternity sites	CSS	Closed	Compliant with CNST and support training achievement of training compliance.
<ul style="list-style-type: none"> The competency required for consultant staff who cover obstetric services out-of-hours, but who have no regular obstetric commitments. 	Compliant but in addition - Awaiting competency assessment from RCoA	CSS	Closed	Compliant
<ul style="list-style-type: none"> Participation by anaesthetists in the maternity multidisciplinary ward rounds as recommended in the first report 	Compliant		Closed	Closed

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Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 19 July 2023

Subject: Manchester ACEs and Trauma Informed Practice Update

Report of: Deputy Director of Public Health

Summary

This report is an update to a report considered at the meeting of the committee on 7 September 2022 on Adverse Childhood Experiences (ACEs) and Trauma Informed Practice. The relationship between ACEs and health harming behaviours, disease prevalence and life potential in later life is well evidenced. It is therefore critical for Manchester to have a strategic approach to ACE aware, trauma informed and responsive practice, to tackle health inequalities and achieve the ambition of Making Manchester Fairer. The report provides an update on the work done to strengthen the ACEs programme objectives, through extensive engagement and consultation with stakeholders, to ensure that the programme is fit for purpose following the impact of COVID-19 and within the context of Making Manchester Fairer.

The report also provides an update on the ACEs and Trauma programme of work across the city including a good practice example of culture change from Manchester Housing Services and a collaboration between Z-Arts and the Burnage Academy for Boys.

Manchester has come a long way in the journey to become a trauma informed and trauma responsive city, however, there is much more that needs to be done. This report tells some of the stories and captures some of the impacts. The engagement work with the workforce, communities, families, and individuals will continue so that outcomes improve for residents of the city.

Recommendations

The Committee is recommended to:

1. Note the content of the report.
 2. Consider and comment on the refreshed ACEs and Trauma Responsive Programme.
-

Wards Affected: All

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

Supporting individuals, families, and communities to prevent adversity and mitigate against past, and ongoing, trauma will impact on public health through increased
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physical and mental wellbeing. Protective factors that we promote such as exercise, mindfulness and healthy eating will support residents to access local green spaces and community assets, reduce traffic congestion and supporting the local economy.

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

If Manchester is to be a truly trauma responsive City, then we need to support all our population to mitigate against trauma and what has happened to them. We are working to the principles of trauma informed practice –safety, trustworthy & transparency, peer support, collaboration & mutuality, empowerment & choice and cultural, historical & gender issues. We are inclusive in our delivery, co-producing resources (including training) with people with lived experience and supporting our underserved communities to understand trauma and adversity and adopt trauma informed approaches.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Through building trusted relationships and promoting strength-based conversations we can engage our population with what matters to them. This leads to community focused activities that build resilience and enable communities to thrive and flourish.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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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.

- [ACE-aware and Trauma Informed City Manchester 2019-25](#)
- Harpurhey Evaluation Report (available on request)
- [Adverse Childhood Experiences \(ACES\) and trauma informed practice](#) - Report to the Manchester Health Scrutiny Committee – 7th September 2022.

1 Introduction

- 1.1 Following the paper presented to the Health Scrutiny Committee in September 2022, this report provides an update on the progress made in Manchester becoming an ACE aware, trauma informed and trauma responsive city.
- 1.2 This report outlines the steps that have been taken to strengthen the ACEs programme objectives, through extensive engagement and consultation with stakeholders, and ensure that the programme is fit for purpose following the impacts of the COVID-19 pandemic and in light of the city's commitment to Making Manchester Fairer (see Appendix 1 for a copy of the programme).
- 1.3 The report also provides an overview on the progress made with several aspects of the ACEs and trauma programme of work including training and other recent activity including work with Housing Services.

2 Background

- 2.1 ACEs describe a wide range of stressful or traumatic experiences that can occur from conception to the age of 18 – they include abuse, neglect, and household dysfunction. When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning. It has been shown that considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being, with negative behaviours often being used unconsciously as protective solutions to unrecognised problems dating back to childhood.
- 2.2 Research shows that ACEs are common and endemic and are found to have a dose dependent response on disease prevalence, life potential and health harming behaviours such as smoking, alcoholism and drug use. In order to improve our city's health outcomes, ACEs need to be seen as the major contributor to disease that they are. It is therefore imperative that we work towards reducing this toxic stress burden on our children and families.
- 2.3 It is also important to sit this alongside societal issues, so we refer to a pair of ACEs to include Adverse Community Environments like poverty, discrimination, poor housing, lack of economic opportunity and social connectedness.

3 Programme Refresh

- 3.1 In 2018 the Council launched a pilot ACEs and Trauma Project to develop a 'trauma informed workforce' at a place level in the Harpurhey ward in North Manchester.
- 3.2 Following the success of the Harpurhey pilot project a programme of work was rolled out across the city and an ACEs and Trauma Informed Strategy 2019–25 developed (see [2019-11-12-ACEs Trauma-Informed Strategy 2019-25.pdf \(manchestersafeguardingpartnership.co.uk\)](https://manchestersafeguardingpartnership.co.uk/2019-11-12-ACEs%20Trauma-Informed%20Strategy%202019-25.pdf))

3.3 The refresh has provided a timely opportunity to:

- Check the strategy meets the needs of city
- Review effectiveness of the strategy and its achievements to dates
- Ensure that the programme meets the current needs of the population health needs of Manchester, especially considering the impact of the COVID-19 pandemic on the city
- Ensure the objectives are aligned to the city's strategic context; Our Manchester Reset – Forward to 2025, Making Manchester Fairer and the Anti-Poverty Strategy.

3.4 **Strategic Context** – Making Manchester Fairer is the city's approach to tackling health inequalities for the next 5 years, with a longer term vision. Adopting trauma responsive approaches as part of a whole system approach to population health and wellbeing in the city is essential to tackling health inequalities. The breadth of the areas of work that ACEs and trauma both influence and is influenced by is vast, further emphasising the need for a long term, whole system approach across a variety of cross cutting agendas. Trauma Informed practice also underpins the strategic priorities of the Manchester Safeguarding Partnership.

3.5 **Consultation and Engagement Process** - The Manchester ACEs and Trauma Responsive programme objectives have been drafted based on the findings of the extensive engagement and consultation activity to capture the views and opinions of a wide range of partners and stakeholders. The consultation and engagement process has been used to establish key priority themes and agree practical ambitions to respond to these challenges.

3.6 To engage a wide audience of partners and stakeholders in the strategy refresh process, an online survey was developed. The survey was promoted to partners and stakeholders via a direct email, hosted on the Manchester City Council (MCC) website, promoted on MCCs Facebook and twitter pages and circulated to the individuals who attended a consultation workshop (also held as part of the consultation process). It was hosted on the Councils website between June and August 2022 and was completed by 101 individuals from 69 organisations.

3.7 The survey asked a range of questions covering:

- Training
- Level of knowledge of ACEs in organisations and how this has been incorporated
- The impact of ACEs work on their organisation and clients
- Successes
- Future aims and objectives and resources required to achieve this
- Impact of COVID

3.8 The result of the consultation broadly showed:

- A fifth of respondents had fully incorporated trauma informed approaches into their team or organisations objectives and strategies and just under two thirds had incorporated some aspects for example develop bespoke training for a particular demographic, audits for self-assessment and producing action plans.
 - Nearly 80% of those who responded stated that implementing a trauma informed approach has had a positive impact on the people they work with. A trauma responsive approach had helped their service users to understand negative thoughts, behaviours and patterns and work through their trauma informally in a supportive environment. It helped them to access services/programmes, gave them a voice and provided them with safe spaces.
 - Organisations wanted us to focus on building community resilience and co-producing projects with residents. They wanted to have more opportunity to learn from others and share best practice.
 - Respondents wanted us to continue to roll out training across the city and to provide specialist /sector specific training where possible.
 - Organisations stated that they were committed to further embedding trauma informed approaches within their organisation.
- 3.9 An online engagement workshop was held in July 2022 and was attended by approximately 60 individuals from a range of organisations across the city. The workshop gathered participants opinions on community resilience, the focus of future work programmes, ways to co-produce projects with residents and how we can evaluate and evidence the impact of our work.
- 3.10 Two of our voluntary sector partners Back on Track and Thrive Manchester ran consultation workshops with their service user groups in summer 2022.
- 3.11 All of the various feedback and insight generated from the consultation and engagement processes has fed into the development of the refreshed objectives.
- 3.12 A full copy of the Engagement and Consultation Report can be found in Appendix 2.
- 3.13 The overarching aims of the Manchester ACEs and Trauma Responsive Programme are to:
- Prevent children from experiencing and being impacted by ACEs and trauma
 - Support and build resilience for communities, families, individuals and children against the potential impact of adversity and trauma and to break the cycle of generational trauma
 - Recognise the impact that ACEs and trauma has on children and adults and help them to receive support to reduce their negative impacts and to improve their well being
- 3.14 The revised objectives for the programme are as follows:

Create ACE-aware, trauma informed, trauma responsive and resilient communities

- We will work with partners to support and enable the development of trauma responsive community hubs in every neighbourhood.
- Work with existing models, opportunities and activities happening in the city to build resilient communities.

Make sure people with lived experience of adversity and trauma have a voice

- We will work innovatively and flexibly with individuals, families and communities who have experienced adversity and trauma to co-produce approaches, services and projects that are ACE aware, and trauma informed.
- We will work with 'Expert by Experience' groups across the city to co-design and co-produce training content, resources, projects and feed into the governance structures.

Support organisations across the city to embed ACEs and trauma informed approaches into their everyday practice

- We will increase city-wide knowledge and understanding of ACEs and trauma by rolling out sector specific training.
- We will support organisations to become trauma responsive by adopting trauma responsive approaches and policies and develop appropriate referral pathways.
- We will work with organisations to establish ways to support the wellbeing of their staff and service users.
- We will develop and test models of supervision.
- We will build strong ACE and trauma partnerships and networks by establishing knowledge sharing and network opportunities and supporting organisations to work collaboratively.

Develop a range of approaches to measure the impact of the strategy and ACEs and trauma activity in the city and ensure that practice is evidence based

- We will work with partners to measure the impact of our work with communities including developing a meaningful measure of community resilience.
- We will work with partners and stakeholders to develop a range of different approaches to measure the impact of their ACEs and trauma work.
- We will co-develop sector specific guidance and resources to measuring impact.
- We will work with Greater Manchester to develop a system level approach to measuring impact.

Ensure that equality, diversity and inclusion are central to our approach

- We will work with partners to actively engage those from underrepresented groups who may have experienced adversity or trauma based on their specific characteristics such as race, disability, sexual orientation or due to their culture, religion or community environment.

4 Training

Since September 2022 over 1,000 individuals have attended a training session. This includes elected members, staff from the Manchester Jewish Museum, the Afro-Caribbean Alliance, MCC Homelessness Directorate, Manchester Sensory Support Service, DWP, a number of schools, GMP, Primary Care, housing providers and a range of voluntary sector organisations.

5 Activities to note

- Co-op Academy New Islington primary school became the first school in Manchester to be a Trauma Informed Schools UK accredited school.
- Working with MADE - Manchester's cultural education partnership – we led on a project with four schools and four creative providers using a trauma informed lens. One project involved Z-Arts and Burnage Academy for Boys working with years 7 to 9, all of whom had experienced displacement from their country of birth, to explore what it means to connect with others and have a sense of belonging in the school community.
- Showed two screenings of the Wisdom of Trauma film attended by 140 people – both sessions concluded with a panel discussion involving individuals with lived experience from GM Rape Crisis, MASH (Manchester Action on Street Health) and Survivors Manchester.
- 4CT through our commissioned North Manchester TICTAC project have produced a self-assessment tool that allows voluntary and community sector providers to assess their strengths in working in a trauma informed way and their further support needs. This has been used by M40 Gateway, the LCO care navigators and the New Testament Church of God.
- We are working with the Pakistani Sounding Board to support them to convey messages about trauma to their communities. A briefing, training session and consultation workshop have so far taken place. The group is led Bollywood Active and includes Hopewell (formerly the North Manchester Health Forum) and the Ethnic Health network.

6 Impacts

- 6.1 The following narrative and associated case study brings to life the impact of adopting trauma informed and trauma responsive approaches.

The journey of MCC Housing Services (formerly Northwards Housing)

- 6.2 As a housing provider MCC Housing Services have been on the trauma informed journey since the pilot in Harpurhey. Although initially focused on one ward, they quickly realised that this approach would be beneficial to staff who support individuals and families in all areas of the city in managing their tenancies. As such the move towards working in a trauma informed way was

natural. This was led by the staff involved, who adapted the training received in response to the issues and problems raised by the people and families they were working with.

- 6.3 MCC Housing Services wanted to make all their workforce trauma informed and ensure all colleagues working with residents were trained in this approach. Working with Public Health they developed housing specific trauma training which was delivered to housing officers and customer service centre advisors. The whole workforce has now been trained and as such everyone who speaks to residents is aware of the importance of this approach in order to make the resident feel secure and to get the best outcomes for both the individual/family and the organisation.
- 6.4 Working with Public Health colleagues MCC Housing Services has helped other housing organisations realise the benefits of trauma informed working. Through the Manchester Housing Providers network, a trauma informed group has been established, working together, sharing good practice and offering training to housing providers to help them become trauma informed.
- 6.5 This year MCC Housing Services has started to incorporate this approach into their policies, ensuring that it is clear to their workforce and residents that this approach is embedded in all that they do. They also discuss trauma informed working in staff reviews and appraisals. The new Council wide Anti-Social Behaviour policy is the first policy to explicitly state that Housing Services are working towards being a trauma informed organisation.
- 6.6 The case study below illustrates the impact of this approach.

Case Study 1: Submitted by Claire Tyrell, May 2023

Client MM SWO (Support & Wellbeing Officer) LJ

Presenting Issues

- Property condition- MM was unable to keep the property clean or allow access for repairs
- Mental health – MM has a mental health condition and should be being cared for by the Community Mental Health Team (CMHT) but would not engage with them, refused access and become very agitated if they visited
- Physical health – kidney failure requiring regular and frequent dialysis. At times MM would not report for dialysis, the hospital would then phone the housing team to check up on MM, quite often this was out of hours at the weekend, or they would send an ambulance which MM refused to get in
- Engagement – lack of engagement with all services
- Self-neglect – due to the above plus poor diet.

There have been serious concerns around MM's mental health, self-neglect, property condition and engagement with services for a number of years.

Numerous crisis cleans were completed by Housing Services and the CMHT but ongoing care was always refused so a poor property condition always returned.

This was escalated to the CMHT, rather than legal action against the tenancy, due to our mental health concerns.

Case was referred from the housing officer to the Tenancy Support Team for further intensive support to try to engage with MM and escalate with the CMHT. LJ picked up the case and began trying to engage with MM – this proved difficult at first and LJ escalated her concerns to the CMHT due to the concerns around MM's mental and physical health, as MM was missing their dialysis appointments.

LJ had been attempting to visit MM with their care coordinator and MM repeatedly refused access, often coming across very aggressively. We needed access to the property to carry out the annual gas safety check - if MM didn't allow this then a court order would have been obtained. As MM agreed to allow the contractor access, LJ went to visit at the same time and MM allowed her in. Despite being extremely concerned about the property condition and MM's overall physical and mental health, she focused on engagement and getting MM to talk to her; and was able to pick up on a lot of his concerns and difficulties. LJ managed to get MM to trust her over a few visits at which she didn't attempt to do anything apart from talk to him and build a relationship.

MM responded well to this and continued to engage with LJ, with little attempt being made at this point to deal with the issues, but simply to keep MM engaging. Having gained trust and understanding using trauma informed practice, LJ was able to persuade MM to allow her to facilitate contact with the CMHT. After a visit from them, which LJ also attended, MM agreed to be admitted to hospital where he received both physical and mental health care. Whilst in hospital LJ kept in touch with MM and by working with the hospital was able to coordinate a clean-up of the property to enable MM to be safely discharged home.

How the Housing Officer used a trauma informed approach

LJ was able to build a positive relationship with MM over a short period of time, gaining his trust, creating a sense of safety and collaborating with him. Through talking to MM and listening LJ established that MM had some traumatic experiences with mental health services and the police in the past, so this was why MM had never engaged with them and was often rude and aggressive.

LJ identified concerns very quickly, ensuring a crisis clean was completed with the property. With cleaning supplies provided by LJ, MM is now able to keep this to an agreed standard. LJ established what was important to MM leading to a repair of the TV aerial so MM could watch TV.

LJ was able to support MM in rebuilding the relationship with the CMHT to ensure they were able to provide support where needed and through this mental health support MM was able to continue with dialysis treatment and taking the appropriate medication.

Outcomes from this trauma informed approach

- MM was able to access support with physical and mental health including medication and dialysis. This meant no missed appointments at hospital and no need for an ambulance to be sent on a wasted journey.

- The property condition was maintained – which meant a reduction in costs for crisis cleans and a sustainable tenancy. Nobody believed MM would be able to return to independent living but with LJ's support this became a reality.
- A reduction in the reliance on services such as A&E and GMP call outs.

By using a trauma informed approach and focusing on the person and not the issues presented MM is now undergoing the treatment they need and is able to live independently in their own tenancy.

7 Next Steps

- 7.1 Following the refresh of the Manchester ACEs and Trauma Responsive Programme objectives, we will work with our partners to develop an implementation plan.
- 7.2 Future activity will be outlined in the implementation plan, but priorities include:
- Continuing work to ensure that Manchester City Council is a trauma informed organisation and delivers trauma responsive services to residents
 - Continue to roll out multi-agency training across the city.
 - Support key sectors to implement trauma informed and trauma responsive practices into their core activity with a focus on education, health, early help, criminal justice, housing, arts and the voluntary sector.
 - Listen to the voices of lived experience and understand the needs of our diverse communities.
 - Develop specialist trauma enhanced practitioners.
 - Continue to invest in the voluntary sector to ensure that community hubs across all our neighbourhoods are trauma responsive.
 - Develop robust methods to effectively measure the impact of the ACEs and Trauma Responsive work programme across the city.
 - Continue to work alongside colleagues in Greater Manchester to support GMCA's vision of a trauma responsive City region including the development of a web portal and investment in training
 - Embedding an ACE-aware and trauma responsive approach within all aspects of service delivery within Manchester City Council by raising awareness and understanding of the agenda and ensuring that all policies and practices are trauma responsive in their approach.

8 Summary

- 8.1 Manchester has come a long way in the journey to become a trauma informed and trauma responsive City, however, there is much more that needs to be done.
- 8.2 A key focus for the work going forward is to continue to work innovatively and flexibly with individuals, families and communities who have experienced adversity and trauma to co-produce approaches, services and projects that

are ACE aware, and trauma informed. We are also focused on ensuring that the resident voice is heard and those who are underrepresented are actively engaged.

- 8.3 The ACEs and Trauma Responsive work programme will continue to support the aim of Making Manchester Fairer to tackle structural health inequalities with a focus on the social determinants of health.

9 Recommendations

- 9.1 The Committee is recommended to:

1. Note the content of the report.
2. Consider and comment on the refreshed ACEs and Trauma Informed Programme and objectives.
3. Advocate for trauma informed practice wherever possible.

Manchester's Adverse Childhood Experiences and Trauma Responsive Programme

Published July 2023

Foreword

Adversity and trauma are everyone's business. The evidence around childhood adversity is conclusive and shines a light on what we intrinsically know; that growing up in adversity can be damaging for children and can have life-long impacts. Manchester's journey to being an ACE-aware and trauma responsive city started in 2018 with a pilot project in Harpurhey. The success of the pilot strengthened Manchester's commitment to ensuring that everyone in the city knows what ACEs and trauma is, how they can prevent them and how they can support residents who have experienced them to get the support that they need.

We know that Manchester's residents have some of the worst health outcomes in the country and that health inequalities are increasing. This programme supports the ambitions of the Our Manchester Strategy – Forward to 2025 to improve the city's physical and mental-health outcomes. The programme is also a critical component of Making Manchester Fairer and is integral to approach to tackling health inequalities in the city.

The ambitions and objectives of this programme have been developed in collaboration with approximately 70 partners and organisations across the city. It is our vision that it will be delivered with a range of partners across the city to ensure that it meets the needs of those living with ACEs and trauma. In addition to this collaboration across sectors, involving communities and those with lived experience, to progress our ambition to end adversity for people in Manchester is fundamental to our approach.

Our early life experiences are important for setting us on a path for the future, but this does not mean that our paths are set in stone. We want a Manchester where kindness and compassion in the city will be the norm - supported and promoted by all individuals, families', organisations, business and communities. Everyone will seek to guard against negative or damaging practices that separate people from their traumatic experiences.

The strengthened approach comes at a time when as a city we are more aware of the health inequalities across our population but also completely committed to reducing these inequalities and improving the health and wellbeing of residents.

Cllr Thomas Robinson, Executive Member for Healthy Manchester and Adult Social Care

Foreward

I passionately believe that being ACE aware and trauma informed is something that should be embedded within every element of public services- it should be "everybody's business".

My commitment to and passion for my role as Lead Member for Adverse Childhood Experiences and Trauma Informed Practice stems from both my own personal experiences growing up, and my professional interest.

I have an ACE score of seven, which means I have experienced seven different indicators of childhood trauma; experiences, which without a doubt have shaped my adult life.

I also see the daily impact ACEs and trauma has on the health and wellbeing of people that live in my ward; from school exclusions, to poverty, serious violence, domestic violence, imprisonment; these things have a ripple effect long into adult life.

This is why the work that the team in the Department of Public Health have been doing to spread awareness of ACEs and trauma and to support the city to become trauma responsive is invaluable. I am fully supportive of this approach and behind the continued commitment of the Council in ensuring that this really is, everyone's business.

In recent years Manchester has widened its approach to go beyond the 10 original ACEs and incorporate aspects of adverse community environments that can equally impact people's health. This means we also consider the impact of things such as poverty, discrimination, and systemic racism.

After 13 long years of politically motivated cuts to the public sector and the services that support both adults and children experiencing traumatic life events, the work Manchester are doing has never been more important.

Despite the brilliant efforts of the Public Health Team over the last five years, there is still so much more to do.

We need to expand our training, continue to improve the City's knowledge and understanding of ACE's and trauma informed practice, work harder to include those who are underrepresented by making better links into our communities, our schools, work with our teams around the neighbourhood, enable our voluntary sector to flourish, build on the good practice with education, health, housing and criminal justice and voluntary sector colleagues and ensure that training is mandatory for elected Members and new staff.

The refreshed approach supports these ambitions in a way that is achievable for the City Council; and the support of elected Members and our Senior Leadership Team is key to making Manchester a Trauma Informed City.

Cllr Jade Doswell, Lead Member for Trauma Informed

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1. What are Adverse Childhood Experiences and Trauma?

1.1 Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) describe a wide range of stressful or traumatic experiences that can occur from conception to at least the age of 18. ACEs refer to some of **the most intensive and frequently occurring sources of stress that children may suffer early in life**. When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning. Considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being, with negative behaviours often being used unconsciously as protective solutions to unrecognised problems dating back to childhood. The original ACEs study¹ in the late 1990's referred to ten specific categories of exposure including abuse, neglect and household dysfunction e.g., mental illness, absent parent.

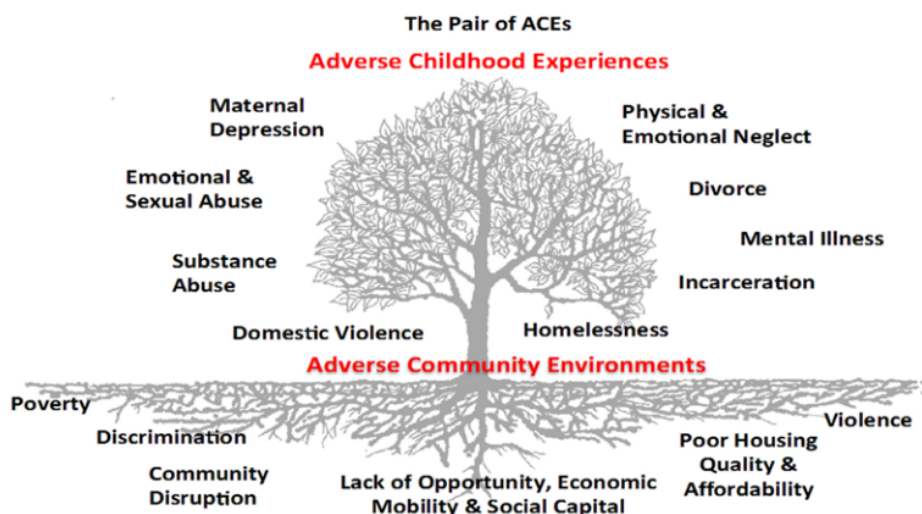
Everyone goes through stress as a child – failing at something we cared about, having to move house or change school, or losing a friend or pet. These experiences help us grow and become resilient. But ACEs and trauma are not something a child can just bounce back from. They are too overwhelming and scary, or they are situations that see a child lacking any real support.

ACEs do not occur in isolation. While ACEs occur across society, they are far more prevalent among those who are poor, isolated or living in deprived circumstances. These social inequalities not only increase the likelihood of ACEs, but also amplify their negative impact². As such it is important to sit adverse experiences alongside **Adverse Community Environments such as poverty, discrimination, poor housing, lack of economic opportunity and social connectedness**. This means that structural inequalities with a focus on the social determinants of health must be addressed for trauma related policies, services and interventions to have any meaningful effect. In addition to adversity in our communities, the impact of the COVID-19 pandemic and associated restrictions has been a trauma for all of us and has exacerbated existing inequalities, particularly in the city of Manchester. By addressing adversity in our society, communities are less likely to experience chronic stress and more likely to have their basic needs met, resulting in lowered adverse childhood experiences and better long-term outcomes.

Figure 1: The Pair of ACEs

¹ [Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults - American Journal of Preventive Medicine \(ajpmonline.org\)](#)

² Early Intervention Foundation. 'Adverse childhood experiences What we know, what we don't know, and what should happen next, Feb 2020.



Source: Ellis, W., Dietz, W. (2017) *A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model*. *Academic Paediatrics*. 17(2017) pp.S86-S93

Work across Manchester to date aims to both prevent ACEs occurring in the first place and to prevent the consequences of ACEs in those that have already experienced them.

1.2 Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of **trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being**³.

Trauma is an inner injury, a lasting rupture or split within the self, due to difficult or hurtful events. By this definition, trauma is primarily what happens within someone as a result of the difficult or hurtful events that befall them; it is not the event themselves. "Trauma is not what happens to but what happens inside of you"⁴. Trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact⁵.

1.3 Why do ACEs and trauma matter?

ACEs are common - **in the UK nearly 50% of people have experienced at least one ACE, with 9% to 12% experiencing 4 or more ACEs**⁶. In addition to this, there is a dose response relationship between ACEs and the development of poor physical, mental and behavioural health. Experiencing 4 or more ACEs is associated with

³ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/working-definition-of-trauma-informed-practice)

⁴ Gabor Mate, *The Myth of Normal*, 2022.

⁵ UK Trauma Council

⁶ [Overview of ACEs - Adverse Childhood Experiences \(ACEs\) - Children - Population groups - Public Health Scotland](https://www.healthscotland.com/pages/overview-of-aces-adverse-childhood-experiences-aces-children-population-groups)

significantly increased risk for 7 out of 10 leading adult causes of death, including heart disease, stroke, cancer, chronic obstructive pulmonary disease (COPD), diabetes, Alzheimer's and suicide.

People who experience multiple ACEs as children often raise their own children in households where adverse childhood experiences are more common. This cycle of childhood adversity can lock generations of families into poor health, educational and behavioural outcomes.

1.4 What can we do?

ACEs and trauma can be both prevented, and the impacts rescued – research has found that a relationship with just one trusted adult during childhood can mitigate the impacts of ACEs on mental and physical well-being. ACEs do not define anyone, and it is never too late to break the cycle of adversity. Kindness and relationships are at the heart of trauma responsive practice and being trauma informed and trauma responsive is recognising that traumatic experiences are a possibility for anyone we meet in our personal and professional lives. This isn't about more referrals or counting ACEs. It's about taking the time to understand what's happened to people, rather than blaming or stereotyping. It's about creating a society and workforce that is compassionate to people. A joined-up community approach can have a significant impact on children facing adversity and trauma. Addressing ACEs and trauma requires a partnership and whole systems approach with multiple interventions across sectors throughout a person's life course.

A trauma responsive approach aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It encourages those who develop and deliver services to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing. The approach recognises that many of those who access a service may have experienced trauma and understands people's experience and behaviour in the context of coping strategies designed to survive adversity and overwhelming circumstances. It looks beyond an individual's presenting behaviours and to ask 'What does this person need?' rather than 'What is wrong with this person?'. Adopting a trauma-responsive approach embeds an understanding of how experiences of trauma can become central to an individual's life course and life outcomes, having a profound negative effect on social outcomes, emotional wellbeing, mental and physical health, along with health-relevant behaviour⁷.

To tackle ACEs and trauma we can:

- Look 'behind the behaviours' and consider what the root cause of the presenting behaviour may be.
- Use protective factors to build resilience e.g., secure attachment, opportunities for positive activities and supportive networks.

⁷ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice)

- Adopt a trauma-informed approach with a focus on ‘what happened to you?’ instead of ‘what’s wrong with you?’
- Consider how to apply the core principles of trauma-informed practice: **Safety – Choice – Collaboration – Empowerment – Trust – Cultural Consideration.**

Manchester’s ACE and Trauma Responsive Programme demonstrates the city's commitment to recognise and respond to the importance of ACEs and trauma in determining the future health and wellbeing of Manchester residents.

2. Manchester Context

2.1 Why is this important to people and communities in Manchester?

For many years the health of people in Manchester has generally been worse than the England average across a range of outcome measures, with noticeable differences between the more and the less underserved areas within the city. A worsening of health outcomes in Manchester was starting to become apparent in the years prior to the start of the COVID-19 pandemic in 2020. The pandemic accelerated and reinforced pre-existing inequalities and trends.

- Average life expectancy for a man in the most underserved area in Manchester is 71.9 years for men. This compares to 78.6 years for the least underserved area – a difference of nearly 7 years⁸.
- In Manchester deaths from causes considered preventable are approximately 65% greater than average in Manchester compared to the England average⁹.
- Emergency hospital admissions are 35% higher in Manchester than the average for England¹⁰
- 42% of Year 6 children are overweight or obese, compared to 35.2% in England as a whole¹¹.
- 18% of adults (aged 18+) are current smokers, compared to 13.9% in England as a whole¹².
- The rate of hospital admission episodes for alcohol-related conditions is 775 per 100,000 population in the city, compared to 664 per 100,000 in England¹³.
- In Manchester 26.5% of adults are physically inactive, compared with 22.9% in England¹⁴.

Figure 2: Manchester Index of Multiple Deprivation by Ward, 2019

⁸ Manchester Intelligence Hub

⁹ Public Health England (NHS Digital) and the Office for National Statistics (ONS)

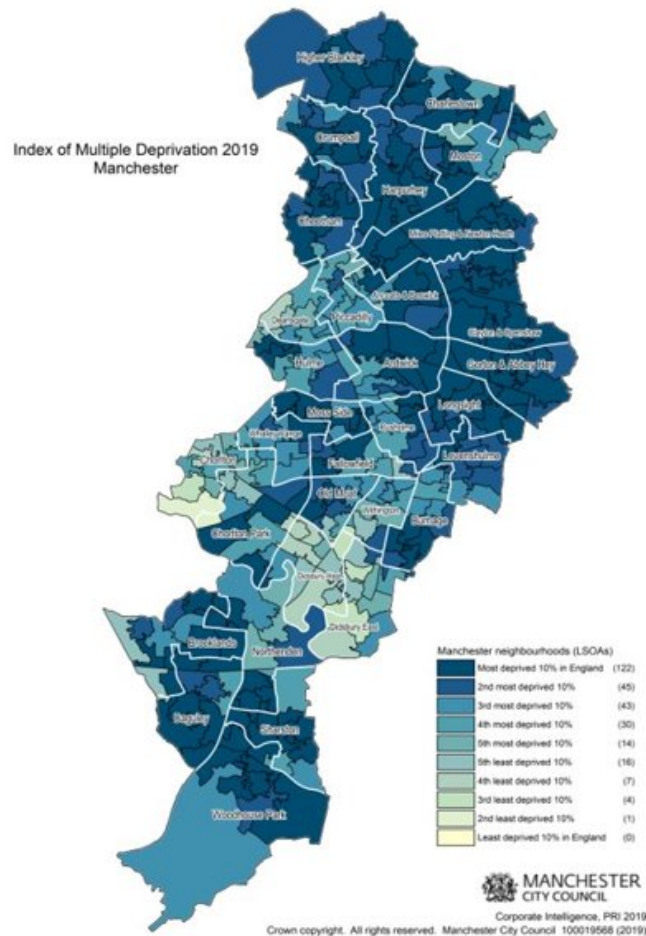
¹⁰ Public Health England (NHS Digital) and the Office for National Statistics (ONS)

¹¹ National Child Measurement Programme, 2019/20

¹² PHE Local Tobacco Control Profiles, 2019

¹³ PHE Local Alcohol Profiles, 2018/19

¹⁴ PHE Physical Activity data, 2019/20



In addition to the statistics above, COVID-19 mortality rates were 25% higher in Greater Manchester (with Manchester having the highest number of deaths) than in England as a whole. Manchester has experienced particularly damaging longer-term economic, social and health effects from COVID-19 restrictions, which further damaged health and widen inequalities.

In Manchester an estimated 12% of people have 4 or more ACEs - that's roughly 66,000 people¹⁵.

- Mother Treated Violently – 12.1% English ACE prevalence rate, approximately 66,700 people in Manchester
- Parental Separation – 22.6% English ACE prevalence rate, approximately 124,700 people in Manchester
- Substance Abuse– 9.1% (alcohol), 3.9% (drug) English ACE prevalence rate, approximately 50,200 (alcohol), 21,500 (drugs) people in Manchester

¹⁵ 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England'. BMC Medicine 2014; 12: 72. These statistics are based on ACEs prevalence rates and are projections based in Manchester City's population as of the 2021 census. Categories are based on the original ACEs study.

- Relative imprisoned – 4.1% English ACE prevalence rate, approximately 22,600 people in Manchester.
- Mental Illness – 12.1% English ACE prevalence rate, approximately 66,800 people in Manchester
- Emotional Neglect – 23% Welsh ACE prevalence rate, approximately 127,000 people in Manchester
- Physical Neglect – 17% Welsh ACE prevalence rate, approximately 93,800 people in Manchester
- Emotional Abuse – 17.3% English ACE prevalence rate, approximately 95,500 people in Manchester
- Physical Abuse – 14.3% English ACE prevalence rate, approximately 78,400 people in Manchester
- Sexual Abuse – 6.2% English ACE prevalence rate, approximately 34,200 people in Manchester

As highlighted above, adverse community environments such as poverty, discrimination and lack of economic opportunity not only increase the likelihood of ACEs and trauma occurring but also amplify their negative impact. Communities in Manchester are faced with adversities like these every day, as demonstrated below:

- Manchester is ranked as the 6th most deprived local authority in the country in the 2019 index of multiple deprivation (March 2021).
- 44.7% of children aged under 16 in Manchester are living in poverty?, compared to 29% in England as a whole¹⁶
- In their 2021 Achieving Race Equality Report, Greater Manchester Police found that residents of Black and mixed-Black ethnicity in Manchester are 2.5 times more likely to be stopped and searched by police than White residents, while Asian and mixed-Asian ethnicity residents are 1.4 times more likely to be stopped and searched¹⁷.
- There are 19,900 residents in Manchester who aren't in work due to long-term sickness. That is 21% (one in five) of all unemployed residents and 5% of the entire working age population¹⁸.

As well as the negative impact that ACEs and trauma can have on health outcomes, they can also have a negative consequence more widely and impact the number of children in care, number of children excluded from school, crime levels and antisocial behaviour.

2.2 What have we done in Manchester to date?

In autumn 2018 a pilot project was co-designed with service leaders, frontline practitioners, and residents in the Harpurhey ward of North Manchester. The strength-based project developed and rolled out multi-agency ACEs and trauma training across

¹⁶ GM Poverty Action [Poverty Monitor 2022: Child Poverty - Greater Manchester Poverty Action \(gmpovertyaction.org\)](https://gmpovertyaction.org)

¹⁷ Making Manchester Fairer Plan, [104318 MMF MainDocument v18_Acc v3 \(1\).pdf \(mcc.local\)](#)

¹⁸ Making Manchester Fairer Plan

organisations in the locality. This helped to develop informal networks and improve relationships between individuals resulting in better outcomes for residents. Other outcomes of the pilot were reported as:

- Practitioners thinking differently
- Making a difference to the lives of residents and their communities
- Cost savings - the overall saving to the public purse of working in a trauma responsive way across Harpurhey was £634,000. For each £1 spent, there was a saving of £2.70.

Since the Harpurhey pilot concluded in October 2019, over 4,000 people who live and work in our city have attended a training session on ACEs and trauma informed practice.

There has been a range of sector-based activity covering:

- Education
- Housing
- Children's Services
- Voluntary and community
- Early years
- Arts and culture
- Criminal justice
- Primary Care
- Adult Social Care

Examples of activity include: -

Blackley Community Hub - E-ACT Blackley Academy partnered with North Manchester Mission Community and St Paul's Church in Blackley to provide invaluable support to the community via a trauma responsive community hub. Alongside a range of incredible organisations and agencies, the hub delivers much-needed support and contributes positively to the people of Blackley. The hub offers two days of support and activities to local residents. On Wellbeing Wednesday there are sessions to help local people to find their confidence, power and voice and a gentle health and wellbeing fitness session. On a Thursday a range of organisations set up at the hub including the food pantry, The Bread and Butter Thing the Department for Work and Pension, Citizens Advice, M40 and more. The hub is run by volunteers from the Blackley community, E-ACT Blackley Academy and St Paul's Church, most of whom have faced adversity themselves, and now want to facilitate a space to lift others out of tough situations.

Manchester Art Gallery is delivering 'The Art of Resilience' project which supports small groups of children from 12 Manchester primary schools to work with artists in residence to explore art as a protective factor, along with other factors that mitigate

against trauma and build resilience such as balance, nature, sleep hygiene and relationships.

West Gorton Medical Centre has been on a journey to develop a trauma informed and trauma responsive practice. Initially training on ACEs and trauma informed approaches delivered to the whole practice team, which led to the development of a project to screen the patient population for ACEs. Following this a range of referrals and interventions were developed to support patients such as:

- Referrals to mental health services for talking therapies/ psychology support.
- Information and reading books given out at childhood immunisation appointments to try to improve bonding and attachment with parent/carer
- Employment of a trauma informed yoga therapist
- Proposal to have group consultations on site for patients with persistent pain/ fibromyalgia who have previous adverse experiences.

North Manchester TICTAC (Trauma Informed Care for Trauma Aware Communities) This funded project started in April 2022 and aims to raise awareness of ACEs with the voluntary and community sector and local communities in North Manchester. The project also supports people and communities who have been affected by ACEs and supports them to be trauma aware. In the summer of 2022, the project toured community events with the TICTAC tent offering family and play based activities. Key achievements include:

- Training delivered to VCSE groups including the Jewish Museum, Afro-Caribbean Alliance and Moston based VCSE groups
- Development of a 'trauma informed practice' self-assessment tool for VCSE groups
- Providing TICTAC 'play therapy at home' packs for families affected by ACEs
- Attending school and community events to share information, advice and signposting and to engage residents through activities and an inflatable brain.

2.3 Manchester Strategic Context

The Manchester ACEs and Trauma Responsive Programme both builds on, and supports, the delivery of several existing strategies and areas of work across the city. The breadth of the areas of work that ACEs and trauma both influence and is influenced by is vast, further emphasising the need for a long term, whole system approach across a variety of cross cutting agendas. Some of the key strategies are:

- **Our Manchester – Forward to 2025** - Our Manchester aims to build a safe, happy, healthy and successful future for children and young people by improving physical and mental-health outcomes and ensure good access to integrated health and care services across the city.
- **Making Manchester Fairer – Tackling Health Inequalities in Manchester 2022-27** - Health is a measure of society's success. Improving the lives of all, by

reducing health inequalities, is not only the right and moral thing to do, but it's also key to the long-term future and prosperity of the whole city and its people. Interventions that support individuals can only mitigate to a certain extent – action to address the root causes of health inequalities within society and communities will have a greater effect overall. Making Manchester Fairer is the city's plan and approach to tackling these structural health inequalities with a focus on the social determinants of health.

- **Children and Young People's Plan – Our Manchester, Our Children 2020–2024** - 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.
- **Start Well Strategy** - 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.
- **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.
- **Manchester Inclusion Strategy** – Works across a wide range of multi-agency partners to towards a situation where fixed term and permanent exclusions are only ever used as the very last resort by working in a more coherent way, developing approaches, intervention and support and ensuring that every child and young person is known, understood, supported and thrives.
- **Anti – Poverty Strategy** – Recognises that tackling and ending poverty requires a coordinated and whole system approach, where individuals and organisations act as allies and advocates for people who are the most in need. It is the ambition that the whole of Manchester will work together to reduce poverty and lessen the impact of poverty on our residents.
- **Community Cohesion Strategy** – focuses on bringing people together to get to know and understand each other better, celebrate our rich cultures and diversity and what we have in common. This will lead to increased social interaction, trust, mutual respect and a city that feels more like home for everyone.

In addition to these, trauma is a cross cutting theme which is important in a wide range of policy areas including:

- Child poverty
- Safeguarding
- Early education and care
- Maternal and child health
- Crime and community safety
- Mental health
- Education and attainment
- Adult Social Care

- Homelessness
- Age Friendly Manchester

3. How we developed the revised programme

The development was driven by a small project group with representatives from Manchester Public Health, Reform and Innovation at Manchester City Council and the Manchester Local Care Organisation.

Four main activities were carried out to engage and seek the views of stakeholders and people in the city with lived experience of ACEs and trauma. These were:

1. Stakeholder online survey
2. Stakeholder online workshop
3. One to one stakeholder conversations
4. Focus groups carried out by partners in the community with people with lived experience.

In total over 170 individuals have been engaged in the developing the revised approach.

Key findings included:

- A fifth of respondents had fully incorporated trauma informed approaches into their team or organisations objectives and strategies and just under two thirds had incorporated some aspects for example developed bespoke training for a particular demographic, audits for self-assessment and producing action plans
- Nearly 80% of those who responded stated that implementing a trauma informed approach has had a positive impact on the people they work with including helping them to understand negative thoughts, behaviours and patterns and work through their trauma informally, helping accessing services/programmes and engagement, they have a voice and provide safe spaces
- Organisations wanted us to focus on building community resilience and co-producing projects with residents. They wanted to have more opportunities to learn from others and share best practice
- Respondents wanted us to continue to roll out training across the city and to provide specialist /sector specific training where possible
- Organisations stated that they were committed to further embedding trauma informed approaches within their organisation

A summary of the engagement outcomes can be found on the Manchester Safeguarding Partnership website:

<https://www.manchestersafeguardingpartnership.co.uk/>

4. Vision and Objectives

4.1 Our Vision

Our vision is for Manchester to be on the way to becoming an ACE-aware, trauma informed and trauma responsive city by 2027. A city with a co-ordinated approach to reducing exposure to ACEs, where all practitioners work with residents to prevent or mitigate the consequences of trauma; helping children, families, and communities to build resilience; and improve outcomes for residents by working in a trauma responsive way.

In order to achieve our vision, a long-term transformational approach is needed by all businesses, services and organisations to impact outcomes for residents and communities. This will require change at individual level and in organisational culture. The city is committed to developing a whole systems approach achieved by organisations working in a coordinated and collaborative way to change the culture of the city.

The aim of this whole-systems approach will be to:

- Prevent children from experiencing and being impacted by ACEs and trauma
- Support and build resilience for communities, families, individuals and children against the potential impact of adversity and trauma and to break the cycle of generational trauma
- Recognise the impact that ACEs and trauma has on children and adults and help them to receive support to reduce their negative impacts and to improve their well being

4.2 What will an ACE-aware, trauma informed, and trauma responsive Manchester look like?

Kindness and compassion in the city will be the norm - supported and promoted by all individuals, families, organisations, businesses and communities. Everyone will seek to guard against negative or damaging practices.

Manchester will be a place where everyone understands how childhood can shape a life course and how what we experience impacts our future health and wellbeing and our ability to thrive, as both individuals and communities.

There will be an understanding that trauma and adversity can affect anyone regardless of where they live, their race or religion, background or age and that adversity experienced during childhood can manifest at any time in life. But we will also know that people who are raised and live in underserved communities will face greatest

challenges, both in terms of the adversities that they experience and in accessing those services that can help them the most. Consequently, these people will be impacted by the worst health outcomes.

All organisations, businesses and residents in the city will be ACE and trauma aware but those organisations and individuals who have a responsibility for supporting our residents and communities will have a much deeper level of knowledge and understanding which will be demonstrated every day in their values and beliefs.

There will be a recognition that people may experience a complex journey in their response to, or when, overcoming trauma and adversity and that this may not be linear. By working through a trauma lens, services will help people to feel connected, valued and safe. People will feel supported and listened to on their journey to healing from their trauma no matter how simple, complex, short or long that may be instead of being blamed. There will be a focus on building person focused, strength based and inclusive relationships, moving away from the expert / service user approach

4.3 Objectives

These objectives will be the focus of our work over the next five years;

1. Create ACE-aware, trauma informed, trauma responsive and resilient communities

We will work with partners to support and enable the development of trauma responsive community hubs in every neighbourhood.

Work with existing models, opportunities and activities happening in the city to build resilient communities.

2. Make sure people with lived experience of adversity and trauma have a voice

We will work innovatively and flexibly with individuals, families and communities who have experienced adversity and trauma to co-produce approaches, services and projects that are ACE aware, and trauma informed.

We will work with 'Expert by Experience' groups across the city to co-design and co-produce training content, resources, projects and feed into the governance structures.

3. Support organisations across the city to embed ACEs and trauma informed approaches into their everyday practice

We will increase city-wide knowledge and understanding of ACEs and trauma by rolling out sector specific training.

We will support organisations to become trauma responsive by adopting trauma responsive approaches and policies and develop appropriate referral pathways.

We will work with organisations to establish ways to support the wellbeing of their staff and service users.

We will develop and test models of supervision.

We will build strong ACE and trauma partnerships and networks by establishing knowledge sharing and network opportunities and supporting organisations to work collaboratively.

4. Develop a range of approaches to measure the impact of the programme and ACEs and trauma activity in the city and ensure that practice is evidence based.

We will work with partners to measure the impact of our work with communities including developing a meaningful measure of community resilience.

We will work with partners and stakeholders to develop a range of different approaches to measure the impact of their ACEs and trauma work

We will co-develop sector specific guidance and resources to measuring impact.

We will work with Greater Manchester to develop a system level approach to measuring impact.

5. Ensure that equality, diversity and inclusion are central to our approach

We will work with partners to actively engage those from underrepresented groups who may have experienced adversity or trauma based on their specific characteristics such as race, disability, sexual orientation or due to their culture, religion or community environment.

5. How will we measure success?

Quantifying and measuring what affects people's health and life outcomes is not easy due to the complexity of people's lives and the environments that they live in. As such it is not easy to measure the impact of being ACE aware and trauma informed on the whole of the city. Approaches will be different in each sector and community of the city. Despite this we are committed to gaining a better understanding of how this work is impacting people's lives in Manchester and supporting the organisations in the city to better understand the effect of the services on residents. As such we will work to develop a range of tools and approaches to measuring the impact of this work including:

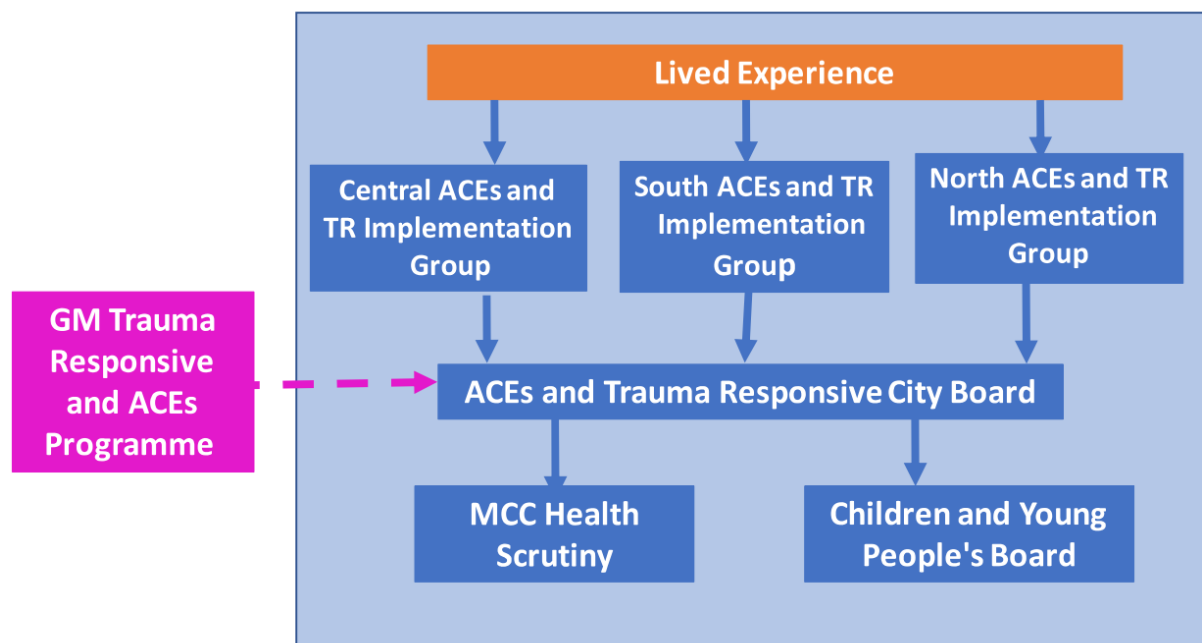
1. Working with partners to develop an outcome's framework which includes a measure of community resilience
2. Carrying out cost benefit analysis – both individual case studies and system wide

3. Developing sector specific guidance on measuring impact covering both organisational culture change and benefits for service users. This will also include tools to support organisations.
4. Measuring the impacts of our trauma responsive community hubs.
5. Developing a range of trauma specific measures such as impact of training, impact of trauma responsive services
6. Producing case studies to share good practice.

6. Governance

The delivery of the ACEs and Trauma Responsive Programme will be steered by lived experience – both residents and staff from a range of organisations across the city. Three ACE and Trauma Responsive Implementation groups covering the North, South and Central localities of the city will provide support and influence the ACEs and Trauma Responsive City Board. **This** will consist of the programme lead, project manager, lead member, and representatives from the Lived Experience and Implementation groups. The board will report directly to both Manchester City Council Health Scrutiny and the Children and Young People's Board. There will be strategic and delivery links established with the GM Trauma Responsive and ACEs Programme as well as a range of different strategies and work programmes across the city.

Figure 3: Manchester ACEs and Trauma Governance Structure



With thanks to all our partners for their help and support in developing this approach, and supporting the ACEs and trauma work across the city.

4CT Limited
 84YOUTH
 Abraham Moss Community School
 Adoption counts
 Adoption support team
 Afghan Resettlement and Ukraine Response Team
 Afrocats
 All Saints Primary
 Armitage Primary School
 Barnardos
 Big Life group
 Big Manchester
 Breakthrough UK
 Bridgelea
 Briscoe Lane Primary
 Bridging the Gap (Manchester)
 Brighter Sound
 Burnage Boys Academy
 Caribbean and African Health Network (CAHN)
 Catalyst Psychology CIC
 CCG Safeguarding
 CGL Eclipse
 Charlestown Primary
 Change, Grow, Live (CGL)
 Children and Young People Services (CYPS)
 Chorlton C of E primary
 City of Sanctuary
 Community safeguarding children team
 Community Safeguarding Team: Named Nurses and Senior Specialist Nurses for Children
 Community Safety
 Community Support
 Complex Safeguarding Hub / COM / Police
 Coop Academy North Manchester
 Coop New Islington
 Corporate Safeguarding Team
 Corpus Christi Academy Trust
 Dad Matters
 De Paul
 Dignifi
 District Homes Housing Association
 DST
 E-ACT Academy

Early Break
 Endeavour Federation
 EYFS
 Gaddum
 Greater Manchester Immigration Aid Unit
 Greater Manchester Mental Health Trust
 Greater Manchester Police
 Greater Manchester Rape Crisis
 Greater Manchester Resilience Hub
 Greater Manchester Violence Reduction Unit
 Greater Manchester Universities Student Mental Health Service
 Healthy Schools
 Healthy Weight Team
 Holy Trinity School
 Homelessness Services - Accommodation & Support
 Housing operations
 Inclusion team/safeguarding
 Integrated Care
 Kazzum Arts
 Levenshulme High for Girls
 Lily Lane primary
 Manchester Adult Social Care
 Manchester Art Gallery
 Manchester City Council elected members
 Manchester Foundation Trust
 Manchester Health and Care Commissioning (MHCC)
 Manchester Homeless service
 Manchester Housing Operations
 Manchester Integrated Care (formerly CCG)
 Manchester Local Care Organisation
 Manchester Mind
 Manchester North and South PDUs
 Manchester Refugee Support Network
 Manchester South Central Food Bank
 Manchester University NHS Foundation Trust
 Manchester Vineyard
 Manchester Women's Aid
 Manchester Youth Zone
 Martenscroft Centre Nursery Schools and Sure Start Children's Centre
 MASH
 MEA CENTRAL
 M-Thrive
 Neighbourhood Teams
 Newall Green Primary School
 NHS CAMHS
 No 93 Wellbeing Centre

Oasis Academy Aspinall Primary School
 Oasis Academy Harpur Mount Primary School
 Odd Arts
 Old Hall Drive Primary
 One Manchester
 Oswald Road Primary School
 Our Ladys Secondary
 Our Manchester Food Partnership
 Out There
 Outreach Team
 Pakistani Sounding Board
 Pankhurst Trust (incorporating Manchester Women's Aid)
 Parent and infant service
 People First Housing Association
 Plymouth Grove primary
 Probation Service
 Proud 2b Parents
 Rent & money advice team
 Rushbrook Academy Primary
 Saviour CofE Primary
 SeNCO
 St Matthew's RC High School
 Seymour Road Primary
 SimplyInnerWorks CIC
 Street Games
 Student Support
 Southway Housing
 Supported Housing
 The Big Life Group
 The church of the Apostles with St Cuthbert Miles Platting
 The Hive (SEND team)
 The Manchester College
 The Melissus Project
 The Resonance Centre
 The social Super Market @ Apostles
 Tiddlywinks Nursery
 TMC School
 Trafford Care for Children Health Team
 Training Academy
 UCEN Manchester
 Unity Community Primary School
 Virtual School Team
 Wai Yin Society
 West Gorton Medical Centre
 Wilbraham Primary School
 Wise Owl Trust

YPAC
Youth Justice
Z-Arts

With special thanks to Lizzie Hughes, Councillor Joanne Green, Back on Track and Thrive Manchester.

For further detail on activity in Manchester please visit

Manchester Safeguarding

<https://www.manchestersafeguardingpartnership.co.uk/resource/adverse-childhood-experiences-aces-resources-for-practitioners/>

Greater Manchester Violence Reduction Unit [Homepage - Greater Manchester Violence Reduction Unit \(gmvrui.co.uk\)](http://gmvrui.co.uk)

Trauma Responsive Greater Manchester [Trauma Responsive Greater Manchester \(trgm.co.uk\)](http://trgm.co.uk)

Written by Michelle Berry (ACEs and Trauma Project Manager) and Gareth Nixon (ACEs and Trauma Programme Lead), Department of Public Health for Manchester City Council.

Appendix 2: Adverse Childhood Experiences (ACEs) and Trauma Responsive

Programme Refresh: Engagement Analysis

1.0 Survey

1.1 Background

In order to engage a wide audience of partners and stakeholders in the refresh, an online survey was developed. The survey was promoted to partners and stakeholders via a direct email, hosted on the Manchester City Council (MCC) website, promoted on MCCs Facebook and twitter pages and circulated to the individuals who attended a workshop, also held as part of the consultation process (see section 2). It was hosted on the Councils website between June and August 2022. The survey was completed by 101 individuals from 69 organisations. A full list of the organisations represented can be found in appendix 1.

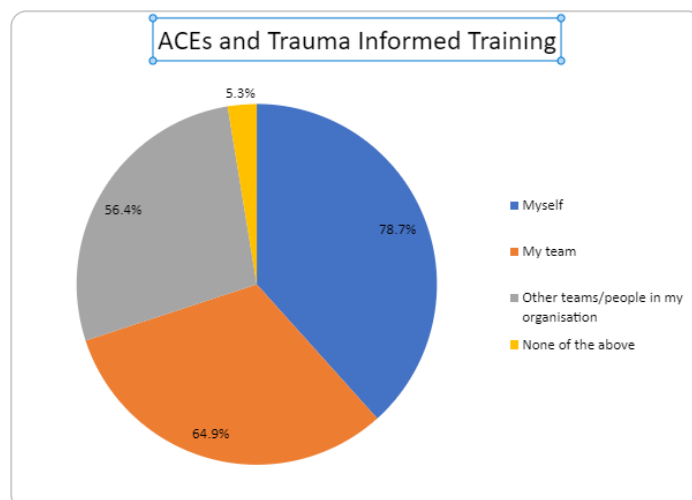
The survey asked a range of questions covering:

- Training
- Level of knowledge of ACEs in organisation and how this has been incorporated
- The impact of ACEs work on their organisation and clients
- Successes
- Future aims and objectives and resources require to achieve this
- Impact of COVID

1.2 Analysis of Survey

The vast majority (78.7%) of people responding to the survey stated that they had received training in ACEs and 64.9% of those completing the survey stated that their team had also received ACEs training (N.B respondents could tick multiple responses). Only a very small percentage (5.3%) had not received any training.

Chart 1: ACEs and Trauma Informed Training

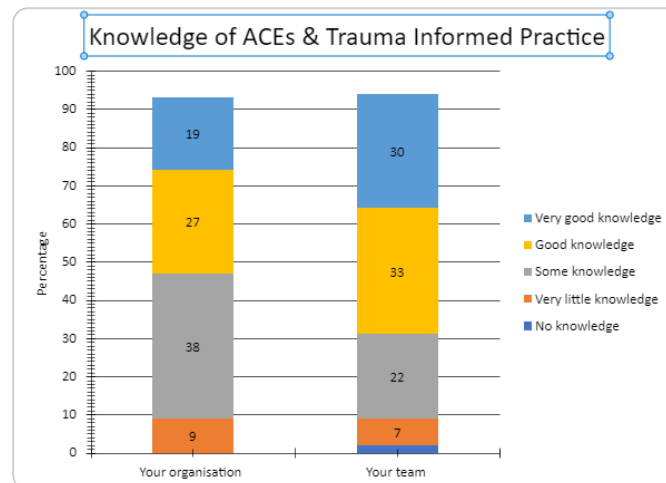


Nearly a third (32.6%) of responders completed their training with someone from Manchester City Council and 15.7% were trained by someone in their own

organisation. 42.7% were trained by someone else such as Thrive Manchester, the University of Manchester and 42nd Street.

When asked what the level of ACEs and TI knowledge or understanding was in both their team and their organisation it was found that their teams had the greater knowledge, as show in the chart below.

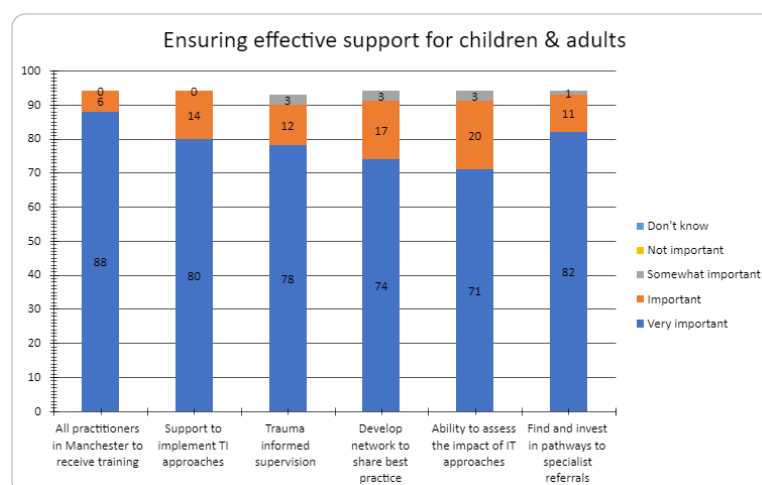
Chart 2: Knowledge of ACEs and Trauma Informed Practice



Stakeholders were asked how they thought that the city could effectively support children and adults in Manchester and were provided with a range of possible options. Participants thought that all the options were important but the most important were:

- That all practitioners receive ACEs and TI training
- Find and invest in pathways to specialist referrals
- Support to implement TI approaches

Chart 3: How can we ensure effective support for children and adults in Manchester



Participant were asked if ACEs and TI practice had been incorporated into their team or organisations objectives and strategies. 21.3% stated that they were fully incorporated and 62.7% had incorporated some aspects. 13.% had not incorporated

ACEs and TI practices into their objectives or strategies but had planned to do so. The remaining 3.2% has no plans to do so.

Organisations highlighted the steps they have taken to incorporate ACEs and TI practice into their work. These are listed below:

- Develop bespoke training for a particular demographic e.g., serious youth violence
- Organisation TI & ACEs audit for self-assessment
- Produce action plans
- Trauma Awareness Lead appointed
- Developed comprehensive staff support offer / supervision
- Attending national and international events and conferences to learn from best practice
- Established an ACEs panel
- Develop / implement TI strategies / policies / procedure and embed clear approach across organisation

Over two thirds of respondents (77.9%) stated that implementing a TI approach has had a positive impact on the people they work with. The remaining 22.1% stated that they did not know what impact their work had had.

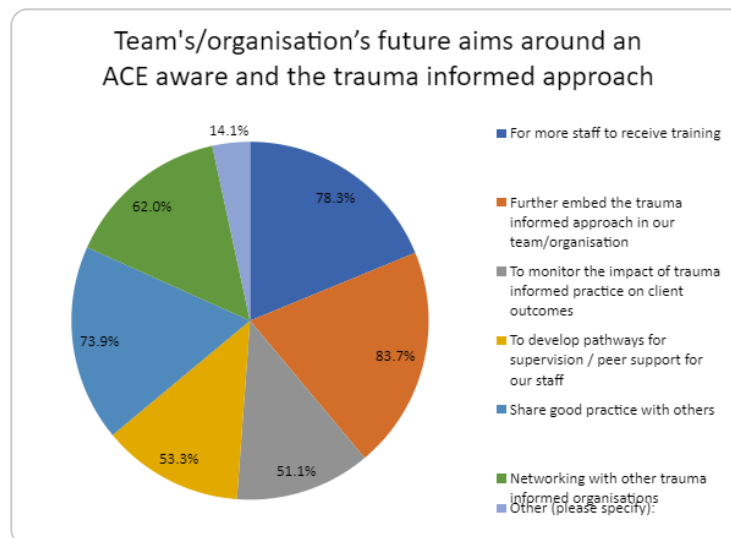
The comments received from participants regarding the impact this work has had on their clients is summarised below:

- Helps them to understand negative thoughts, behaviours and patterns and work through their trauma informally e.g., not via counselling
- Helps with them accessing services/programmes and engagement
- They have a voice
- Raise awareness and knowledge of the impact of trauma on their lives
- Provide safe spaces
- Better meet our clients' needs
- Build trust as we are working with clients
- Able to provide better services to clients
- A more person-centred approach
- Provide better support
- We try and prevent any further trauma to our clients by the way that we speak and interact with them
- Have a closer relationship
- We are able to look behind the behaviours
- Improvement in results (schools)
- More empathy and kindness

When asked what their team/organisations future approach was around this agenda, 83.7% of respondents stated that they wanted to further embed TI approaches within their organisation. This was followed by 78.3% stating that they wanted more staff to receive training and 73.9% of respondents stating sharing good practice with

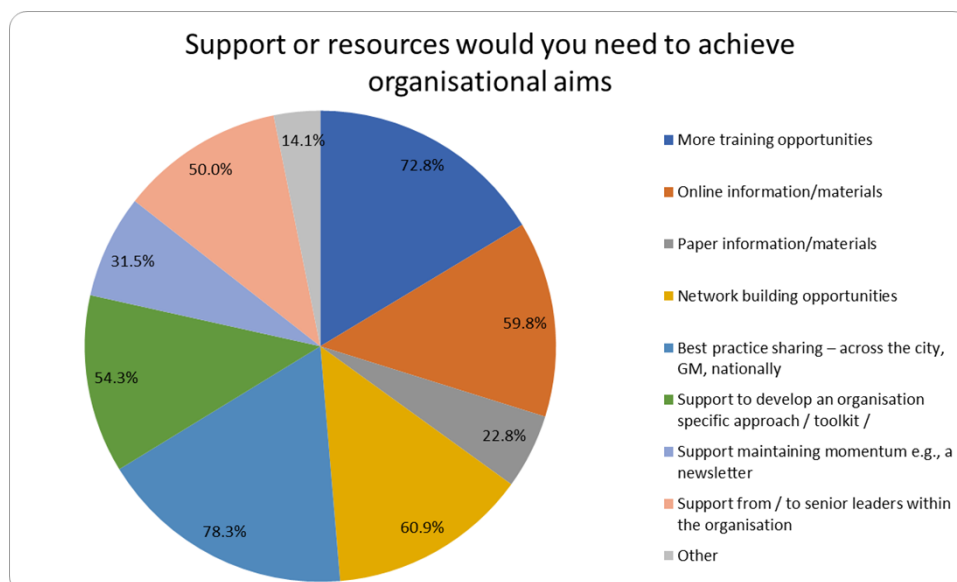
others. A lower percentage of respondents planned to develop pathways for staff supervision (53.3%) or monitor the impact on clients (51.1%).

Chart 4: Team / organisation future aims around and ACE aware and trauma informed approach



When asked what support or resources organisations would need to achieve their aims the largest response was best practice sharing (78.3%) followed by 72.8% of people stating more training opportunities. Other options that received a high response were network building opportunities (60.9%), online information and materials (59.8%) and support to develop an organisaiton specific approach (54.3%).

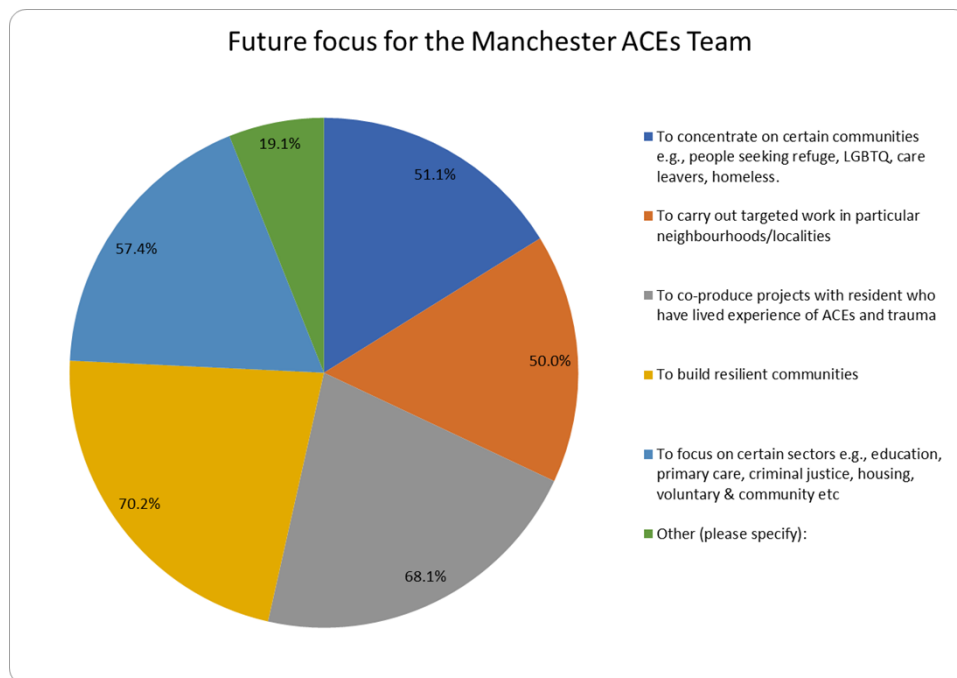
Chart 5: Support or resources needed to achieve organisational aims



Respondents were asked what support or resources they would need to achieve their organisational goals (chart 5). Best practice sharing (78.3%) and more training opportunities (72.8%) received the highest number of responses. This was followed

by networking opportunities (60.9%), online information / materials (59.8%) and support to develop an organisation specific approach (54.3%).

Chart 6: Future Focus of the Manchester ACEs Team



The chart above shows what respondents thought the future focus of the Manchester ACEs team should be. Participants thought that building resilient communities (70.2%) and co-producing projects with residents (68.1%).

The majority (87.9%) of respondents stated that COVID-19 pandemic had at least some impact in their work to incorporate ACEs and TI practice into their work. This was both positive and negative and examples are provided below:

Table 1: Impact of COVID-29 Pandemic

Positive	Negative
Able to access more training opportunities via increased online provision	Isolation re-traumatised people and made people less resilient
Support methods adapted and strengthened	Increased the safeguarding risk to children and families
It has never been more important to have a trauma responsive approach	We couldn't access ACEs training
It was the catalyst for some work/projects or the signal to carry some work on	Slowed progress of work in this area
ACEs training provided us with good knowledge and understanding so we could better support people when COVID hit	The lasting impact of COVID-19 on communities

COVID changed the ethos of schools – more caring	Increased trauma felt by society
Practitioners became more aware of the wider context of people's lives during the pandemic	Increasing demand for services has been ongoing
Some essential initiatives e.g., Neighbourhood and Food response, demonstrated potential for people working together	Lost momentum, opportunities and resources focused elsewhere
	Impact on staff suffering trauma and overload

2.0 Engagement Workshop

2.1 Background

An engagement workshop was held on 15th July 2022 and was attended by approximately 60 individuals from across the city. The workshop provided participants with an introduction to ACEs and the purpose of the session, some case studies provided by organisation in the city that had implemented an ACE aware and TI approach. Participants were then asked in breakout sessions to provide their thoughts on four topics listed below:

1. What does Community Resilience mean to you in the context of ACEs & Trauma?
2. Should we deliver the ACEs & Trauma Informed Practice strategy with a per locality focus or per sector focus?
3. How can we co-produce projects with residents?
4. How can we evaluate, and evidence impact of ACE awareness and Trauma Informed Practice across localities and sectors?

2.2. Outcomes

A summary of the outcomes of these discussions can be found in the table below:

Table 2: Summary of Workshop Outcomes

Community Resilience	Locality vs Sector Focus	Co-producing projects with partners	Evaluate & evidence ACEs & TI practice in Mcr
Empowerment and self-empowerment - communities have the ability to support themselves	Focus on both	Be involved from the start	Create a common template & create evaluation principles

Connection, coming together, bring people together	Communities mean different things to different people e.g., a school is a community	Be involved in everything e.g., bids/tenders/service design/training development	Use existing data e.g., schools have attendance, attainment, behaviour etc
Community assets	Different organisations might need different approaches	Organisations to be transparent with clients / residents	Capture case studies
Diversity/identity - holistic approach to individual / recognise everyone is unique. Build on people's strengths and value differences	Dual approach which is both bottom up and top down - City wide framework with themes underneath that link together e.g., sectors/organisation s/place/type of trauma and start with key/essential individual orgs/communities to refine approach before expanding	Provide ACEs/TI training to residents	Self-evaluation of staff who have received training and deliver practice e.g., confidence levels. Follow up on impact of training months/year later
Raise awareness of/recognise ACEs	Share approaches to encourage consistency and learning. Improve networking across Manchester	Build trust, raise awareness, use shared language	Strength based
Cyclical investment - individuals who receive support go on to support others			

Appendix 1: Organisation Completing the Survey

84YOUTH
 4CT Limited
 Abraham Moss Community School
 Adoption counts
 Back on Track
 Barnardos
 Big Life group
 Bridging the Gap (Manchester)
 Catalyst Psychology CIC
 CGL Eclipse
 Change Grow Live
 Chorlton C of E primary
 Coop
 Coop Academy North Manchester
 Coop New Islington
 Martenscroft Centre Nursery Schools and Sure Start Children's Centre
 Dignifi
 District Homes Housing Association
 E-act
 Early Break
 Endeavour Federation
 Gaddum
 GMMH
 GMP
 Greater Manchester Immigration Aid Unit
 Greater Manchester Mental Health Trust
 Greater Manchester Police
 Greater Manchester Rape Crisis
 Holy Trinity
 Housing operations
 Jinnett Lunt
 LCO
 Lily lane primary
 Manchester City Council
 Manchester Foundation Trust
 Manchester Homeless service
 Manchester Integrated Care (formerly CCG)
 Manchester Mind
 Manchester University NHS Foundation Trust
 Manchester Vineyard
 Manchester Women's Aid
 MASH
 MEA CENTRAL
 Manchester Health and Care Commissioning (MHCC)
 Manchester Local Care Organisation
 Newall Green Primary School
 NHS
 NHS CAMHS

Oasis Academy Harpur Mount
One Manchester
Oswald Road Primary School
Pankhurst Trust (incorporating Manchester Women's Aid)
Parent
People First Housing Association
Primary school
Primary school based in Manchester
Probation Service
Rushbrook Primary
SMBC
St Matthew's RC High School
Street Games
The Big Life Group
The church of the Apostles with St Cuthbert Miles Platting
The Manchester College
The Melissus Project
Thrive Manchester
Tiddlywinks Nursery
UCEN Manchester
West Gorton Medical Practice
Youth Justice

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Manchester City Council Report for Resolution

Report to: Health Scrutiny Committee – 19 July 2023

Subject: Draft Terms of Reference and Work Programme for the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

Report of: Governance and Scrutiny Support Unit

Summary

This report sets out the proposed terms of reference and work programme for the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.

Recommendations

The Committee is invited to:

1. Agree the membership of the Task and Finish Group.
 2. Agree the terms of reference for the Task and Finish Group.
 3. Agree the work programme of the Task and Finish Group, which will be reviewed by the group at each of its meetings.
-

Wards Affected: All

Contact Officers:

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

Background 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.

Minutes of the Health Scrutiny Committee meeting held 12 October 2022 and 24 May 2023.

1.0 Introduction

- 1.1 At its meeting of 24 May 2023 the Health Scrutiny Committee agreed to establish a Task and Finish Group to undertake a detailed investigation of the Greater Manchester Mental Health NHS Foundation Trust Improvement Plan (see minute HSC/23/24).
- 1.2 The proposed name for the group is the 'Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group'. The term 'Task and Finish Group' is used to refer to subgroups which carry out an investigation and report their findings.
- 1.3 This report sets out a programme of work to investigate the areas identified by Committee members. The Committee is asked to discuss and make any necessary revisions to the Terms of Reference and Work Programme for the investigation.
- 1.4 The draft terms of reference and work programme for this Subgroup are attached as appendices 1 and 2.

2.0 Membership

- 2.1 The Committee is invited to nominate and approve the membership of the Task and Finish Group.

3.0 Recommendations

- 3.1 Recommendations to the Committee are listed on the first page of this report.

4.0 Appendices

- 4.1 Appendix 1 – Draft Terms of Reference.
- 4.2 Appendix 2 – Draft Work Programme.

Title	Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group
Membership	To be confirmed.
Lead Executive Members	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Strategic Directors	Bernadette Enright, Executive Director of Adult Social Services
Lead Officers	Chief Executive of Greater Manchester Mental Health NHS Foundation Trust
Contact officer	Lee Walker, Governance and Scrutiny Support Officer
Objectives	<p>1. To review progress against the five key workstreams of the Greater Manchester Mental Health NHS Foundation Trust Improvement Plan:</p> <ul style="list-style-type: none"> - Patient Safety - Clinical Strategy and Professional Standards - Empowered and Thriving Workforce - An Open, Listening Organisation - A Well Governed and Well Led Trust. <p>2. To seek an assurance that the required improvements are implemented.</p>
Key Lines of Enquiry	<p>1. To consider the strategies and planned work related to each of the five key work streams of the Improvement Plan.</p> <p>2. To consider the measurement and reporting of progress / improvements.</p> <p>3. The Subgroup will consider evidence from the Trust and any other witnesses as the Subgroup deem appropriate.</p>
Operation	This Subgroup will report its findings to the Health Scrutiny Committee by submitting minutes to the Committee. The Committee will be asked to endorse any recommendations from the Subgroup.
Access to Information	<p>Meetings of the Subgroup will be open to members of the media and public except where information that is confidential or exempt from publication is being considered.</p> <p>Papers for the Subgroup will be made available to members of the media and public on the Council's website and Central Library except where information which is confidential or exempt from publication is being considered.</p>
Schedule of Meetings	To be determined.
Commissioned	24 May 2023

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**Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group Subgroup
Work Programme – 2023**

Meeting 1: To Be Confirmed Deadline for reports:				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan: Patient Safety	<p>To receive a report that describes the agreed work and activities of the Improvement Plan to address patient safety.</p> <p>This report will include information on the agreed governance arrangements in relation to this activity, the agreed metrics and reporting of progress and improvements.</p>	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	Chief Nurse GMMH	
Terms of Reference and Work Programme	To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.	-	Lee Walker	

Meeting 2: To Be Confirmed Deadline for reports:				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan: Clinical Strategy and Professional Standards	<p>To receive a report that describes the agreed work and activities of the Improvement Plan that considers 'Clinical Strategy and Professional Standards'.</p> <p>This report will include information on the agreed governance arrangements in relation to this activity,</p>	Councillor T. Robinson, Executive Member for Healthy	Medical Director GMMH	

	the agreed metrics and reporting of progress and improvements.	Manchester and Adult Social Care		
Terms of Reference and Work Programme	To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.	-	Lee Walker	

Meeting 3: To Be Confirmed
Deadline for reports:

Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan: Empowered and Thriving Workforce	To receive a report that describes the agreed work and activities of the Improvement Plan to consider the actions the Trust will adopt to support an 'Empowered and Thriving Workforce'. This report will include information on the agreed governance arrangements in relation to this activity, the agreed metrics and reporting of progress and improvements.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	Director of Human Resources GMMH	
Terms of Reference and Work Programme	To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.	-	Lee Walker	

Meeting 4: To Be Confirmed
Deadline for reports:

Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan:	To receive a report that describes the agreed work and activities of the Improvement Plan to consider	Councillor T.	Dep Chief Executive	

An Open, Listening Organisation	those actions to enable the Trust to become 'An Open, Listening Organisation'. This report will include information on the agreed governance arrangements in relation to this activity, the agreed metrics and reporting of progress and improvements.	Robinson, Executive Member for Healthy Manchester and Adult Social Care	GMMH	
Terms of Reference and Work Programme	To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.	-	Lee Walker	

Meeting 5: To Be Confirmed				
Deadline for reports:				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan: A Well Governed and Well Led Trust	To receive a report that describes the agreed work and activities of the Improvement Plan to achieve the ambition of becoming a 'Well Governed and Well Led Trust'. This report will include information on the agreed governance arrangements in relation to this activity, the agreed metrics and reporting of progress and improvements.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	Dep Chief Executive GMMH	
Final Recommendations	To agree the final recommendations of the Task and Finish Group.	-	Lee Walker	

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 19 July 2023

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

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

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

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

Date	Item	Recommendation	Response	Contact Officer
24 May 2023	HSC/23/24 Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update	The Chair consult with the Executive Member for Healthy Manchester and Adult Social Care and other relevant stakeholders to consider the scope and remit of any subgroup to consider mental health.	The draft terms of reference and work programme for the Task and Finish Group are presented at item 7 of the 19 July 2023 agenda.	Lee Walker Scrutiny Support Officer

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **10 July 2023**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

There are no Key Decisions currently listed within the remit of this Committee.

3. Items for Information

Care Quality Commission Reports

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

Key to Inspection Ratings

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

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

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met.

Provider	Address	Link to CQC report	Report Published	Type of Service	Rating
Sure Care (UK) Ltd	Brocklehurst Nursing Home 65 Cavendish Road Withington Manchester M20 1JG	https://www.cqc.org.uk/location/1-1333072984	16 June 2023	Care Home	Overall: Good Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good
South Manchester Care Ltd	South Manchester Care Ltd 436 Barlow Moor Road, 1st Floor Chorlton Manchester M21 0AB	https://www.cqc.org.uk/location/1-13648297742	22 June 2023	Homecare Service	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Rhombus Care Group Ltd	Gabriel House 47 Alness Road Manchester M16 8HL	https://www.cqc.org.uk/location/1-7237167286	30 June 2023	Care Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement
EndoCare Diagnostic Ltd	EndoCare Community Diagnostic Centre Parkway 4, Parkway Business Centre Princess Road Manchester M14 7HR	https://www.cqc.org.uk/location/1-11463587342	27 June 2023	Independent Hospital	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement

Malik and Waring Orthodontists Ltd	Northenden House Orthodontics Sale Road Northenden Manchester M23 0DF	https://www.cqc.org.uk/location/1-197975113	29 June 2023	Dentist	Overall: No Action Required
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**Health Scrutiny Committee
Work Programme – July 2023**

Wednesday 19 July 2023, 2pm (Report deadline Friday 7 July 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Adverse Childhood Experiences (ACEs) & Trauma Informed Practice	To receive an update report to that considered at the meeting of 7 September 2022 on the Adverse Childhood Experiences (ACEs) & Trauma Informed Practice. The report will update Members on the range of activities to deliver the stated ambition of Manchester being a trauma informed and trauma responsive City.	Councillor T. Robinson	David Regan Gareth Nixon	
Implementing Ockenden: One Year On	Colleagues from St Mary's Hospital at MFT will be invited to provide an update to the Committee on the implementation of the Ockenden report recommendations in relation to maternity services. The Committee have requested that this report include specific consideration of maternity services for Black, Asian or Minority Ethnic background, (BAME) women.	Councillor T. Robinson	Tom Hinchcliffe	This item was previously considered at the 22 June 2022 meeting.
Draft Terms of Reference and Work Programme for the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group	To seek the Committee's approval to establish a Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group and to agree the terms of reference, work programme and membership.	Councillor T. Robinson	Lee Walker	
Overview Report	The monthly report includes the recommendations	-	Lee Walker	

	monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.			
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Wednesday 6 September 2023, 2pm (Report deadline Thursday 24 August 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Planning for Winter 2023/24 Across Health and Care	To receive a report that will set out the plans for how the City Council and NHS provider organisations, Primary Care and the VCSE will deliver services to address the specific challenges of autumn/winter 2023/24. This will include plans for the covid and flu vaccination programme.	Councillor T. Robinson	Tom Hinchcliffe, Bernie Enright, David Regan	
NHS Greater Manchester Integrated Care System Update	To receive a report on the establishment of the Greater Manchester Integrated Care System and the revised governance arrangements in relation to the Manchester locality.	Councillor T. Robinson	Tom Hinchcliffe	
COVID-19 National Inquiry	To receive a report on COVID Inquiry including outputs from the preliminary hearings on national preparedness and the impact of the pandemic on health care.	Councillor T. Robinson	David Regan	
Disaggregation of Complex Services	To receive a report from MFT that follows on from the report covering disaggregation of services (phase 2) presented in March 2023.	Councillor T. Robinson	Tom Hinchcliffe Julie Taylor	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of	-	Lee Walker	

	those organisations that have been inspected by the Care Quality Commission.			
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Wednesday 11 October 2023, 2pm (Report deadline Friday 29 September 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Making Manchester Fairer	To receive a progress update on the Making Manchester Fairer programme including an in-depth look at the eight thematic areas.	Councillor T. Robinson	David Regan	This will be a single item agenda. There will be a series of papers under the Making Manchester Fairer programme headings and partner organisations and people with lived experience will be invited to speak at the meeting.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 8 November 2023, 2pm (Report deadline Friday 27 October 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Budget proposals for Adult Social Care and Public Health	In line with the Council budget planning process, to receive a report on the initial budget proposals for 2024/25 for Adult Social Care and Public Health.	Councillor T. Robinson	Bernie Enright, David Regan	
Update on Dementia	To receive a follow up report and presentation on the work of the Dementia Steering Group. This was first presented to the Committee in March 2023.	Councillor T. Robinson	David Regan	Invitations will be extended to frontline service providers and people with lived experience.
Update on Extra Care	To receive a follow up report on this subject. This item first came to the Committee in June 2022.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Update on Learning Disability & Autism with a focus on Transitions	To receive a follow up report on this subject. This item will relate to aspects of the report that came to Committee in December 2022.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 6 December 2023, 2pm (Report deadline Friday 24 November 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Climate Change Update	To receive a report on all the key health related areas of climate change including food, air pollution, the role of NHS organisations and the cold weather action plan.	Councillor T. Robinson	David Regan	Invitation to the Executive Member for Environment and Transport.
Health and Homelessness	To receive a report on the work of the Manchester Health and Homelessness Task Group set within the context of the Manchester Strategy: A Place Called Home.	Councillor T. Robinson	David Regan, Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience. Invitation to Cllr Hitchen, Chair of Communities and Equalities Scrutiny Committee.
Health Provision For Asylum Seeker Contingency Hotels	To receive a report that provides information on the health provision at Asylum Seeker Contingency Hotels.	Councillor T. Robinson	David Regan, Bernie Enright	Invitation to Cllr Midgley, Deputy Leader.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 10 January 2024, 2pm (Report deadline Thursday 28 December 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Drugs and Alcohol Services	The annual update on drug and alcohol services will this year focus on people with complex needs and the role of social workers.	Councillor T. Robinson	David Regan, Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Cancer Screening	To receive a report on screening uptake in relation to breast cancer, cervical cancer and bowel cancer with a particular focus on bowel cancer screening which is the Manchester Local Care Organisation (MLCO) priority programme for 2023/24.	Councillor T. Robinson	David Regan, Dr Sohail Munshi	Invitations will be extended to frontline service providers and people with lived experience.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 7 February 2024, 2pm (Report deadline Friday 26 January 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Budget Proposals For Adult Social Care And Public Health	To receive the final set of budget proposals for Adult Social Care and Public Health prior to the Executive and Full Council.	Councillor T. Robinson	Bernie Enright, David Regan	
Implementation Of The 2023/24 Winter Plans	Following on from the report presented in September and reflecting the format of the extraordinary meeting held in February 2023, system partners will attend to report back on how effective winter plans were.	Councillor T. Robinson	Tom Hinchcliffe, Bernie Enright, David Regan	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 6 March 2024, 2pm (Report deadline Friday 23 February 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Carers Strategy	Following the presentation of the Carers Strategy to the Committee in March 2023, an update on strategy implementation will be provided to the Committee.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Manchester Public Health Annual Report	To receive the 2023/24 Public Health Annual Report which will focus on sexual health and HIV.	Councillor T. Robinson	David Regan	Invitations will be extended to frontline service providers and people with lived experience.
Update On Health Infrastructure Projects	Following the visit by members of the Health Scrutiny Committee to North Manchester General Hospital in March 2023, the Committee will receive an update report on the new hospital programme and progress in north Manchester.	Councillor T. Robinson	David Regan	This item was previously considered at the 11 January 2023 meeting.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Findings From CQC Reports Into Manchester Based Services And The Publication Of The GMMH Independent Review by Professor Shanley	To receive a report that describes the findings from CQC reports into Manchester based services and the publication of the GMMH Independent Review by Professor Oliver Shanley OBE.	Councillor T. Robinson	David Regan, Bernie Enright	
An Update On Health Protection Outbreaks As They Arise	To receive an update on health protection outbreaks.	Councillor T. Robinson	David Regan	
Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update	Further to the meeting of 24 May 2023 to consider a report from the Greater Manchester Mental Health NHS Foundation Trust that provides an update on the Trust's Improvement Plan.	Councillor T. Robinson	Chief Executive of GMMH	
Access to NHS Primary Care – GP, Dentistry and Pharmacy	To receive a suite of reports that provides an update on the provision and access to primary care services across the city.	Councillor T. Robinson	Tom Hinchcliffe	Previously considered 8 February 2023.
2022/2023 Manchester Safeguarding Partnership Annual Report	To receive the annual report of the Manchester Safeguarding Partnership with a focus on Adults.	Councillor T. Robinson	Bernie Enright	