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MANCHESTER CITY COUNCIL

Health Scrutiny Committee

Date: Wednesday, 10 January 2024
Time: 2.00 pm
Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

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Membership of the Health Scrutiny Committee

Councillors - Green (Chair), Bayunu, Cooley, Curley, Hilal, Karney, Muse, Reeves, Riasat 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 - 12
To approve as a correct record the minutes of the meeting held on 6 December 2023.

4A. [2.00-2.05] Minutes 13 - 18
To receive the minutes of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group meeting held 19 December 2023.

5. [2.05-2.35] Support For People With Complex Needs And The Role Of Social Workers & Tackling Alcohol Harm in Manchester 19 - 34
Report of the Executive Director of Adult Social Services and the Director of Public Health

The Health Scrutiny Committee receive an annual update on the delivery of drug and alcohol services in Manchester. This report is in two parts. The first part of the report provides the Committee with a full description of the services provided by the Manchester social work teams, who support adults with complex needs. The second part of the report focuses on efforts to tackle alcohol harm in Manchester and Greater Manchester and the next steps for this important work.

6. [2.35-3.05] Cancer Screening Update 35 - 48
Report of the Director of Public Health and the Chief Medical Officer, Manchester Local Care Organisation

This report provides the latest position in relation to cancer screening programmes for the population of Manchester.

7. [3.05-3.35] Enabling Independence Accommodation Strategy Update 49 - 62

Report of the Executive Director of Adult Social Services & Strategic Director Growth & Development

This report provides an update on the delivery of the Enabling Independence Accommodation Strategy for Manchester (2022-2032) which was considered and supported by Committee on 12 October 2022, prior to its approval at Executive in November 2022.

8. [3.35-3.55] Manchester Local Care Organisation Community Health Transformation Programme - Variation to Podiatry Services 63 - 92

Report of the Deputy Director of Integrated Commissioning – Community Health, NHS GM (Manchester)

This report presents recommendations made by Manchester Local Care Organisation Executive to reduce variation in community health podiatry services as part of the Community Health Transformation Programme.

9. [3.55-4.00] Overview Report 93 - 104

Report of the Governance and Scrutiny Support Unit

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

Information about the Committee

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

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

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. 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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Further Information

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This agenda was issued on **Tuesday, 2 January 2024** 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 6 December 2023

Present:
Councillor Green – in the Chair
Councillors Bayunu, Cooley, Curley, Hilal, Karney, Muse and Wilson

Apologies: Councillor Reeves

Also present:
Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Councillor Chambers, Deputy Executive Member for Healthy Manchester and Adult Social Care
Councillor Midgley, Deputy Leader
Councillor Rawlins, Executive Member for Environment and Transport
Councillor Shilton Godwin, Chair of Environment, Climate Change and Neighbourhoods Scrutiny Committee
Karin Connell, Strategic Lead, Health Equity and Inclusion, Manchester Integrated Care Partnership
Darren Parsonage, Head of Operations (Vaccination/Designated Clinical Officer) SEND, NHS Greater Manchester (Manchester)
Jo Walby, Chief Executive, Mustard Tree
Dr Shaun Jackson, General Practitioner, Urban Village Medical Practice
Liz Thomas, Homeless Health Nurse, Urban Village Medical Practice
Jackie McVan, Head of Services Greater Manchester, CGL (Change Grow Live)
Kevin, Service User, CGL
Jay, Service User, CGL
Dave, Service User, CGL
Dr Fiona Watson, General Practitioner, Hawthorn Medical Centre
Dr James Adams, General Practitioner, Hawthorn Medical Centre
Dr Laura Parker, Specialist Trainee Registrar in Public Health
Anna Bond, Deputy Director Manchester Climate Change Agency

HSC/23/53 Minutes

Decision

To approve the minutes of the meeting held on 8 November 2023.

HSC/23/54 Health and Homelessness

The Committee considered the report of the Director of Public Health and the Executive Director of Adult Social Services that provided an overview of the work on health and homelessness in Manchester.

Key points and themes in the report included:

- Describing that work was co-ordinated through the Manchester Health and Homelessness Task Group which had been established in 2016 under the leadership of the Director of Public Health;
- Reporting that the Health and Homelessness Task Group had been established as part of the Manchester Homelessness Partnership (MHP) and launched with the Manchester Homelessness Charter in 2016;
- Many people with lived experience of homelessness were involved in co-writing the Manchester Homelessness Charter which was an integral part of the current MHP Homelessness Strategy 2018-2023;
- Reporting that to support and accelerate the successes of the MHP, and collaboration with the Greater Manchester Combined Authority, the Council had begun a refreshed transformation programme, A Place Called Home, in 2022;
- An update on relevant local and national strategies;
- Key statistics and epidemiological information;
- Key health statistics from the National Health Needs Audit Report;
- Describing the work of the various partners on the Task Group; and
- Conclusion and next steps.

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

- The Committee paid tribute to all partners working across the city to support homeless people;
- Stating that the government had failed to respond to the issue of homelessness;
- Noting that this failure placed a significant pressure on already depleted public services;
- Did the Urban Village Medical Practice track homeless people to ensure they maintained contact with health services and attended health appointments;
- Commenting that racism also needed to be considered as a health issue;
- What was the criteria for an individual to access support from Mustard Tree;
- Noting that when an asylum seeker was granted Leave to Remain they would often then present as homeless as they would lose any accommodation provided by the Home Office; and
- What were the challenges to the Transformation Programme, A Place Called Home.

Dr Shaun Jackson, General Practitioner, Urban Village Medical Practice described that the Practice had been supporting homeless people for approximately 25 years, servicing 14,0000 patients with an integrated homelessness provision. He described that the approach to this work had evolved over the years by working in partnership with commissioners. He described that the pillars on which they approached this homeless work was delivering primary care; providing in-reach work for homeless people admitted to Manchester Royal Infirmary; providing out-reach services; and advocating on the issue of homelessness and health across the wider health system, both locally and nationally. He commented that the NHS needed to invest in homelessness health services reiterating the point that homelessness needed to be considered as a health problem and that early deaths amongst homeless people was as a result of unmet medical need. In terms of gaps in health provision for homeless people he stated that he would identify appropriate care and support for homeless people with complex needs, particularly older homeless people. He said there was a

lack of the correct specialist support in the correct care environment for such individuals. He also commented on the challenge in accessing mental health services and substance misuse services for homeless people.

Dr Shaun Jackson, General Practitioner, Urban Village Medical Practice said that they did attempt to maintain continuity of care for homeless people, recognising that an individual could be temporarily housed in another area of the city or another borough. He said that they would have individual conversations on how to access the most appropriate health care, recognising that travelling to the Urban Village Medical Practice would often not be appropriate for an individual. In terms of supporting homeless people to attend appointments at other settings, he described that homeless people would use the Practice as a Care of Address so they became aware of appointments and the Practice could proactively support individuals.

Liz Thomas, Homeless Health Nurse, Urban Village Medical Practice described that the informal tracking of homeless individuals was undertaken by partnership working and dialogue across a range of agencies.

Reflecting on the comments from Dr Jackson, the Chair noted that the Committee would be considering a report on palliative care at the 7 February 2024 meeting and Dr Jackson would be invited to the meeting to contribute to the discussions.

Jo Walby, Chief Executive, Mustard Tree addressed the Committee and said that she represented the non-statutory (i.e. voluntary) sector across the city who were working in partnership to support homeless people. She commented that the criteria for accessing support from Mustard Tree was anyone experiencing hardship. She said that Mustard Tree could not refer or allocate accommodation for homeless people, adding that the Homeless Team within the Council dealt with allocations. She said that they supported homeless people to access services, including health services, by helping people register with a GP and access addiction services. In addition, they would case manage more complex cases to support individuals attend appointments etc. She stated that they were recognised as a trusted voice who would advocate on behalf of homeless people. She paid tribute to the work undertaken by the Director of Public Health and the Executive Director of Adult Social Services for the work they had undertaken to bring partners and Council services together in Manchester to respond to this complex and challenging issue.

Jo Walby, Chief Executive, Mustard Tree acknowledged the comments raised regarding Home Office decisions and the granting of Leave to Remain for asylum seekers. She described that there was little or no communication from the Home Office in regard to asylum seekers being housed in hotels in the city and referred to the increased demand on their services when this had happened.

In response to a specific question asked regarding the data provided in relation to old age in the demographic characteristics of people owed a statutory homelessness duty by Manchester City Council, the Director of Public Health stated that further information would be circulated following the meeting. He further commented that the issue of structural racism and discrimination was understood and was a key stream of work as part of the Making Manchester Fairer work that was regularly reported to the Committee.

The Deputy Leader described that the Transformation Programme (A Place Called Home) operated in a challenging context with the cumulative impact of austerity, Covid-19, the cost-of-living crisis, and the impact of national decisions on the asylum and migration process continuing to impact and exacerbate hardship for local communities, more often those with the least resources. She further reiterated the call for an end to Section 21 (no fault evictions) and for the immediate unfreezing of the Local Housing Allowance. She stated that despite these challenges the Homelessness Team was working hard to reduce the number of homeless families being accommodated in Bed and Breakfast settings. In response to the comments made regarding asylum seekers, she said that Manchester displayed a humane and compassionate response.

The Director of Public Health commented that the action plan for the Transformation Programme was provided as an appendix to the report and that the Joint Strategic Needs Assessment would also inform this activity.

Jackie McVan, Head of Services Greater Manchester, CGL (Change Grow Live) stated that one positive outcome from the pandemic had been strengthened relationships between CGL and Mustard Tree. She also stated that another legacy of the pandemic had been the adoption of on-line support services that some people found more appropriate for their circumstances and needs. She described the increasing demand on services, particularly for substance misuse services. She also emphasised the issue of social isolation and loneliness experienced by homeless people placed in accommodation. She commented on the need to challenge the stigma associated with homelessness and substance misuse.

The Committee then heard from Kevin, Dave and Jay who spoke of their individual lived experiences of homelessness. The Committee thanked them for attending and sharing their powerful testimonies.

The Committee expressed their gratitude to all guests for attending and contributing to the meeting.

Decision

That a delegation from Manchester, comprising of partners working to support homeless people across the city visit the Secretary of State for Health and Social Care to highlight the situation in Manchester and to lobby for additional resources to address homelessness.

HSC/23/55 Health Provision For Asylum Seeker Contingency Hotels

The Committee considered the report of the Director of Public Health and the Deputy Place Based Lead, NHS Greater Manchester (Manchester Locality) that provided an overview of health provision for Asylum Seeker Contingency (ASC) hotels in the city of Manchester.

Key points and themes in the report included:

- Providing an introduction and background, noting that in July 2020, Manchester Health and Care Commissioning (MHCC), the Clinical Commissioning Group for the city of Manchester at the time, was directed by NHS England (NHSE) to work with the Home Office, their provider Serco and other stakeholders such as Manchester City Council to commission primary care services for people placed in the ASC hotels.
- Listing what primary care providers were expected to deliver as a minimum;
- Discussion of the main issues and mitigating actions, including information on the NHS Greater Manchester Migrant Health Group that had been established;
- Describing the approach to commissioning primary care services to meet the needs of people seeking asylum living in the hotels;
- Highlighting some of the opportunities identified to build on the learning and expertise developed through this work, to better meet the needs of people seeking asylum, refugees and other migrants in the future; and
- Noting that the work described supported Manchester City Council's commitment to ensure that Manchester was a city of sanctuary for people seeking asylum.

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

- Further information on the migrant health passport;
- Information was sought on the NHS Greater Manchester Migrant Health Group, noting that issues experienced by asylum seekers were not confined to those accommodated in ASC hotels;
- Did asylum seekers have a choice as to which GP they registered with; and
- An update on Manchester becoming a City of Sanctuary.

Dr Fiona Watson, General Practitioner, Hawthorn Medical Centre described the work delivered to support asylum seekers housed in ASC hotels. She referred to a particular hotel that housed approximately 150 men. She described the integrated approach to help individuals access primary care services. She said that the team comprised of a multidisciplinary team, including GPs, Health Care Assistants and Nurses who would be present at the hotel once a week. She described that having a physical presence in the hotel helped foster positive relationships with both Serco, who had responsibility to provide properties for initial and dispersed accommodation requirements to support the welfare of asylum seekers, and the residents. She advised that the clinical priorities were infection screening, particularly for Tuberculosis; safeguarding; mental health and wellbeing work.

Darren Parsonage, Head of Operations (Vaccination/Designated Clinical Officer) SEND, NHS Greater Manchester (Manchester) stated that the intention was to standardise the good work described by Dr Watson across all ASC hotels. He commented that, due to the nature of the asylum system and the fact that some hotel residents would move to different accommodation during their asylum-seeking journey, one of the providers had been developing a "migrant health passport" for residents who had longer term health needs to support continuity of care should the resident move on. In response to a specific question, he said that an individual could choose to register with any GP. He added that the priorities of the GM Migrant Health Group were access to primary care; infectious diseases screening and transition.

The Director of Public Health stated that a lot of learning had been obtained over the previous five years in relation to this area of activity. He added that the GM Migrant Health Group recognised that the health issues experienced by asylum seekers were not confined to residents of ASC hotels and would be experienced by asylum seekers in the wider community.

The Deputy Leader described that a steering group had been established to agree the Terms of Reference and progress the strategy for Manchester to enable it to become accredited as a City of Sanctuary. She said this steering group included people with lived experience. She said that a commitment to becoming a City of Sanctuary had been agreed at full Council in July 2023. She said this meant that the City Council, health organisations, other public bodies, as well as the voluntary and faith sector, would work together to improve services for those seeking sanctuary in Manchester. The Deputy Leader concluded by stating that Manchester stood in solidarity with all people seeking asylum.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to all partners working across the city to support asylum seekers. He paid particular tribute to Sarah Doran, Assistant Director of Public Health for her work and continued dedication in this area of work.

The Committee expressed their gratitude to all guests for attending and contributing to the meeting.

Decision

To note the report.

HSC/23/56 The Impact of Climate Change on Health

The Committee considered the report of the Director of Public Health that built upon previous health scrutiny reports “An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester” (February 2022) and “Climate Change - The Impact of the Recent Heatwave” (December 2022).

Key points and themes in the report included:

- Providing a brief overview of how and why climate change impacted the health of Manchester residents and what activities were underway to monitor and mitigate these impacts;
- Discussion of the impact of climate change on NHS Organisations in Manchester;
- Discussion of the impact of climate change on the food system;
- Discussion of the impact of climate change on migration;
- Mitigation, adaptation and emergency response;
- Activities to reduce carbon emissions;
- Activities to reduce air pollution;
- Discussion of adaptation to climate change;
- Adaptation to air pollution;
- Heatwave Plan, noting the importance of having robust emergency response plans in case of severe adverse weather events;

- Recognising the co-benefits to health from climate action, such as the increased provision of greenspace and/or the promotion of active travel;
- Describing how work undertaken as part of the Making Manchester Fairer strategy helped to recognise and minimise health inequalities exacerbated by climate change; and
- Next steps.

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

- What was being done to communicate climate change activities with residents;
- Paying tribute to the work undertaken by staff to support and assist residents in receipt of Adult Social Care in the Didsbury East Ward during the evacuation of homes as a result of flooding;
- Did the introduction of the 30mph speed limit on Princess Road / Princess Parkway improve air quality;
- Noting the cost of living crisis and the pressures experienced by residents and how this impacted on their ability to make informed choices, such as purchasing an electric car to reduce their carbon emissions; and
- Noting the impact of housing and the ability to regulate temperature during extreme weather events and the impact this had on health.

The Committee heard from Councillor Shilton Godwin, Chair of Environment, Climate Change and Neighbourhoods Scrutiny Committee. She provided a testimony that had been provided by a medical practitioner that described the detrimental health impacts poor air quality had on young people. She concluded by emphasising the need to consider climate change as a health issue.

Dr Laura Parker, Specialist Trainee Registrar in Public Health stated that car idling was a particular issue that contributed to poor air quality. In regard to the specific question raised regarding the impact of reducing speed limits to 30mph and air quality, she advised that any analysis of this would be circulated.

Anna Bond, Deputy Director Manchester Climate Change Agency responded to the discussion regarding housing during extreme weather events. She said that the refreshed Climate Change Framework included a number of work streams that included retrofitting of domestic properties and net zero building standards. She also stated that the importance of access to green space was recognised and all the work was devised through the lens of Making Manchester Fairer.

The Executive Member for Environment and Transport emphasised the need for a just transition in relation to climate change. She emphasised the need to deliver reliable, affordable and connected public transport system to provide a viable alternative to the car. She said that the ongoing delivery and roll out of the Bee Network would help deliver this ambition. She informed the Committee that the Environment, Climate Change and Neighbourhoods Scrutiny Committee would be considering a suite of reports at their December meeting that include communications and resident engagement.

The Director of Public noted the comments made regarding damp and mould and advised that work was ongoing with local Housing Providers to address this. He also

commented that the learning from the recent heatwaves was ongoing and referred to the weather alerts that were monitored throughout the year and forwarded to the weather alert group via an automated process, in addition to the key public health messaging at such times.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to the Public Health Team for their work during periods of extreme weather events. He described that this work continued to be delivered in the absence of government leadership on the important issue of climate change.

Decision

To note the report.

HSC/23/57 Overview Report

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

Decision

The Committee notes the report and agrees the work programme.

Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

Minutes of the meeting held on 19 December 2023

Present:
Councillor Green – In the Chair
Councillor Curley and Wilson

Also present:
John Foley, Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust
Sian Wimbury, Deputy Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust
Bridget Hughes, Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust
Sarah Williamson, Associate Director of Nursing and Quality, Greater Manchester Mental Health NHS Foundation Trust

GMMHIP/23/01 Update on GMMH Improvement Plans on Patient Safety, Clinical Strategy and Professional Standards

In opening the meeting, the Chair welcomed all those present and described the context and rationale for the establishment of the Task and Finish Group by the Health Scrutiny Committee following the May 2023 meeting. The Chair commented that at the next meeting the report to be submitted would consider the themes of People and Culture. She noted that at the May 2023 meeting of Health Scrutiny Committee representatives from CHARM had attended and at that meeting the Trust had given an undertaking that they would actively engage with CHARM to address the specific concerns they had articulated. She requested that an update on these discussions be included in the report to be submitted to the January 2024 meeting.

The Task and Finish Group then considered the report and accompanying presentation of the Interim Associate Director of Operations, Associate Director of Health Professionals and Quality and Associate Medical Director Manchester Care Group that provided an update regarding the progress to date on the Greater Manchester Mental Health NHS Foundation Trust (GMMH) Improvement Programme, with specific reference to Patient Safety, Clinical Strategy and Professional Standards. Where possible the presentation focused on the improvements made in Manchester services impacting on Manchester people.

Key points and themes in the report included:

- Providing a background and context to the Improvement Plan;
- Providing an update on two of the key workstreams within the Improvement Plan linked to the improvements currently being undertaken by the Trust, namely Patient Safety along with Clinical Strategy and Professional Standards;
- Discussion of progress to date and impact and challenges;
- Information on the NHS England National Recovery Support and assessment of progress against the exit criteria; and

- Consideration of the risks to delivering the Improvement Plan (noting that Risk Appetite was defined as the level of risk that an organisation was prepared to accept in pursuit of its objectives. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings).

Some of the key points that arose from the Task and Finish Group's discussions were:

- Requesting that comparative data, including figures and as a percentile is provided when reporting progress against activities in future reports as this enabled the lay reader to measure progress;
- Welcoming the 21% reduction in incidents related to smoking on Manchester sites since April 2023;
- Information was sought regarding ligature audits;
- Clarification was sought on the reported 10% reduction in the use of rapid tranquilisation across Manchester wards in October 23;
- How many in-patients were there currently;
- How many staff were there across the in-patient sites;
- Discussing waiting times to access services;
- The issue of staff recruitment and retention was important to the successful delivery of the Improvement Plan and noting the need to articulate improvements across the Trust to attract staff;
- The need to ensure that appropriate staff were working during weekends and evenings to ensure safe staffing at all times;
- The need to address previously identified bad practice such as incorrectly or falsely completing observation records;
- Clarification was sought as to the source of the reported £522.7m income for 23/24;
- Welcoming the information provided in relation to Safeguarding Training;
- Expressing concern at the relatively low percentage of detained patients being read their rights in accordance with the Mental Health Act within the first two weeks of admission;
- Supporting the delivery of Trauma Informed Care that was included in staff induction and further supported the delivery of Level 2 training for the workforce, stating that Manchester had committed to becoming an Adverse Childhood Experience aware, trauma informed and trauma responsive city;
- Welcoming the information provided in regard to research and innovation and asking how this informed service delivery and models of patient care;
- Requesting that information on the NHS England Recovery Support Programme and the NHS Oversight Framework segmentation criteria and process be circulated to Members of the Group as background information;
- How confident was the Trust that malpractice was no longer present; and
- Welcoming the information provided in relation to 'Freedom to Speak Up' and requesting that anonymised case studies and any analysis of trends be provided in the next report to be considered by the Group.

In response to the comments and questions from the Group, the Chief Operating Officer advised that Tony Warne, who had a background in mental health would take up the post of Chair at GMMH from January 2024. He would be taking over from the previous Chair, Bill McCarthy, who took up the post on an interim basis in January 2023. He stated that appointment of a permanent Chief Executive would then follow.

The Deputy Chief Operating Officer said that similar to other clinical pathways, mental health services were now being prescribed timescales for access to services. She stated that this national direction was welcomed as this would provide a better account of mental health services nationally and help drive improvements across all mental health services. She further commented that the Trust did provide services for specific cohorts, such as asylum seekers and homeless citizens. She stated that the Trust was open to working collaboratively with partners, such as GP practices and Council services to deliver tailored services to respond to specific needs.

The Associate Director of Nursing and Quality stated that the ligature audit was undertaken across in-patient sites in accordance with Care Quality Commission guidance. She said that all staff were trained in this process and the audits were undertaken by teams to identify areas across the whole unit to identify risk of patients taking their own lives or harming themselves using a ligature. She commented that the site in South Manchester had presented some challenges to this process compared to the site in the North due to the fact that this was a much older building with PFI arrangements, however the estates team had worked with the relevant building manager to undertake this ligature audit and this would be completed by the end of March 2024. The Associate Director of Operations stated that there were 140 in-patient beds in the North and 20 in-patient beds in the South and the difference in numbers was due to the need to safely manage the ligature audit. She advised that the staff profile across the sites would depend on the patient profile at any one time, adding that a breakdown of the different staff roles across the in-patient sites would be provided.

Noting the comments expressed regarding the importance of staff recruitment and retention, the Deputy Chief Operating Officer said that consideration of this would be provided in further detail in future reports planned for the Group. The Associate Director of Operations commented that the issue of retention and recruitment was recognised and was a national issue and not limited to Manchester, however the developments in North Manchester presented an opportunity to attract staff. The Associate Director of Nursing and Quality commented that staffing levels would be reviewed in line with the increase in-patient acuity.

In response to the discussion that arose regarding safer staffing during evenings and weekends, the Associate Director of Nursing and Quality advised that night managers were in post across the in-patient sites and there were regular out of hours quality walk arounds undertaken, with senior members of staff providing oversight of these. These arrangements were further supported by on-call medical and operational staff. She added that staff did rotate from days to night shift patterns so this allowed for continuity of good practice and care. She added that the intention, subject to appropriate funding arrangements was to recruit Matrons to support this work and provide an additional level of professional quality assurances and oversight. She commented that they would be visible on wards and provide positive role models for staff. She commented that the ‘In-patient Transformation Plan’ had

specific actions to address poor practice regarding patient observations and that the introduction of an app to be used by staff would support this activity.

The Task and Finish Group supported the introduction of Matrons across all in-patient sites.

The Chief Operating Officer stated that the funding system the Trust's navigated for its income was very complex, with the majority of this coming from the Integrated Care Board. He commented that the priority of any investment was to deliver safe staffing and patient safety. The Deputy Chief Operating Officer referred to the block contract arrangements (a payment made to a provider to deliver a specific, usually broadly-defined, service) that existed and that the Trust was bound by financial rules and regulations in regard to how this money could be spent. In regard to a specific question regarding the PFI contract, she commented that the details of this were not readily available for this meeting.

In regard to the reported 10% reduction in the use of rapid tranquilisation across Manchester wards in October, the Deputy Chief Operating Officer advised that this was compared to the previous month. The Associate Director of Nursing and Quality added that this information was periodically reviewed across all sites and was aligned to serious incident reporting. The Chair commented that the actual figures relating to restrictive practice should be circulated to the members of the Group following the meeting for information. The Chief Operating Officer commented that this would be provided, adding that the use of seclusion had reduced at the Edenfield site.

In response to safeguarding referrals, the Associate Director of Operations advised that there were 1297 referrals in October 2022 compared to 941 in October 2023. She advised that referrals could come from a number of sources and the recording of this information had been improved through the introduction of the PARIS IT system. She advised that a number of key partners, including Greater Manchester Police had undertaken safeguarding training and this included the Right Care Right Person training, (Right Care, Right Person is an operational model developed by Humberside Police that changed the way the emergency services responded to calls involving concerns about mental health). She commented that all referrals were clinically triaged and there were improved processes following closer collaboration with the Council and the Section 75 joint assurance partnership weekly meetings chaired by the Manchester Executive Director Adult Social Services had been in place since March 2023.

The Deputy Chief Operating Officer acknowledged the comments expressed in relation to the in-patient's rights being read within the first two weeks. She commented that she was of the opinion that this was as the result of a recording issue rather than a failure to do this. She commented that this would be picked up as a specific action for improvement. The Chief Operating Officer added that compliance with the Mental Health Act was audited by the Care Quality Commission.

The Deputy Chief Operating Officer further acknowledged the positive feedback from the Group in relation to the 21% reduction in incidents related to smoking on Manchester sites and commented that whilst improvements had been made work continued in this area of activity.

The Deputy Chief Operating Officer said that they were considering all training opportunities for staff, however they were currently prioritising mandatory training. She commented that the Trust was committed to delivering Trauma Informed Care, supported by specialist practitioners. Noting the comments from the Chair regarding the ambition for Manchester to become a trauma responsive city she said that she would welcome the opportunity to liaise with the lead officer for Trauma Informed Practice within the Council to progress this and discuss future opportunities.

The Deputy Chief Operating Officer acknowledged the comments made regarding research and innovation and added that the intention was to transform the research into innovative practice.

The Chief Operating Officer stated that senior staff were much more visible and actively undertaking daily walk arounds of the various sites and engaging with staff and patients. He said that in addition to these informal systems there were formal systems established to capture both staff and patient views and feedback. He further commented that staff and service users had recently attended and spoke at the Trust's Annual General Meeting, and this had been very powerful and had provided valuable feedback reflecting on the improvements achieved to date.

The Deputy Chief Operating Officer informed the Group of the establishment of a number of staff champions identified across the Trust who staff could approach to raise concerns with. She further added that Commissioners also undertake walkabouts of the sites, commenting that there are a number of sources of information and feedback, and the challenge was to triangulate all of this information.

The Associate Director of Nursing and Quality commented that she had been in post for 12 months and she was extremely visible and positive presence on the ward and she promotes engagement sessions with staff, including questionaries with the intention to improve culture and practice. She commented that the Freedom to Speak Up was a very useful tool for staff to articulate their views and opinions.

The Associate Director of Operations referred to the 'Our Care Matters' service user group who met monthly and was a forum to express individual concerns or raise wider issues.

Decision

To note the report.

GMMHIP/23/02 Work Programme of the Task and Finish Group

The Task and Finish Group considered the terms of reference and future work programme and were invited to make any amendments.

Decision

To note and approve the work programme, noting the comments made during the previous agenda item.

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 10 January 2024

Subject: Support For People With Complex Needs And The Role Of Social Workers & Tackling Alcohol Harm in Manchester

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

Summary

The Health Scrutiny Committee receive an annual update on the delivery of drug and alcohol services in Manchester. This report is in two parts. The first part of the report provides the Committee with a full description of the services provided by the Manchester social work teams, who support adults with complex needs. This includes the work the team do with other partners such as the criminal justice system and provides a forward view of key developments for 2024/25. The second part of the report focuses on efforts to tackle alcohol harm in Manchester and Greater Manchester and the next steps for this important work.

Recommendations

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

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	Providers of alcohol services contribute to zero-carbon targets in the city. Commissioned providers are required to pledge their zero-carbon targets as part of their contract with the Council.
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	Providers of alcohol services aim to actively reduced health inequalities in Manchester and the focus of their work is on health inclusion.

Manchester Strategy outcomes	**Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy**

A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Tackling alcohol related harm will support the city's economy which includes the creation of economic value, jobs, volunteering, and health innovation.
A highly skilled city: world class and home grown talent sustaining the city's economic success	The provision of services to help people recover from addiction with additional support for skills development is integral to economic success.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Making Manchester Fairer (MMF) work in the city and these programmes contribute to MMF.
A liveable and low carbon city: a destination of choice to live, visit, work	Health partners including commissioned providers have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care and alcohol related support for Manchester residents.

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None

Financial Consequences – Capital

None

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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.

Alcohol, Drugs, and Community Stop Smoking and Tobacco Treatment Services in Manchester, Health Scrutiny Committee Report, 8 February 2023

Part One: Support For People With Complex Needs And The Role Of Social Workers

1.0 Introduction

1.1. Alcohol and other drug use is embedded in many of our social customs and cultures. The majority of people who use such substances will do so without harm to themselves or others. Unfortunately, a minority of people will develop problems which can negatively affect their own health and wellbeing and also that of their families, friends and community. It is likely that all social workers whether working with children, young people or adults will come across people who drink alcohol or take drugs, and it is important that social workers are able to decipher when this tips from recreational use to problematic substance misuse, whereby it leads to significant social and/or health related problems, and be able to sign post individual to the right support at the right time.

1.2. It is also important for all front-line social workers to understand the complexities of the lives and presentations of people who harmfully use substances, and the importance of not just tacking the substance misuse but also understanding any other underlying needs which may be affecting their opportunity for recovery and when they would benefit from the support of our specialist services.

1.3. In Manchester we are fortunate to have a specialist substance misuse social work team, who work to support people into recovery and to sustain recovery, and a newly developed social work team who work, in partnership with the homelessness team, with citizens who are entrenched rough sleepers. This report will focus on the work of these two specialist teams but will set out the work we intend to do with wider social work teams across Childrens and Adult Services, to ensure that we provide the best, most person-centred support to those who harmfully use substances, and also the work we want to take forward around prevention.

2.0 The Substance Misuse Team

2.1. The Substance Misuse Service is divided into two teams, north and south and is made up of 2 Team Managers, (Grade 9) 2 Senior Practitioners, (grade 8) 14 Substance Misuse Social workers, (Grade 7) 1 Social Work Apprentice (Grade 6) and 1 support worker (grade 4). The funding for these posts comes from Adult Social Care, Public Health and a number of short-term grants. Although the teams are based over two sites, the team now manage a joint duty service.

2.2. The team ordinarily work with individuals who are physically dependent on alcohol or drugs but may on occasion work with individuals drinking at high risk levels where there is an identified social care need. Generally, it is expected that the person will have a primary alcohol and/or drug problem and are seeking support to address this; including seeking support to reduce the harm alcohol or drugs are causing them. Although we work using a harm reduction model, recovery and rehabilitation are never off the table, and all work is to support people to move from precontemplation/ contemplation to preparation, action and maintenance.

2.3. Once a person has been accepted by the team, we will complete a specialist social care assessment, which combines the outcome stars for drug and alcohol with the Care Act Assessment. The Social worker, with the person, family and team around the person will design interventions seeking to address barriers that prevent the person accessing mainstream alcohol and/or drug treatment services. Our role includes support to stabilise or improve elements of a person's life such as self-neglect, abuse or other areas of social functioning which is impacting on their well-being.

2.4. The teams will also work within the Safeguarding Statutory Framework, set out in the Care Act 2014, and Care and Support Statutory Guidance (2018) with individuals experiencing harm directly related to their alcohol and/or drug use. For example, individuals who require social care support to prevent homelessness, to reduce risk of anti-social behaviour or to reduce victimisation or exploitation and requests for social work intervention where identified difficulties are directly related to alcohol or drug use. Where Citizens primary need is not the substance misuse, but where their substance misuse impacts on the success of intervention, the Substance Misuse Social Worker will form part of the team around the adult but will not be the lead agency.

2.5. The team also provide support to families and carers of individuals who are affected by substance misuse, regardless of whether the substance user is accessing services. We offer a Carer's Assessment which is the best way to identify the sorts of support which would be most beneficial and allows carers to explain how caring impacts on their health and wellbeing and helps then consider what would happen if they were unable to care for the person whatever reason, including developing a Carer's Emergency Plan.

2.6. Throughout 2023, we have invested a significant amount of time into reviewing the structure of the Social Work Substance Misuse team and are supporting managers and social workers to develop lead areas, below set out an overview of the main bodies of work we have been completing.

3.0 Key Areas of Work

Recovery/ Rehabilitation

3.1. The Social Work Substance Misuse Service's core work continues to be around supporting citizens onto a road to recovery, which includes supporting citizens through the cycle of change to prepare for recovery and rehabilitation. Using the social worker as a resource and embedding a number of practices and theories such as Prochaska and DiClemente Stages of Change, Drug and Alcohol Outcome Star, and Alcohol Concern Blue Light Thinking, the team, working with the person and commissioned substance misuse services develop specialist assessments and support plans for people. The team are also exploring the impact of a person sustained trauma, attachment, life experiences and neurodiversity on their executive functioning and how this can impact on their access to recovery services, maintenance of recovery and ability to manage day to day, from this a comprehensive support plan will be developed.

3.2. This holistic person-centred approach to supporting people in services in the community or Tier 4 services has enabled over 45 to access residential rehab with an 80% success rate of people completing and achieving long term abstinence. If they all complete and remain free of drugs and alcohol this represents savings of approximately £30 million for the city over a lifetime. This is based on government statistics and takes into account things like hospital admissions, medication costs, criminality, homelessness.

3.3. An exciting area of work around residential rehabilitation has been the support we have provided to, two families to access Family Centred rehabilitation. This has allowed parents to recover from addiction and keep their children with them. This has prevented 2 Children being taken into care and a young woman not having her child removed at birth. Although both families have a long way to go, this is a promising area of work, and area we intend to develop in the next 3-5 years. The team will also be making better links with children's teams to ensure parents have better access to recovery services and specialist social work teams to support with this, embracing Manchester's philosophy around team around the family.

Criminal Justice Social Work

3.4. Using funding from the Office for Health Improvements and Disparity (OHID), The Substance Misuse Social Work team have developed two dedicated Criminal Justice Social Workers, who work in partnership with Probation Services and Change Grow Live (CGL) and the Criminal Justice Services, to explore rehabilitation options both in the community and on release from prison.

3.5. The role of this service is to break the cycle of re-offending and provide support for the person to make positive change. This development of this service began in the summer of 2022 and an evaluation from the Criminal Justice Social Worker was completed in March 2023. This enabled a review of the program and has supported the development of good working relationships with Probation Officers, Change Grow, Live and their citizens.

3.6. The aim next year will be to imbed the workers within Her Majesties Prisons where they will develop assessments and support plans for those Manchester residents ready for release. The team will also be developing a comprehensive team plan and data to track progress and identify barriers.

Enhanced Risk Models of Working

3.7. Citizens who harmfully use substances, often have chaotic and high-risk lifestyles, where a certain level of risk becomes the norm. This can desensitise those who work with them to the level of risk and can also make it difficult to assess when a person risk level has increased/ decreased. It is important that as a Service, the substance misuse team, whilst working in the framework of Safeguarding, understand the level of risk being carried, and ensure a clear way of stepping up and stepping down interventions.

3.8. To do this the team are developing an enhanced risk model of working. The initial step was to ensure that staff felt supported when working with complex cases,

where they felt they had run out of idea on how to support the person or what to do next. To do his with have set up regular 'Solution Circle Session'. Solution circles are a peer supported person-centred model of looking differently at a problem. Here the worker will come and set out the current situation, issue and or problem, the team will then look at the situation, through an innovative 'bluesky' lens, provide ideas for action and ask clarifying questions. Together as a team the group agree what the presenting problem is and develop four next step actions. The team will also review the case a few weeks later. These sessions have been highly received from the team and have supported the team to become 'unstuck' with many of our most complex cases. In the following year we intend to invite our partner agencies to these sessions.

3.9. The second element to this model entails reviewing all high-risk cases, to agree whether the risk is high but managed (therefore being managed through enhanced risk case management) or unmanaged therefore managed through safeguarding and high-risk protocols. To do this all cases have been reviewed and RAG rated, and a high-risk register has been developed, which gives management oversight of the risk the team is carrying. This register will be reviewed by the management team weekly, with monthly sessions where the management team meet with the team to discuss the risks and the risk management plans.

3.10. The final element of this model is developing the Multi Agency Enhanced Risk Management plan and meeting. All high-risk cases whether at safeguarding or not, will be managed through Multi – Agency Enhanced risk team meetings, and we are currently developing a multi-agency enhanced risk assessment and management plan. In the new year this model will be piloted and then an enhanced risk management protocol will be developed. Following this there will be a consultation with partners and the model will be rolled out to a small cohort of high-risk citizens and then evaluated. On an individual level it is expected this will enable better day to day risk management and escalation processes, strategically we hope this will identify gaps/ areas of concern that we can then build plans to address.

<u>Transitional Safeguarding/ Prevention</u>

3.11. The Transition Planning Team has recently been moved under the Service Manager for Complex needs and now sits with Substance Misuse Social Work within this Complex Needs Service. This has provided a great opportunity for the two teams to work together with young people who are using drugs and have a other issues, but where their needs are not currently eligible under the Care Act 2014, but where without support they are likely to require support in the future. The team have been part of a working group looking at Transitional Safeguarding, which is looking to develop a better model of working with young people over 18 who are at risk.

3.12. The team have supported other teams to work with young people, and this has seen an increase in young people accessing rehabilitation services, support to be discharged from hospital, and the development of aftercare provisions for young people who are neuro diverse. Although early stages, the team hope to build on this work to develop better multi-agency prevention models to prevent young people needing long term social care support in the future.

Assertive Outreach

3.13. Citizens who harmfully use substances often struggle with their executive functioning and also develop social care needs where they require support, but due to their presentation it can be difficult to get commissioned services to provide support, or where they do this quickly breaks down.

3.14. The Team have had some success using the Complex Reablement service, however this is a short-term service, where the people we support often need longer term assertive outreach support, to manage risk, support stabilisation and get people recovery ready. This often ends up being the Social Workers who take on this role, which is not a great use of resources, an minimises the number of people who can be supported by the team.

3.15. To overcome this the team have developed an assertive outreach business case, to employ 2 x Grade 6, assertive outreach workers, who will implement the Support plan. Support will include support with getting to appointments, managing the home, accessing services and support, building a trusting 'key worker' relationship, support with finances. These workers will be highly skilled and use to working with people who have chaotic presentations and are actively using substances.

3.16. Through this work we aim to initially bridge the gap between assessment of need, and provision of service and from this develop a paper that identifies what Social Care Support people with significant substance misuse require as currently it is difficult to find appropriate accommodation and support for those who use substances or those in recovery who have ongoing social care need.

4.0 Entrenched Rough Sleepers Social Work Team

4.1. In 2022, The Rough Sleepers Drug and Alcohol Treatment Grant and Office for Health Improvements and Disparity Grant was used to employ 1 Senior Social Worker and 5 Social Workers to work with the Entrenched Rough Sleepers Homelessness Service to provide an in reach/outreach model of social work. This provision has grown from strength to strength and in September 2023 a decision was made for this team to become a standalone team within the Complex Needs Service. The team now comprises of; one team manager (Grade 9), one senior social worker (Grade 8) and 4 social workers.

4.2. This unique team is made up of highly skilled social workers who apply a huge breath of experience and theory to support some of Manchester's mostly severely disadvantaged, multi- excluded and traumatised people. Practitioners work with this highly complex cohort, who have been sleeping rough over an extended period of time, with a focus on undertaking Care Act assessments and implementing holistic person-centred support plans.

4.3. The team works to 'A Place Called Home' principles and coordinates a weekly Homelessness Partnership meeting (Mondays 10.00 am – 12 noon) with a wide range of partners to discuss and agree integrated multi-agency approaches. This development follows research that was undertaken by the Directorate following the Covid-19 pandemic, which revealed 'hidden' issues in a cohort of people whose

rough sleeping was considered to be entrenched. These-hidden issues included Trauma, Acquired Brain Injury (ABI) and Neurodiversity and other health related conditions."

4.4. The team carries small caseloads and work hard to engage with these hard-to-reach people. This involves relationship based social work. Through the work with this vulnerable group, Manchester's understanding of executive functioning and acquired brain injury has increased and we are looking at how we build this understanding into our assessment and support planning writing, to look at how we support this group who often have dual needs around substance misuse and mental health, and social deprivation, and therefore it is difficult for them to access and participate in recovery services as well as function on a day to day basis.

4.5. In 2024/25 the team have also been provided with monies for a specialist occupational therapist to support the assessments of how we reintegrate this group back indoors, and how we support them once they have moved from streets, as this group often still have significant needs around executive functioning and substance misuse, which increasing the chance of placement/ housing failures.

4.6. Conversations have also started with commissioners across public health, housing and adult social care about gaps in provision and how we can better work together to meet the needs of this group.

5.0 Continuous Development of Service

Research

5.1. Both the Social Work Substance Misuse Service and the Social Work Entrenched Rough Sleepers Team are committed to research and evidence-based practice. One Senior social worker has already successfully completed a research internship around Executive Functioning and hidden disabilities, we now have another Social Worker who is carrying out research around housing for women, and we are looking in the near future to complete research around recovery options and transitional safeguarding.

Care Act Assessment and Social Work with People with Substance Misuse Needs

5.2. Part 1 of this report has focused predominantly on the work of the two specialist teams with in Adult Social Care, however we are aware that most social workers will at some point be working with people where who use substances and it is important that they can identify when this use may be problematic, and also know how to signpost/ work with other agencies to support the person in a holistic way.

5.3. To support this work, the Complex Needs Service will be reviewing the current Strengths Based Care Act assessment and adding a section around substance misuse which will be completed by other teams, to support them to assess what support the person needs and whether there needs can be better met by a mainstream service, joint working or a specialist team.

5.4. Further to this work there will also be a specialist section added to the current Strength Based Assessment, so that people who have substance misuse as their primary need, but may also have Care Act eligible needs can be assessed once, this will make the process more holistic and enable us to better meet the needs of this group.

Service Offer

5.5. The team will also be reviewing are current service offer, and looking at how we can better support non specialist substance misuse team feel more confident working with people who use substances, and ensuring specialist services where necessary can commission small package of care for people who have primary needs of substance misuse. The team will be working to also develop better transfer processes, for when primary needs change and it is felt that person needs could be met by a different team.

5.6. Moving forward more work does need to be done about what the service offer is for people who use substances or are in recovery but still have a social care need, as we currently have a lot of unmet need, especially around change resistant substance misusers, where they have significant health needs, low level mental health, acquired brain injury and people who use substances and are neuro-diverse.

5.7. To tackle this, initially as stated above we are reviewing are assessment processes to ensure this highlight unmet need in these areas and how this needs affect day to day and executive functioning. Secondly, we are working to review the data we collate, so we can get better data that provide evidence to support the gaps identified and provide a cost analysis of this.

Part Two: Tackling Alcohol Harm in Manchester

1.0 Introduction: What is alcohol harm?

1.1. Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK. Harm results from both the short-term effects of alcohol, whilst people are intoxicated, and the long-term effects, due to chronic excessive consumption.

1.2. Whilst under the influence of alcohol, people are more prone to accidents, injury, and becoming a victim or perpetrator of violent crime. In addition to an increased frequency of violent crime, the Crime Survey for England and Wales reported that when injuries were sustained in alcohol-related attacks, these were typically more severe, as they were more likely to have received cuts, to have suffered concussion, or to have experienced a loss of consciousness because of the incident.

1.3. People who regularly consume above the recommended safe limits of alcohol (14 units per week with at least 2 alcohol free days) are at increased risk of developing chronic health conditions, such as liver cirrhosis, heart disease, strokes, and numerous cancers. There is a well-established association between hazardous

alcohol use and poorer mental health, with those who are dependent on alcohol at increased risk of attempting suicide or self-harm. Excessive chronic alcohol consumption during pregnancy can cause foetal alcohol spectrum disorder (FASD), a condition that arises when alcohol passes to the unborn child via the placenta. The condition results in many physical and mental problems that can vary in severity, affecting a child's movement, balance, vision, hearing, speech, concentration, ability to learn, and ability to process and manage emotions.

1.4. Alcohol related harm extends beyond the individual consuming alcohol to the families and wider community. Living with an adult who misuses or is dependent on alcohol can be harmful to the development and wellbeing of a child and as such is regarded as an 'Adverse Childhood Experience' (ACE). Research findings have also raised concerns there is an association between the increased availability and consumption of alcohol, seen for example during premier league football matches, and increased incidences of domestic violence, most recently described in a detailed report exploring the trends in the domestic abuse incidents following football matches in Greater Manchester. Witnessing domestic abuse can also have significant physical and mental health impacts on children and exposure to domestic violence has therefore been identified as an ACE.

2.0 Alcohol harm and inequalities

2.1 The impacts of alcohol consumption in a population are not felt equally across society. Increased levels of deprivation are associated with increased levels of alcohol related harm. Higher rates of deaths from alcohol and higher rates of alcohol-related hospital admissions have been reported in more deprived areas, despite similar or lower levels of alcohol consumption when compared to less deprived areas.

2.2 Alcohol misuse and dependence is more common in people who experience multiple disadvantages, such as people who are homeless or who have long term health conditions. This disadvantage is further compounded by additional barriers that people with more complex needs may experience when attempting to access support services, further worsening their health outcomes.

3.0 Alcohol harm in Manchester

3.1. There are an estimated 8,671 adults dependent on alcohol in Manchester, which translates to a rate of 20.4 per 1,000, higher than the estimated national rate for England (13.7 per 1,000). Nearly a quarter (23.4%) of adults in Manchester are estimated to drink above the recommended safe limit for alcohol, compared to 22.8% nationally.

3.2. There were 2,286 alcohol-related admissions for adults in Manchester recorded between 2021-2022, which translates to a directly standardised rate of 554 per 100,000. This is significantly higher than the national average (494 per 100,000). Manchester ranked 3rd out of the 10 local authorities that make up Greater Manchester (GM). The rate of alcohol specific hospital admissions for people under 18 in Manchester (36.6 per 100,000) was also significantly higher than the national average (29.3 per 100,000).

3.3. The rate of admission episodes for alcohol related unintentional injuries from 2021-2022 was 59 per 100,000, 16.1% higher than the national average of 50.8 per 100,000. The rate of admission episodes for mental and behavioural disorders due to use of alcohol was 628 per 100,000, 55.4% higher than the national average of 404 per 100,000.

3.4. Manchester has the highest rate of admission episodes for alcohol-related cardiovascular disease in Greater Manchester (GM) (1011 per 100,000), 33.2% higher than the national average (759 per 100,000). Manchester also has the highest incidence of alcohol-related cancers in GM, recording 47.07 new alcohol-related cancers per 100,000 population in 2021, 23.0% higher than the national average (38 per 100,000).

3.5. The age-standardised alcohol related mortality rate in Manchester for 2021 was 54.5 per 100,000. Manchester ranked 3rd highest of the 10 GM local authorities and is 10.8% higher than the GM average rate of 49.2 per 100,000. The potential years of life lost (PYLL) for female Manchester residents was 727 per 100,000 and 1635 per 100,000 for male Manchester residents. Manchester ranks 2nd out of GM local authorities, and these rates are significantly higher than national averages (500 per 100,000 for females and 1116 per 100,000 for males).

3.6. Data from the National Drug Treatment and Monitoring Services (NDTMS) has shown 228 children are living with an adult who entered treatment for alcohol misuse during 2021-2022 and are therefore being directly impacted by alcohol misuse in the home. Data from previous years estimated 13.2% (794) of children with needs assessments identified alcohol misuse by a parent or household member as an issue.

3.7. Findings from a study conducted in Greater Manchester calculated a conservative (minimum) prevalence of Foetal Alcohol Spectrum Disorder (FASD) of 1.8% and a conservative (minimum) prevalence that also included possible cases of FASD of 3.6% within the study population. This is the first FASD active case ascertainment study to be carried out in the UK, so it is not possible to draw comparisons to other regions in the country. However, these prevalence estimates, though not necessarily generalizable to other communities, are in line with a modeled population prevalence estimate for the UK of 3.2%.

4.0 Current activities to tackle alcohol harm in Manchester

Change Grow Live

4.1. Manchester City Council commissions a comprehensive drug and alcohol early intervention, treatment, and recovery service, currently provided by Change Grow Live (CGL). A person-centred approach is taken that ensures the physical and mental health needs of the individual are addressed as part of an integrated approach to reduce harm and support recovery. Details of the service are outlined in detail in the report presented to Health Scrutiny Committee on 8 February 2023. As a brief overview, their services include:

- Prevention & self-care
- Engagement and early intervention
- Structured treatment
- Recovery support

4.2. The service is available through a range of referral pathways and is provided digitally or via community hubs. As well as providing clinical treatment for drug and alcohol dependency, the service works in partnership with other services to support individuals to achieve their goals.

4.3. Findings from the homeless health needs audit survey indicated 45% of respondents self-medicate with drugs and / or alcohol. In recognition of the disproportionate number of people who are homeless that experience alcohol harm, CGL has also been in receipt of funding from the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) since 2020/21. This allows CGL to meet the needs of people experiencing rough sleeping or at imminent risk of doing so. The project is made up of the following components:

- Wrap around engagement & support – to support individuals in accessing, engaging with, and sustaining engagement with drug and alcohol treatment and other relevant services.
- Structured drug & alcohol treatment – to boost structured drug & alcohol treatment services, to account for additional costs from increased access and engagement from this population.
- Commissioning and project coordination – to support existing commissioning teams to ensure services are integrated with drug and alcohol treatment as part of wider health and care support alongside homeless outreach services.
- Workforce Development – to increase the skills and knowledge of keyworkers working with people sleeping rough.

4.4. As at the end of 2021/22, the RSDATG team were working with 129 people who were rough sleeping, 267 at risk of rough sleeping and had supported 31 people into Tier 4 inpatient provision. In addition to the support received from the RSDATG, CGL provide additional outreach activity, via other funding schemes, to support people who are street based and/or homeless. This is enabling CGL to respond to the increasing engagement needs of the homeless population and wider support services that work in partnership to deliver outreach engagement.

Alcohol Care Teams

4.5. Alcohol Care Teams (ACTs) are hospital based, providing specialist support to patients who are alcohol-dependent whilst they are in hospital. This includes those presenting to Emergency Departments. As part of the NHS Long Term Plan, NHS England & Improvement (NHSE&I) made a commitment to optimise ACTs across England to reduce alcohol-related harm in patients with alcohol dependence. The three major hospitals in Manchester (North Manchester General Hospital, Manchester Royal Infirmary and Wythenshawe Hospital) have established ACT services. However, the initial NHSE funding is due to end in March 2024 and discussions are currently underway to look at transitional funding arrangements so the services can be sustained in 2024/25.

Making Manchester Fairer

4.6. The implementation of the Early Help for Adults (EHA) Kickstarter is a key component of the Making Manchester Fairer Strategy and aims to provide adults experiencing multiple and complex disadvantages with early help and support to overcome barriers to their health and wellbeing. The Committee received some information on this service in October 2023.

4.7. Adults with alcohol or substance misuse problems that concurrently suffer with mental ill health and are housing insecure, but don't meet the threshold for statutory services, can fall through the gaps in the system, which may impact health outcomes as a result. It has been recognised that individuals with complex needs may have simultaneous contact with many different local services, with each service unsure of how best to advise these individuals. In bringing these services together at Multi-Agency Prevent forums (MAPS), this allows services to take a person centred approach, to discuss how each of these individuals can be better supported and signposted to the appropriate pathway. However, during an evaluation of MAPS, it became apparent that many service users are being identified for support at a point of crisis, and thus the need for earlier help is still needed.

4.8. Changing futures is a commissioned service delivered by Shelter that aims to offer early help for people with complex needs, through assigning key workers to assist people to navigate services. However, it has been identified that many people accessing the Changing Future service are experiencing more complex disadvantages than the pilot had intended for.

4.9. The EHA Kickstarter will allow the expansion of both Changing Futures and MAPS programs. MAPS, which currently only operate in 4 neighbourhoods will increase in number to 13, to enable city wide reach. Though the model for delivery of this city-wide service has yet to be determined, the core values that stipulate the right support for the right person remain. The hope is that expansion of these programs will allow these services to primarily focus on prevention to help reduce demand for more intense support services. Performance monitoring frameworks are currently in development, which will then aid the evaluation of the Kickstarter to inform future practice.

Reducing population level alcohol consumption

4.10. In addition to providing wrap around treatment and support for those that misuse or are dependent on alcohol, with additional specialist services available for the most vulnerable, Manchester City Council has also engaged in preventative work that aims to reduce alcohol consumption in the population.

4.11. The available evidence strongly supports the implementation of policies that restrict access and reduce alcohol availability, whilst addressing the upstream drivers of alcohol use. Despite this, at a national level, there continues to be an over-reliance on alcohol awareness campaigns that push the narrative of personal responsibility. In Manchester the Department of Public Health has always highlighted that it is

unethical to “blame individuals” and the emphasis should be on the wider environment and support available. Indeed, there is now a call from the Association of Directors of Public Health that the “Commercial Determinants of Health” should be a priority focus for the new Government. This brings into question the appropriate role of the tobacco alcohol, food and gambling industries in directly and indirectly influencing national policy and programmes.

Licensing

4.12. In their guidance on the prevention of alcohol use disorders, NICE recommend public health involvement in licensing decisions. Manchester City Council’s department of public health has taken an active role within the mutli-agency licence partnership to ensure that the licences granted by the council do not harm the health of the population or undermine the core principles of the city’s action plan to tackle inequalities. Representatives from the department of public health have reviewed licensing applications, submitted representations against applications that are felt to undermine the licensing objectives, developed a licensing data matrix to provide supporting evidence for representations, and engaged in wider night-time economy meetings.

4.13. Most recently, representations have been submitted by the department of public health alongside other responsible authorities against applications for 24-hour licences for off-licence shops and an alcohol vending machine. Submitted representations linked locally gathered population health data, national survey data, and peer-reviewed research findings to the licence objectives (to prevent crime and disorder, promote public safety, prevent public nuisance, and protect children from harm), and mandatory licensing conditions, clearly outlining the potential harm of granting a 24-hour licence to the local area. This has led to public health being able to negotiate conditions with applicants, to reduce proposed operating hours, and request additional safeguards to prevent sales of alcohol to children. In the instances where applications went to a hearing, the committee granted the applications, but applied the additional conditions recommended by public health, such as the restriction of hours.

5.0 Next Steps

Manchester

5.1. There is an ambition to commission a community-led alcohol program that adopts a social movement approach. In 2017, “Communities in Charge of Alcohol (CICA)” was launched in Miles Platting and Newton Heath. Local residents were recruited and trained in alcohol awareness, becoming community champions. Trained community champions asked residents about their alcohol intake in a non-judgmental manner to bring self-awareness to residents about their drinking habits. The implementation of this program was supported by a Change Grow Live employee, and the intervention was considered acceptable to the local community.

5.2. The Pandemic obviously had an impact on the delivery of this programme, however, a similar approach will now be considered in a wider area identified as being at high risk of alcohol harm. Existing organisations already embedded in

communities, such as Winning Hearts and Minds, in North Manchester will be approached to support this intervention. The organisation already works closely to encourage community members to engage with interventions to support heart health, considering Manchester's high rates of admissions for alcohol-related cardiovascular disease.

5.3. Finally, following the Notice of a Motion on FASD Awareness at Full Council in November 2023, the Director of Public Health and Strategic Director of Children and Educations Services are convening a Round Table in February 2024. The Round Table will involve clinical leads and heads of service to consider and respond to the five key elements of the motion.

Greater Manchester

5.4. To further support work in Manchester, it is important Manchester City Council work closely with neighbouring local authorities and the Greater Manchester Combined Authority (GMCA), to develop a co-ordinated strategy to tackling alcohol harm in the region. Any plan to tackle alcohol harm in Greater Manchester should be a collaborative endeavour between a range of key stakeholders including pan-GM organisations, such as NHS Greater Manchester and GMCA, organisations representing the VCFSE sector, and people with lived experience.

5.5. This plan will be informed by primary research that will be undertaken at Greater Manchester (GM) level, consisting of the following work streams:

Stream 1: Mixed-methods research to understand the factors at an individual, locality and GM wide level (including barriers and facilitators to alcohol treatment/support) that influence/impact on children and young people's alcohol use within GM.
Stream 2: Qualitative social research to understand the barriers and facilitators to positive behaviour change among adults who are identified as being at the greatest risk of alcohol-related morbidity and/or mortality in GM**.**

5.6. In addition to completing primary research, there are plans to host a GM Alcohol Harm engagement event in 2024. The findings from this research and community engagement will inform an NHS Greater Manchester Integrated Care Board Alcohol Harm Plan.

5.7. Finally, the Greater Manchester Directors of Public Health will continue to advocate for an additional "health" objective to be incorporated in the Licensing Act. At present, when submitting representations against licence applications, a responsible authority must demonstrate that the application, if granted, would undermine one of the 4 objectives: prevention of crime and disorder, public safety, prevention of a public nuisance, and the protection of children from harm. However, if evidence that the health of the local population could be harmed if an application were to be granted could also be considered, this would further strengthen representations submitted by the department of public health and improve the chances of successfully opposing harmful licence applications.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 10 January 2024

Subject: Cancer Screening Update

Report of: Director of Public Health
Chief Medical Officer, Manchester Local Care Organisation

Summary

This report contains the latest available screening uptake figures for Manchester in relation to the national cancer screening programmes. The report also provides information on the actions that are being taken across Manchester to address low uptake and coverage, with a greater focus on health inequalities.

Finally, the report also provides a description of the Greater Manchester targeted lung health check programme, and the plan for Manchester.

Recommendations

The Committee is recommended to consider and comment on the information in the report and actions being taken in Manchester.

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	None
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	Commissioned cancer screening services have completed Equality Impact Assessments in line with NHS policy.

Manchester Strategy outcomes	**Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy**

A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Cancer screening provides an opportunity for cancers to be diagnosed at an early stage when treatment is more likely to provide a cure. Cervical and Bowel screening can also prevent cancer by detecting changes before cancer develops. By acting early people can be treated, recover, and continue with employment, education and activities
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Manchester practices, Manchester Foundation NHS Trust (MFT), and NHS Greater Manchester Integrated Care Board (including cancer alliance) commission and provide cancer screening services to a high standard and offer high quality treatment and care for people affected by cancer.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city.
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities, and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners including commissioned providers have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care and support for Manchester residents.

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None.

Financial Consequences – Capital

None.

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1.0 Introduction

1.1 This report provides the latest position in relation to cancer screening programmes for the population of Manchester.

2.0 Background

2.1 Maximising the use of screening programmes is a key factor to achieving the national and Core20PLUS5 ambition of 75% of all cancers diagnosed at an early stage.

2.2 There are currently three screening programmes for the prevention or early detection of cancer – Breast, Bowel & Cervical screening.

2.3 Also, Targeted Lung Health Checks (lung cancer screening) are being rolled out across Greater Manchester, led by the GM Cancer Alliance. It is anticipated that this will also become a national screening programme following the regional roll out, led by cancers alliances across England.

Definitions

2.4 Coverage is defined as the proportion of the eligible population that is tested and has a result documented within a specified timeframe (Breast – 36m, Bowel – 24m, Cervical 25-49yrs – 3.5years, cervical 50-64yrs – 5.5years). Coverage gives us a baseline for cancer screening and allows Primary Care Network (PCNs) and neighbourhoods to plan the quality improvements needed to increase the number of our patients that take up the offer of cancer screening.

2.5 Uptake is defined as the proportion of the eligible population offered screening within the previous 12months and has a result documented within 6 months of the invite. Uptake allows us to track improvement in access to cancer screening and monitor the effect of any improvement plans that may be implemented.

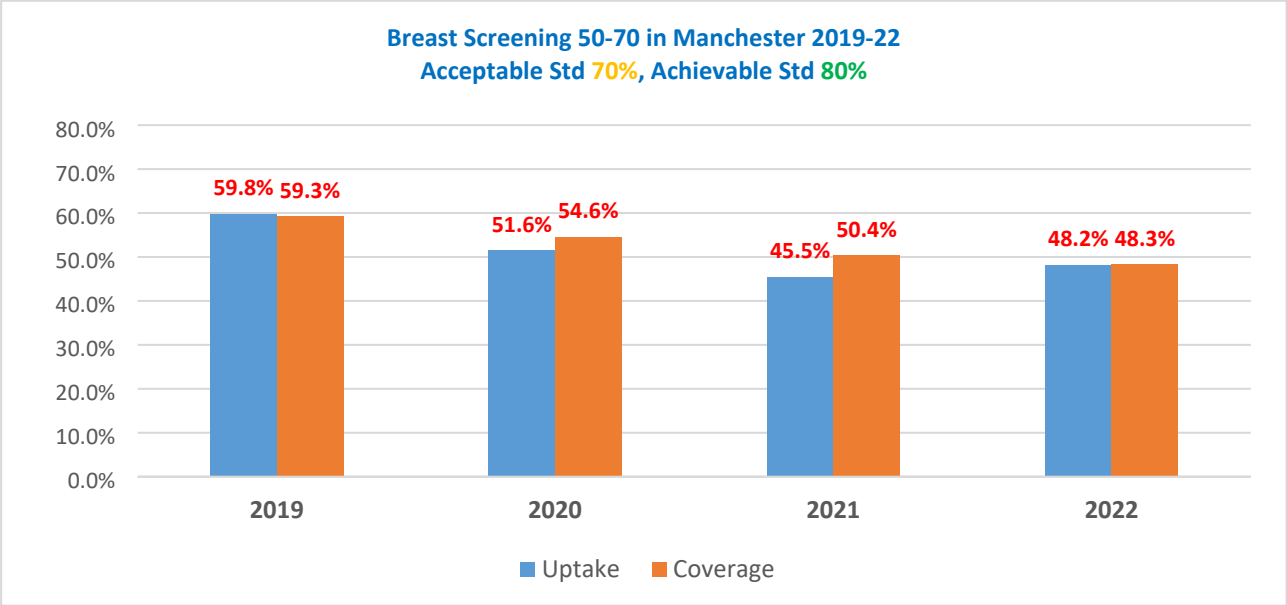
2.6 The screening programmes refer to coverage and uptake rates at an “acceptable threshold” (i.e. minimum standard), and an “achievable threshold” (i.e. the greatest benefit in terms of lives saved compared to costs of delivering the screening programme)

3.0 Main issues

Breast Screening

3.1 Breast screening uptake and coverage had been decreasing since 2019 but started to increase during the second half of 2022. During the Covid pandemic, breast screening was paused from April to August 2020; when the programme restarted there was a backlog of patients waiting to be screened which has now been cleared but screens were delayed (>36months) for some of our women, which led to the decrease in uptake and coverage figures.

Figure 1: Breast Screening Uptake in Manchester 2019-2022



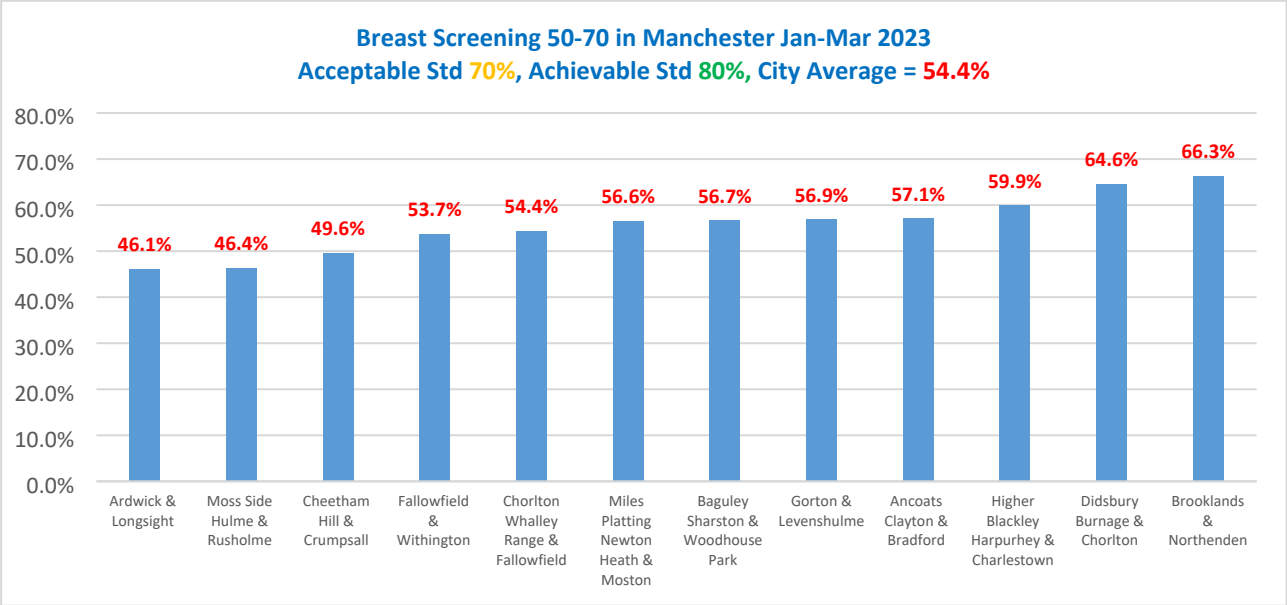
3.2 To recover, the national screening team instructed all programmes to move from timed appointments to open invites – where patients had to call to book a screening mammogram appointment. This was difficult to manage in the first instance as the breast screening programme office at MFT was not set up to be a call centre. A new phone system was installed, and a text reminder service for patients was implemented by the MFT breast screening programme team.

3.3 The next issue to address was screening capacity and staffing. Initially the Breast Screening Programme (BrSP) was operating with reduced capacity due to social distancing and enhanced infection prevention and control measures. Staff were also isolating, at home unwell, or working at home due to caring responsibilities. A loss of trained and experienced staff also meant a recruitment drive was necessary, but due to availability the vacancies were filled with untrained staff. These staff have recently completed their training and so capacity has started to increase.

3.4 Manchester has a mix of fixed sites for breast screening and mobile assets for community-based screening. New locations had to be found in Levenshulme and Clayton. In addition, infrastructure has now been installed for the mobile mammogram unit at North Manchester General Hospital and will be accessible for women in this part of the city.

3.5 MFT Breast services have also seen an increase in referrals from primary care, for suspected cancer and symptomatic referrals, and this has had a negative impact of cancer waiting times performance. It is possible that women waiting for their screening mammograms have contacted their GP, anxious because their screening mammogram was delayed.

Figure 2: Latest Breast Screening Uptake by Neighbourhood: Jan – Mar 2023



3.6 The chart above shows the variation in breast screening uptake across the 12 neighbourhoods of Manchester. There is a 20% difference in uptake between the lowest and highest uptake neighbourhoods.

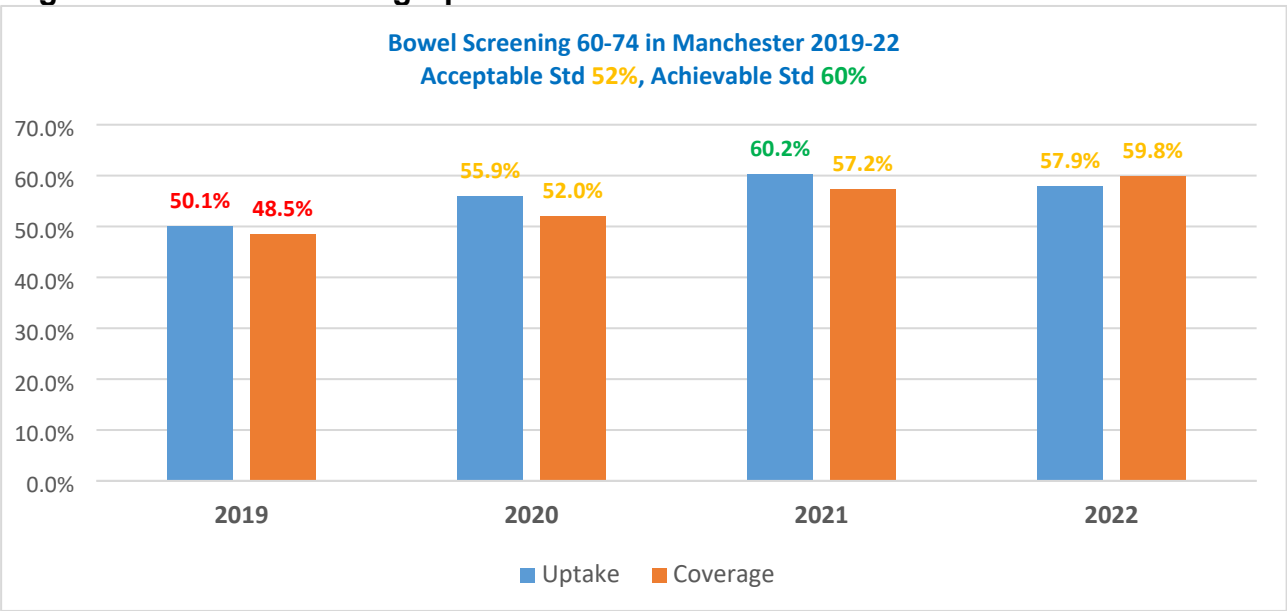
3.7 Uptake does vary due to the rotational nature of the invite process (invites are batched by practices) but this will be smoothed out over time as the breast screening programme moves to “Next Test Due Date” used by other programmes.

3.8 The neighbourhoods with the lowest uptake tend to be in Central and North Manchester, which may reflect both levels of deprivation and the diversity of the local population. There is clear evidence from national studies that when people have other immediate priorities in their lives, take up of screening programmes and prevention of future disease will often be deferred.

Bowel Screening

3.9 Bowel screening uptake and coverage was increasing from 2019 to 2021 but has decreased during 2022 and into 2023. During the Covid pandemic, the sending out of bowel screening kits from the regional hub was paused, but only from April to June 2020.

Figure 3: Bowel Screening Uptake in Manchester 2019-2022

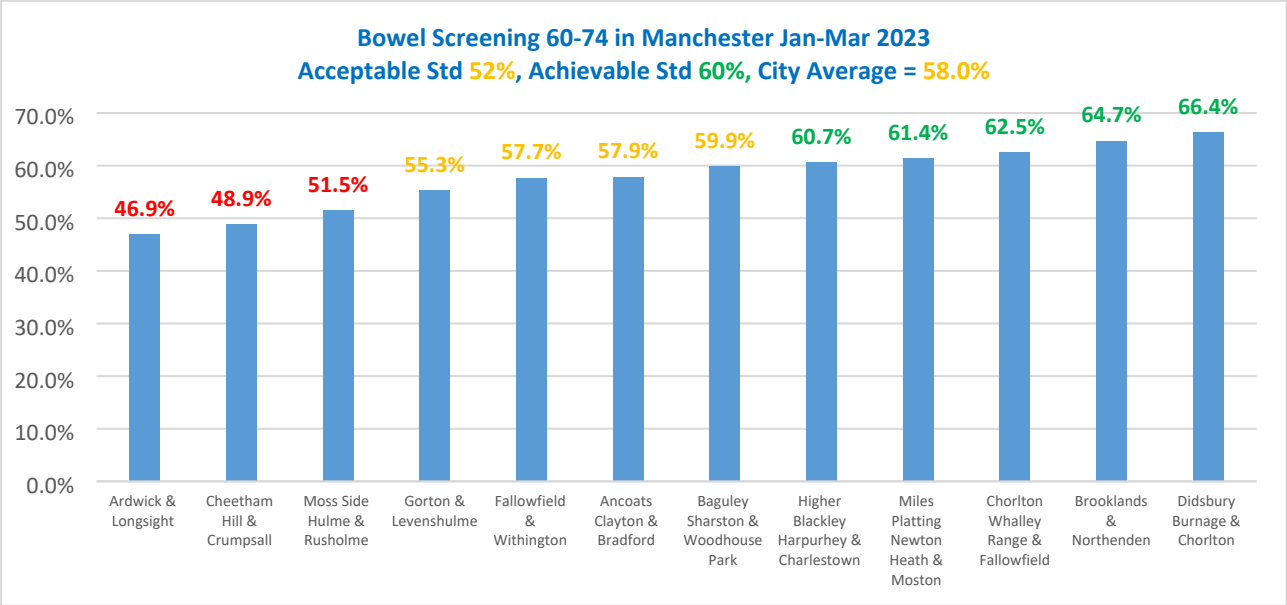


3.10 MFT provide the assessment service for patients with a positive bowel screening result. Patients are contacted by a specialist nurse and booked for a colonoscopy if appropriate. During the Covid-19 pandemic, the number of colonoscopy procedures was reduced due to infection prevention and control measures. In addition, many nursing colleagues were re-deployed to support the care of patients that were covid in-patients.

3.11 Like breast screening, many qualified and experienced staff left the MFT service and new colleagues were recruited with a period of training and assessment. This is now nearing completion and the capacity is being increased again. However, the national bowel screening programme has begun a process of Age Extension to bring down the starting age to 50 (from 60).

3.12 During 2022 patients aged 56 and 58 started to be invited to participate in bowel screening, and patients aged 54 are now being invited during 2023. Next year will see patients aged 50 and 52 be invited, but this will be phased to ensure staffing capacity can meet the demand and Key Performance Indicators (KPIs) will still be met.

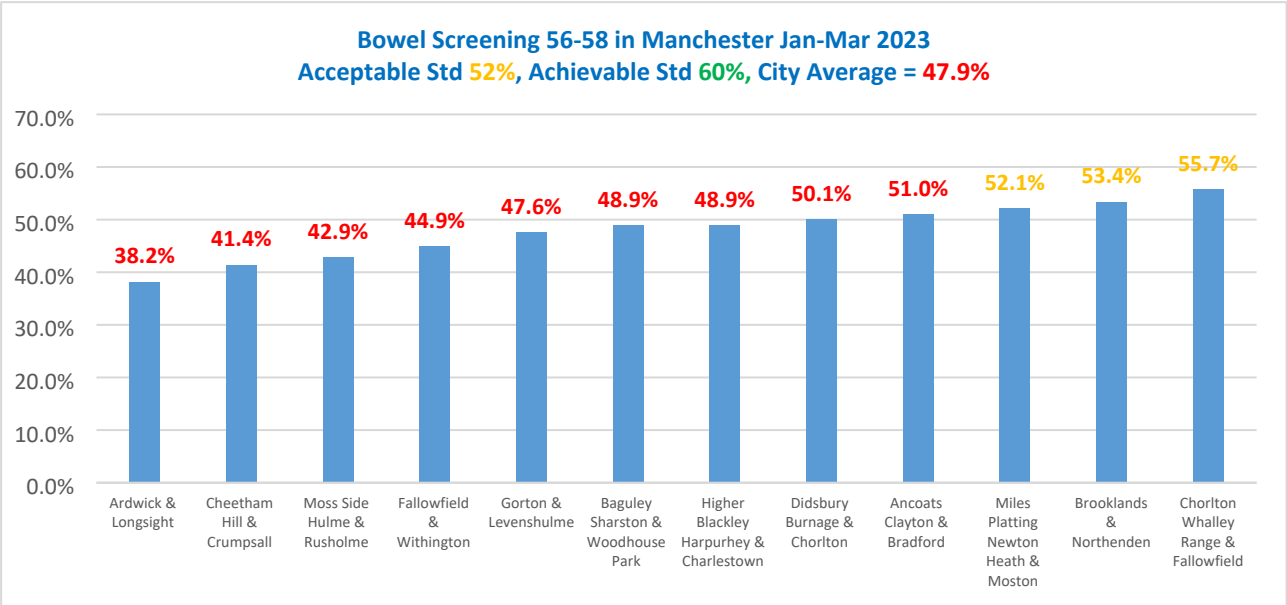
Figure 4: Latest Bowel Screening Uptake by Neighbourhood: Jan – Mar 2023



3.13 The chart above shows the variation in bowel screening uptake across the 12 neighbourhoods of Manchester. There is a 20% difference in uptake between the lowest and highest uptake neighbourhoods.

3.14 As stated in 3.8, neighbourhoods with the lowest uptake tend to be in Central and North Manchester.

Figure 5: National Age Extension to the Bowel Screening Programme



3.15 The chart above shows the variation in bowel screening uptake for patients aged 56 and 58, across the 12 neighbourhoods of Manchester. This highlights **age** as one of the key health inequality indicators for bowel screening, as the youngest / first invited patients are less likely to participate.

Population Health Management Board

3.16 The Manchester Population Health Management Board (PHM), which is a key part of the Manchester Local Care Organisation (MLCO) governance system, oversees a number of key programmes. The Board identified bowel screening as one of three priorities for 2023/24 following a decrease in uptake in 2022/23. PHM is a data-led methodology Manchester is developing as one way to reduce heath inequalities in the city.

3.17 It is being led by the MLCO with the PCNs as key partners, alongside voluntary and community organisations. Each of the 12 neighbourhood teams has developed an action plan supported by the Manchester locality cancer lead, colleagues from MFT, the bowel screening programme and Answer Cancer.

3.18 As the work has progressed in neighbourhoods it has become clear how pivotal the MLCO Health Development Coordinators are to effective delivery. The PHM plans are built of their work in communities, building positive relationships with local communities and local partners in the VCSE and, importantly, primary care.

3.19 Through their work and that of the LCO's wider neighbourhood teams, we have been able to take advantage of and build on Manchester's relative strength in its relationship with primary care. In the reports to the PHM Board, examples are being presented of staff in Primary Care Networks responding to the PHM challenge and supporting those patient cohorts over-represented among those that have not taken up the screening offer.

3.20 For example staff from Miles Platting, Newton Heath, Moston PCN, between June and early December 2023, called more than 400 eligible patients who had not returned their screening kits to discuss the importance of screening and identify any barriers. As a result, 220 screening kits were reissued.

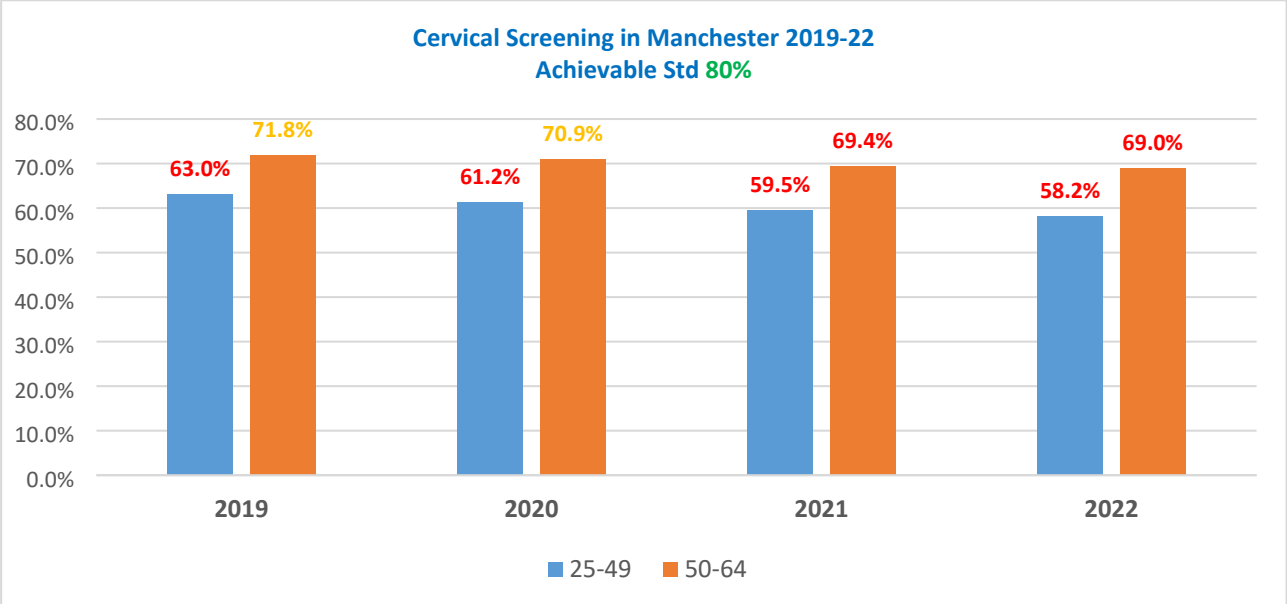
3.21 Between June and early December 2023, a Care Navigator from Higher Blackley, Charlestown and Harpurhey PCN wrote to 129 patients about bowel screening following which 48 completed bowel screening. This is an impressive success rate. Furthermore, this PCN has adopted a policy of sending a text message from their GP to all patients who are due to receive a bowel screening kit as an additional encouragement to take part.

3.22 Despite these examples, because of the delay in publication of figures from the national cancer screening programmes the MLCO Team have not yet been able to confirm if more people have chosen to participate. The team are also waiting for data from primary care systems to indicate whether the targeted engagement activities have made an impact. This is expected in early 2024.

Cervical Screening

3.23 Cervical screening is arranged by 2 age bands: 25-49 years women are called every 3 years; 50-64 years women are called every 5 years. There has always been a difference in cervical screening coverage between the 2 age bands, with younger women less likely to attend for their cervical screen. Coverage has decreased for both age bands, but we notice the gap is starting to widen, and coverage is decreasing faster for the lower age band than the higher.

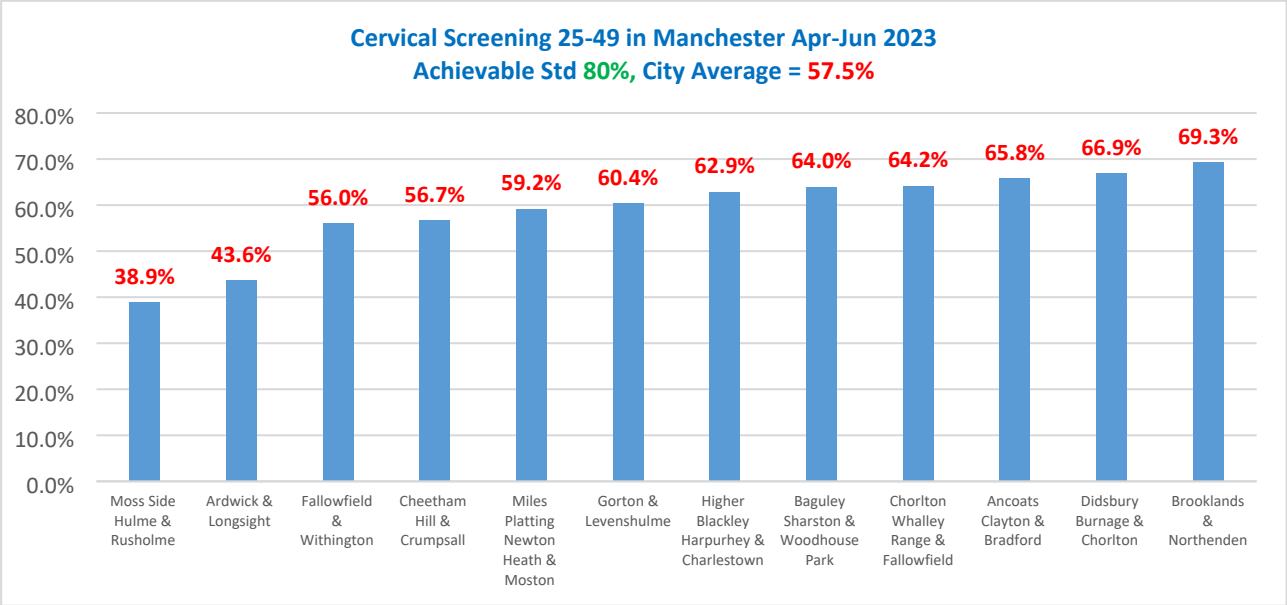
Figure 6: Cervical Screening Coverage in Manchester 2019-2022



3.24 Cervical samples for screening are taken by trained sample takers, mainly in a primary care setting, and analysed by the laboratory at MFT. There was no pause in cervical samples being taken during Covid-19 pandemic or the laboratory analysis. There was a backlog of women waiting for colposcopy assessment at MFT following an abnormal cervical sample being identified by the laboratory.

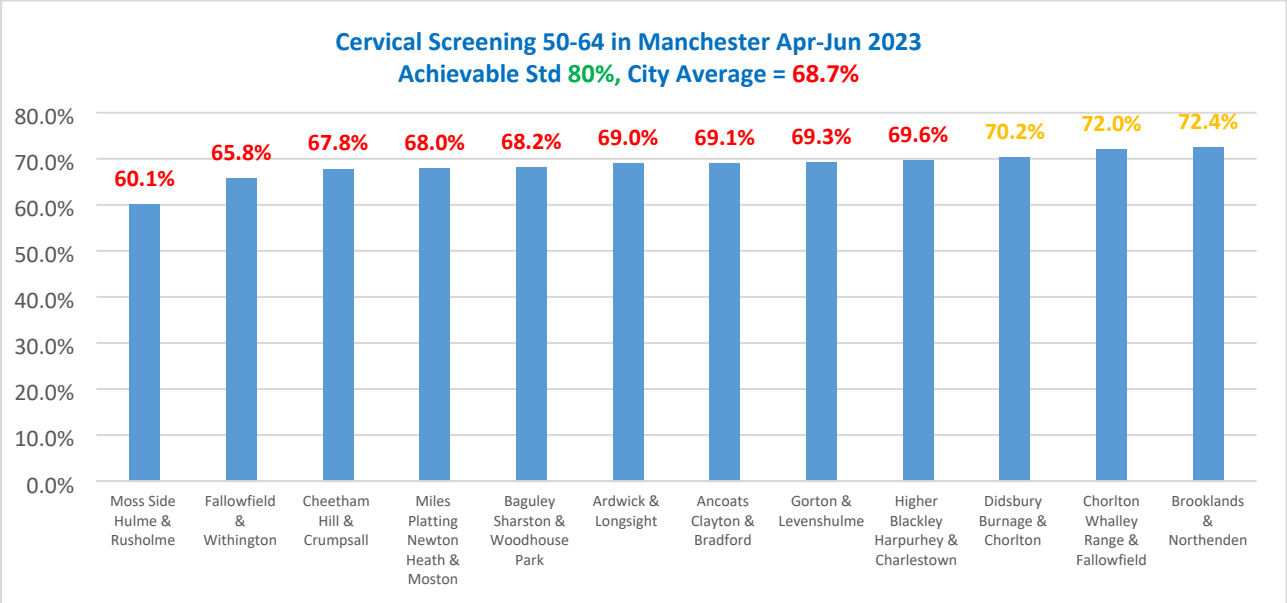
3.25 MFT gynae services managed their workload with similar issues and limitations to breast and bowel screening programmes – limited clinic capacity and staff shortages, recruitment processes and training for new staff.

Figure 7: Latest Cervical Screening Coverage 25-49yrs by Neighbourhood: Apr-Jun 2023



3.26 The chart above shows the variation in cervical screening coverage for patients aged 25-49, across the 12 neighbourhoods of Manchester. There is a 30% difference in uptake between the lowest and highest coverage neighbourhoods.

Figure 8: Latest Cervical Screening Coverage 50-64yrs by Neighbourhood: Apr-Jun 2023



3.27 The chart above shows the variation in cervical screening coverage for patients aged 50-64, across the 12 neighbourhoods of Manchester. There is a 12% difference in uptake between the lowest and highest coverage neighbourhoods.

3.28 As stated in 3.8, neighbourhoods with the lowest uptake tend to be in Central and North Manchester.

Health Inequalities

Table 1: Variation in cancer screening uptake and coverage across the city

	National Target	City Average	Lowest	Highest
Breast Screening Jan-Mar 2023	80%	54.4%	Ardwick & Longsight 46.1%	Brooklands & Northenden 66.3%
Bowel Screening Jan-Mar 2023	60%	58.0%	Ardwick & Longsight 46.9%	Brooklands & Northenden 64.7%
Cervical Screening 25-49 Apr-Jun 2023	80%	57.5%	Moss Side Hulme & Rusholme 38.9%	Brooklands & Northenden 69.3%
Cervical Screening 50-64 Apr-Jun 2023	80%	68.7%	Moss Side Hulme & Rusholme 60.1%	Brooklands & Northenden 72.4%

3.29 The PHM Board now have access to cancer screening information from primary care data and can analyse this by different health inequalities, as well as being able to break down by Neighbourhoods, Primary Care Networks, Wards and Practices.

3.30 The PHM Board have identified:

- The lowest coverage for all three cancer screening programmes is in the lowest age bands and these are the people being invited for the first time.
- Asian patients are less likely to take part in cancer screening, but this varies across the neighbourhoods.
- Trans patients are less likely to take part in Breast and Cervical screening
- Men are less likely to take part in bowel screening than women, but they are more likely to have a positive screening test and less likely to complete their screening pathway.
- People whose main languages are Arabic, Polish, Punjabi and Urdu have lower levels of participation.

Targeted Lung Health Checks

3.31 In 2019, Manchester Health and Care Commissioning along with MFT, launched the Manchester Lung Health Check service in North Manchester. Invites were sent to around 36,000 people in the age range 55-80, asking anyone that had ever smoked to contact the service and book a Lung Health Check at one of four community locations.

3.32 It was estimated that around 20,000 people in this age range would be current or former smokers. Over 9000 people attended for the lung health check, and around half were identified as being at increased risk of lung cancer. These

patients were offered a same day ultra-low dose CT scan and contacted with the outcome of their scan.

3.33 Patients with a negative scan were recalled at regular intervals for surveillance scans. Patients with a positive scan were referred directly to the RAPID lung cancer clinic at Wythenshawe Hospital for assessment. Patients with an indeterminate scan were followed up in 3m using a nodule management protocol.

3.34 To date, over 200 patients in North Manchester have been diagnosed with lung cancer. 80% of patients are diagnosed at an early stage and 85% were suitable for curative treatment. This compares very well to 40% of patients who come through a symptomatic pathway being diagnosed at an early stage.

3.35 In September 2023, MFT went back to North Manchester to invite newly aged in patients (those that have turned 55 since 2019), and to re-invite those aged 60-74 who did not respond to the original invite. The same community locations are being used. The feedback on uptake and cancers detected will be available in early 2024.

3.36 Targeted Lung Health Checks are now being implemented across Greater Manchester by our cancer alliance in collaboration with MFT, Northern Care Alliance (NCA) and industry partners. GM have agreed a delivery model based on Primary Care Networks, stratified according to smoking prevalence, lung cancer incidence and deprivation.

Table 2: Central and South Manchester PCNs are included in the GM schedule

Phase	PCNs	Dates
NM New aged in (55-59) & Re-invites (60-74)	Cheetham Hill & Crumpsall, City Centre & Ancoats, Clayton Beswick & Openshaw, Higher Blackley, Harpurhey & Charlestown, Miles Platting Newton Heath & Moston	Sep-Nov 2023
Cohort 1	Wythenshawe Northenden & Brooklands	Jan-Jun 2024 Jul – Sep 2024 (TBC)
Cohort 2	Better Health MCR, Ardwick & Longsight, Gorton & Levenshulme	2025-26
Cohort 3	Hulme & City South, Withington & Fallowfield, Didsbury, Chorlton Park & Burnage	2026-27
Cohort 4	West Central Manchester	2027-28

3.37 Summary of actions being taken

- MFT developed robust restoration and recovery plans for all three cancer screening programmes and delivered despite staffing challenges and the demands of the symptomatic services.
- Manchester formed a group of key stakeholders to look at cancer screening uptake and coverage and focus on key geographical areas across the city. The group have developed a workplan based on the key patient groups as identified by our data analysis.

- This information has been shared with PCN cancer leads to develop their quality improvement plans as part of the cancer requirements in the primary care contract for 2023-24. Various initiatives are being tested across the city to see if uptake can be improved and more patients will engage with cancer screening.
- The group have also shared cancer screening and health inequalities data with PCNs and Integrated Neighbourhood Teams.
- The Population Health Management Board have selected bowel screening as a priority project. Information on coverage by Neighbourhoods and key patient groups have been shared with neighbourhood teams for them to decide what to focus on. Latest data on uptake and coverage will be monitored and reported back to the Board as a key measure for this project.
- The age range for the bowel screening programme is being increased to 50-74 years (previously started at 60). During 2022 patients aged 56 & 58 were invited, patients aged 54 were invited during 2023, and patients aged 50 & 52 will be invited during 2024.

4.0 Recommendations

4.1 To consider and comment on the information in the report and actions being taken in Manchester.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 10 January 2024

Subject: Enabling Independence Accommodation Strategy Update

Report of: Executive Director of Adult Social Services & Strategic Director Growth & Development

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Summary

This report provides an update on the delivery of the Enabling Independence Accommodation Strategy for Manchester (2022-2032) which was considered and supported by Committee on 12th October 2022, prior to its approval at Executive in November 2022.

The key aim of the strategy is to improve housing with care and support options to meet people's needs and better enable their independence. It is a partnership strategy, developed between Adults, Children's, Homelessness, Strategic Housing, Property Development, and the Manchester Housing Providers Partnership (MHPP).

Recommendations

The Committee is recommended to consider, note, and comment on the update regarding the strategy delivery to date, noting progress made and key issues to address and further legislative changes impacting upon supported housing.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city	Emissions from Manchester are split almost evenly between transport, industrial & commercial uses, and housing & buildings. Therefore, making better use of existing supported housing by remodelling decommissioned schemes to meet identified need, and increasing low/zero- carbon new build supported housing provided by our MHPP partners will help to make significant progress towards achieving the zero-carbon target for the city.
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector	The Marmot Report 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives' acknowledged that housing inequality in Manchester is directly related to the

Equality Duty and broader equality commitments	disadvantages suffered by some individuals or groups because of their characteristics. The implementation of this strategy informs our understanding of any inequality related to individuals and families requiring care, support and adaptations at home and within supported accommodation because of their characteristics and can help address those inequalities. Key to this is strengthening the city's evidence base in relation to users, providers and properties within which care, and support is provided, to ensure that our partners build the right supported and move on accommodation in the right places to meet the needs of all user groups and individuals and provide required adaptations to people's homes. The Enabling Independence Accommodation Strategy works in conjunction with other key strategies, including the Housing Strategy, and as part of the EIA strategy we will produce an option appraisal on the need to develop M 4 (3) wheelchair accessible homes to increase supply to meet needs.

Manchester Strategy outcomes	**Summary of how this report aligns to the OMS / Contribution to the Strategy**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The Enabling Independence Accommodation Strategy sets out our ambitions to ensure that the needs of people requiring care and support at home or within supported accommodation are met, so that they can retain or maximise their independence and engage in the opportunities offered in the city.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Better understanding and meeting of the needs of people requiring care and support within their accommodation will provide a supportive environment where people can develop talents and skills at home or within a workplace. Providing supported housing can release family members from caring responsibilities and enable their re-entering training and employment.
A progressive and equitable city: making a positive contribution by unlocking the	The Enabling Independence Accommodation Strategy sets out aims to meet the accommodation needs of our most vulnerable and at-risk residents, which will provide a home environment meeting their needs, within which their potential can be unlocked.

potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	This partnership Strategy will increase the provision of new and re-modelled supported housing and increase adaptations to homes provided by our MHPP partners, who are committed to the use of low carbon construction methods. Working towards an increase in the number and percentage of wheelchair accessible properties built within new residential development will make the city more liveable for those with accessibility challenges at home.
A connected city: world class infrastructure and connectivity to drive growth	The promotion of supported housing residential development on sites close to public transport connections and other service infrastructure will help provide connectivity within the city for our most vulnerable and at-risk residents.

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue:

There are currently no direct revenue consequences to the Council arising from this report although this may change in the future as further provision is developed, resulting in an increased need for onsite care or support as identified by Commissioners. Accordingly, any increase in projected revenue costs will be progressed through respective directorate budget processes.

Financial Consequences – Capital

There are currently no direct capital consequences to the Council arising from this report, although it is highly likely that capital resources will be required in the short, medium and long term, in order to support new build developments, acquisitions for remodelling and refurbishment costs. Such capital investment could be made on an invest to save basis and approved through MCC governance processes.

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Background documents (available for public inspection)

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

- The Enabling Independence Accommodation Strategy
- Manchester Housing Strategy 2022- 2032
- Better Outcomes, Better Lives Strategy
- Adults, Childrens and Homelessness Commissioning Strategies
- Homelessness Strategy

1.0 Introduction

1.1 This report provides an update on the delivery of the Enabling Independence Accommodation Strategy for Manchester (2022 – 2032). A multi-service strategy developed in partnership with the Manchester Housing Providers Partnership, it aims to improve housing with care and support options to better meet people's needs and enable their independence. The strategy sets out a long-term vision for an improved partnership approach across services and with local providers to tackle the challenges faced, and to better understand and meet need and demand.

1.2 The Committee is asked to consider an update regarding strategy delivery to date, noting progress made in the first year of this 10-year strategy, key issues that may impact upon delivery and further legislative changes impacting upon supported housing.

2.0 Background & Context

2.1 The Enabling Independence Accommodation Strategy not only seeks to improve our supported housing offer but also to divert people from needing supported housing and residential care, through providing the right care and support at home and in the community. It also aims to improve access to secure affordable accommodation and neighbourhood resettlement for people ready to move out of supported housing accommodation.

2.2 New partnership governance arrangements have been put in place to oversee delivery including a Strategy Board of key strategic leads and MHPP supported housing providers. It has been established to receive, discuss, and act upon, if necessary, bi-monthly updates on strategy delivery and any issues/risks encountered. Sitting beneath the board is an EIA Strategy Commissioning Group focused upon identifying and evidencing need and demand and developing supported housing business cases, and a Supported Housing Development group to translate evidenced need and demand into the development of homes. All are serviced by Strategic Housing currently, which plays a critical role supporting each commissioning service within Adults, Homelessness and Children's, and providing the link between commissioners and Manchester Housing Providers Partnership (MHPP) and other key teams/services such as Planning, Development (sites), Revenues & Benefits and Neighbourhoods. Regular update reports are made to the MLCO Executive and to the Strategic Housing Board, a partnership board with representatives from relevant Manchester City Council services and MHPP.

2.3 The strategy has 4 key objectives:

- To work collaboratively to identify the need and demand for homes that will better enable independence.
- To ensure better care and support at home.

- To build the supported housing we need and improve pathways into it.
- To improve “move on” from temporary supported housing into good quality independent accommodation.

2.4 The key stages of the delivery of the Enabling Independence Accommodation Strategy (EIAS) can be summarised as follows:

- Assessment of current provision
- Predicting and planning for future need and demand
- Meeting identified and evidenced accommodation needs
- Setting clear standards and providing accessible guidance

2.5 In the first year of this 10-year strategy, to lay strong foundations for the delivery of the homes and services we need in Manchester, our key focus has been on the first 2 stages: assessment of what we have and forecasting of what we need. Alongside this we have continued to develop our care and support at home services and build upon our processes for commissioning the development of new supported housing. This report outlines progress made to date, sets out key challenges and opportunities, and summarises the next steps to be made.

3.0 Assessment of current provision

3.1 In the knowledge that demand for supported accommodation outstrips suitable supply across all user groups, the EIA strategy committed the council to undertaking a thorough review of existing user, provider and property data held across a number of services to bring forward a more comprehensive system to improve our understanding of what we have, how it works for our citizens, and how best to forward plan across all user groups.

3.2 Having considered and discounted the option of commissioning an overarching external data system, a decision was taken to focus instead upon improving internal data recording held within several systems across the authority. A major data gathering, cleansing and validation exercise is in progress to collate supported accommodation locations across the city. This project is in 3 parts:

- Address data - This workstream is ensuring all addresses are in a common format to enable them to be geo-coded and mapped across wards. This will provide an up-to-date map of supply, which can be interrogated in several ways and overlaid with factors such as crime hotspots, packages of care and local facilities. Using this data will help with selecting appropriate locations for new schemes, manage potential impact on existing services, and prevent oversupply.
- Service rich data - Collating this data will enable commissioners across Children's, Adults and Homelessness to compare schemes across the city and, where necessary, review, remodel or reconfigure the existing services to make best use of the supply.

- Property level data - Collecting details about the accommodation our residents live in will provide a comprehensive overview of property condition and enable commissioners to work with landlords to improve the accessibility, quality and efficiency of these homes and, where necessary, replace with better, affordable options.

3.3 This exercise will also gather the baseline information for the new inspection regime arising out of the Supported Housing (Regulatory Oversight) Act 2023 and enable MCC to identify and prioritise services requiring an early inspection. Local authorities are required by the act to carry out a review of all supported accommodation in their area and the expected needs for this accommodation in the next 5 years and following this publish a specific supported housing strategy. Having comprehensive data will assist the council's review and strategy production. It will also inform the local authority's guidance in accordance with the National Statement of Expectations for Supported Housing in relation to needs assessment and delivery of safe, good quality accommodation and services.

4.0 Predicting future need and demand

4.1 Our EIA strategy highlighted the need for the council to better evidence and forecast the need and demand for supported housing in Manchester, and a key focus of this past year has been to address this issue. Housing Needs Assessments (HNA) were commissioned from the Housing LIN for Extra Care, Learning Disability and Mental Health. In addition, an internal HNA has been undertaken in relation to the need to transform MCC-owned Learning Disability accommodation.

4.2 From the 3 HNAs received relating to Extra Care, Mental Health and Learning Disability, plus the internal MCC LD transformation programme HNA, forecasted needs over the next 10 years – the lifetime of this strategy - are as follows:

Accommodation Type	2023 to 2033			
	Dwelling numbers	Estimated schemes	Move on general needs housing	HNA carried out by
Extra care	560	c.7	N/A	Housing LIN
Mental Health	225	c.19	110	Housing LIN
Learning disability (commissioned)	225	c.19	60	Housing LIN
Learning Disability (MCC internal transformation programme) ** these	90	c.7/8	N/A	Internal

properties need to be delivered by 2028				

Nb The Extra care HNA forecast is for 20 years and a need for a further 8 to 9 schemes is predicted for the period 2033 to 2043.

4.3 From the figures set out above we can see that over the next 10 years, an estimated 45 new supported housing schemes will be required to meet need and demand for Extra care for older people, Learning Disability and Mental Health alone. This does not take into account any need for additional homelessness accommodation, care leaver accommodation nor supported housing for younger people with physical disabilities, for which HNA have not yet been completed. To meet demand within timescales some of the 45 schemes will need to be refurbishment or remodeling of existing buildings, which can be delivered to shorter timescales than new build development.

4.4 A comprehensive housing needs analysis for homelessness supported accommodation is currently being developed internally. It can be challenging to assess future demand for homeless accommodation as this is often driven by wider government policy and context such as availability of social housing, welfare reform issues and the current approach to asylum dispersal. The Homelessness housing needs analysis is undertaking detailed scrutiny of the outcomes and demand from the current provision of housing related support services and temporary accommodation, demographic information, homelessness statistics and trends as well as the local strategic evidence relating to homelessness and perspectives and intelligence from commissioners.

4.5 Findings from the homelessness assessment undertaken to date show that:

- The complexity of needs of people being supported in homelessness accommodation has increased
- Although there have been some improvements, move-on remains an issue
- There are high numbers of people who are being supported in homelessness accommodation with needs other than housing support whose needs would be better met in other specialist services. This includes people who live with mental health issues, have substance misuse support needs, learning disabilities and mobility issues, including people with a combination of these needs.
- There are a significant number of people in temporary homeless accommodation who need long-term settled accommodation with support.

4.6 Homelessness services are also carrying out an analysis regarding the future needs for housing related support services for people who are experiencing or at risk of becoming homeless. This will help inform the discussions within the service and with commissioning teams across the council on the growth of supported accommodation in the city. The data, evidence and intelligence collected so far indicates that the demand for housing related support services is

outstripping supply in all areas. There is a specific pressure for supported housing for people with complex needs, including people with mental health problems whose needs cannot be properly met within a homelessness housing support setting. There is an increase in the number of referrals to housing related support services that are being refused due to the provider not being able to safely manage the complex support needs. Developing sufficient Mental ~~and~~ Health and Learning Disability accommodation is likely to reduce the pressure on homelessness accommodation, however, further discussion around meeting complex homelessness needs is required.

4.7 Strategic Housing officers have liaised with Manchester Move to better understand the housing requirements of over 100 households awaiting wheelchair accessible housing to develop a delivery ask of affordable homes providers. Registered Providers have requested that the city match fund the additional costs of new build wheelchair accessible and adapted homes within affordable homes schemes however, this may not always be possible, as grant and contribution income is prioritised for mandatory adaptations. Given the large numbers of people awaiting wheelchair accommodation within Manchester Move, a housing needs analysis is to be undertaken regarding physical disabilities. This will not only assess housing needs within general needs accommodation, but also consider whether there is a need and demand for extra care type models of supported housing for people under 55.

4.8 The Housing Needs Assessments undertaken to date and those in the pipeline will inform not only our Supported Housing Delivery programme, but also the need for increased numbers of wheelchair accessible affordable homes and targeted general needs housing for “move on”, to enable people ready to leave supported housing to move into safe, secure, affordable accommodation that is sustainable.

5.0 Developing the housing we need

5.1 Commissioners and relevant officers from Strategic Housing, Development team, Estates team, Planning and Commissioners are working through the Manchester City Council Strategic Asset Management Plan (SAMP) process to identify a portfolio of sites and vacant buildings to meet the identified need for supported housing. Given the need and demand coming forward from the HNAs it is possible that MCC will not only need to consider vacant sites and buildings in its ownership, but also potentially instigate an acquisition process to identify suitable sites across the city.

5.2 A review of MCC sheltered housing provision alongside a forthcoming stock condition survey may release some sites for supported housing, although, reprovision would also need to be made for current occupants. Some sites may be brought forward by providers and development partners, however, given the high cost of supported housing, it is likely a majority of schemes will need to be brought forward on MCC sites.

5.3 A key ambition of the EIA Strategy is to increase the high quality, value for money supported housing provided by Registered Provider partners. MHPP provides a framework of trusted and experienced housing delivery partners. The current pipeline of Registered Provider supported housing development is as follows:

Extra Care: 6 schemes of 325 apartments
(165 of which are in addition to forecasted needs as they were already planned prior to HNAs being commissioned.)

Mental Health: 0 schemes
There are currently no Mental Health housing schemes within the pipeline, this is because the commissioner for Mental Health is currently undertaking further investigation into preferred models.

Learning Disability - 5 schemes of 53 dwellings in
In addition, the Development team have identified several further MCC sites which LD are considering in relation to suitability of location.

Homelessness: 137 dwellings in 10 schemes

Care Leavers: 13 apartments in 6 schemes
In addition, early discussions around a potential c.60 apartment scheme within the Wythenshawe Hospital re development.

5.4 MHPP providers have recently been invited to complete a survey indicating their appetite going forward for working within a supported housing framework to bring forward this significant programme of works. Seven experienced MHPP providers have indicated interest to date. An event is to be held in February 2024 for providers, commissioners and other relevant MCC services to meet and discuss programme delivery, addressing any issues and opportunities identified. Given the size of the programme, we are also talking to other partners, with experience of developing and managing supported housing, who may wish to join MHPP as supported housing delivery partners.

6.0 Building upon our care and support at homes services

6.1 The Better Outcomes Better Lives (BOBL) transformation programme commenced a year before the launch of the EIA Strategy, and it remains pivotal in the delivery of the strategy objective of ensuring better care and support at home. This ASC long-term programme of practice-led change is centred on achieving better life outcomes for the citizens of Manchester by working in a strength-based way. The programme aims to enable less dependency on more formal care, whilst also helping us to build a more sustainable future for the people we support.

6.2 With a backdrop of rising demand for Social Care support and growing pressures on Social Care funding, and the challenges of the pandemic continuing to impact, we are seeing more significant health challenges for our citizens, increases in unemployment, greater usage of food banks, and a rise in loneliness and mental health issues. Existing inequalities have deepened, particularly for our most deprived communities, ethnic minorities and those already living in poverty, consequently some Manchester residents are disproportionately adversely affected, and we are seeing increasing numbers of new contacts from citizens in need of our support.

6.3 In this context, the BOBL programme is continuing to focus on embedding a strengths-based approach, to help our citizens achieve independence and better outcomes at home, whilst preventing, reducing and delaying a move into residential care and supported housing. As an example, our Neighbourhood Apartment Service continues to grow, with current provision of 30 apartments offering a short term, home-from-home, stay within either sheltered housing or extra care, to support people leaving hospital to recover so they can live independently again and be diverted from residential care. In addition, 9 residents in a care home have stepped down into a Neighbourhood Apartment since March 2023, demonstrating that the model can work to support admission avoidance as well as step down. Further apartments are in the new build pipeline, such as 3 apartments within the new MSV HAPPI scheme to be constructed in Chorlton on the old public baths site.

6.4 The work of Manchester Equipment and Adaptations Partnership (MEAP) and Community Alarm and Technology Enabled Care (CATEC) services provide early help and preventative interventions to reduce reliance on care services, slow down residential and nursing admissions, assist safe discharge from hospital, and reduce falls. From April to November 2023 the service delivered 22,378 pieces of equipment and installed 1,906 pieces of Technology Enabled Care equipment. CATEC currently supports an average of 4,038 customers with TEC such as community alarm, trackers, door sensors.

6.5 A key ambition of the Manchester Enabling Independence Accommodation Strategy is to increase the number of wheelchair accessible and wheelchair adaptable homes in Manchester. There are increasing numbers of people in Manchester in need of a wheelchair accessible home. Residents who need properties suited to their care and support needs compete with the already high need and demand for general needs lets, with very few accessible adapted properties coming up for relet and little new build housing meeting accessibility standards. Adaptation delivery has slowed down and the backlog and waiting times are increasing. There remains a long waiting list for adapted properties of all types across the city. Manchester Move data shows that over 100 households are currently awaiting wheelchair accessible and/or adapted accommodation.

6.6 For older people suitable accessible age-friendly housing opportunities are a good option, such as Extra Care Housing, however, for younger disabled adults,

and households with disabled children in need of wheelchair accessible homes, the current options available are adaptations to their home, identifying an existing vacant wheelchair accessible property that meets their needs, or the development of bespoke homes to meet their specific needs, which is rare due to grant funding not supporting a viable model.

6.7 Disabled Facilities Grant, the government funding for adaptation's was frozen between April 2020 and March 2023, before it was increased by 8.7% for 2023/24. However, even with the increase, and financial contributions made towards costs by some MHPP partners, funding is not sufficient for us to keep up with increased demand and construction cost increases. In addition, a High Court ruling against Islington Council means MCC can no longer refuse adaptations in favour of rehousing. Our spending on adaptations was c.£3.5m higher than income in 2022-23 and is forecast to be at a similar level in 2023-24. As a local authority we are now lobbying the government to review the level of Disabled Facilities Grant awarded and working with our MHPP partners to maximise their contributions towards adaptations and new build wheelchair accessible and adapted homes.

6.8 On a positive note, a requirement for all new dwellings to be built to the ‘accessible and adaptable’ standard in Part M4(2) of the Building Regulations is included in the Places for Everyone (PfE) Joint Development Plan which is coming to the end of an Examination in Public. Depending on a consultation on modifications proposed by the Examination Inspectors, the PfE is expected to be adopted by the Council and other GM Districts in early 2024. Although this is not the M4(3) wheelchair accessible homes standard, it does mean newbuild properties will be more easily adapted to provide wheelchair access. In addition, in developing the Manchester Local Plan, the need for accessible properties has been considered as part of a Housing Needs Assessment (HNA) undertaken by ARC4 consultants. Strategic Housing and Commissioners are continuing to engage in the Local Plan consultation and development processes to put the case for a quota of new build affordable homes to be built to M4(3) standard.

6.9 There is clear evidence that suitable provision of supported accommodation – for all cohorts – is improving people’s outcomes. See the following case studies:

Case Study 1:

Better Outcomes Better Lives

Alice's persistence pays off and 71-year-old George finally has a home...

Celebrating you
Alice Bates

George has been homeless, on and off, for almost 20 years. He's 71 years old, has no drug or alcohol issues and in recent years, has been sleeping at Manchester Airport, spending his days in St Ann's Square or the Library. Despite attempts, he was distrustful of services and wouldn't engage.

Social Worker, Alice Bates tells us... About six months ago I opened George up as a case for myself. **I tried to more proactively engage with him**, going to find him at the library or in the airport. I tried to tell him the housing options that were available to him, but he'd always just say *"I'm sorting it"*. George has some health problems and was registered with Urban Village, but even when the GP bus was outside the library, he wouldn't go in.

I kept persisting, and finally, a couple of months ago, I bumped into George outside the Town Hall. He said, ***"Could you help me a bit?"***

George's worldly belongings were in one bag-for-life. I went straight Tesco and got him a phone. It wasn't suitable for him to go into homeless accommodation – he'd been before and didn't feel safe there, so I put him in a Travel Lodge for a few days. I then managed to quickly get him into the Over 55's accommodation in Openshaw, in a neighbourhood apartment. It was fully furnished and free for six weeks. **This was overwhelming for him.** For the first time, **he started to open up and trust me.** George told me how he'd been severely sexually abused as a child. He said he'd always lived with his mum but when she passed away, he lost the family home.

A few weeks later I managed to secure a permanent tenancy for George at the same accommodation! I liaised with our homeless charities in Manchester and MCC Welfare Provision and we furnished his apartment with everything he needs - including a brand new fridge and cooker. This has been a huge transition and he's had some ups and downs, but he's now settled and has friends there he likes to have breakfast with.

He rings me every day and keeps saying ***"Alice, I'm just smiling my head off!"*** George is also now going to the GP every week to get his health sorted.! He's organised his own bills and a bus pass – he's self-caring and loves to cook. **He said he gets in bed every night and just chuckles.**

*Alice's Manager, Ellie Atkins reflects...*It takes a special kind of social worker to be able to make a difference in the field of rough sleeping and homelessness. Alice works with some of the most traumatised people in society.

Alice has incredible levels of emotional intelligence, she meets people where they are at, without judgement. This creates the foundations of epistemic trust. This is the gateway for hope and change and positive outcomes, such as George, this is what impacts our citizens to have better outcomes and better lives"

As Alices manager, her value base and moral compass makes me beam with pride.

Manchester Local Care Organisation

MANCHESTER CITY COUNCIL

Case Study 2:

Mr E lives in an Extra Care Housing Scheme in Central Manchester. He previously lived in general needs accommodation and one day, when taking a bath, he got stuck there and couldn't summon help. He was there for four days, surviving on drinking the water from the tap. Eventually, Mr E was rescued and admitted to hospital. When he was safe to leave hospital, he knew he needed help and more accessible accommodation, so he applied to move into a nearby Extra Care scheme. Fast forward one year, Mr E's life has changed for the better: firstly, he has a level access shower, his apartment is on one level, he is never lonely now and has a good group of friends in the scheme and is fit and healthy. He acts as an advocate for the residents for special VIP visits, telling stakeholders about his journey into Extra Care and how his life has transformed by this supported housing provision.

7.0 Next Steps

7.1 Across service work will continue to bring forward an improved system of holding data regarding, schemes, providers and users which will feed into the

development of a detailed Supported Housing Strategy for Manchester, as required under Supported Housing (Regulatory Oversight) Act 2023.

7.2 The completion of HNAs for Homelessness, Care Leavers and people with physical disabilities will be a key focus of the first quarter of 2024. The Homelessness Service are close to completing their internal HNA and Strategic Housing will work closely with Children's, Manchester Move and colleagues in MEAP to bring forward comprehensive need and demand and forecasting models, which will be translated into required programmes of work. Regarding needs identified in a physical disability housing needs assessment we will work with Strategic Planning, MEAP, development partners, registered providers and Manchester Move to develop a plan to reduce the numbers of households awaiting wheelchair accessible and adapted homes.

7.3 Working together with a range of supported housing providers we will continue to develop a focused programme of new build and refurbished/remodelled supported housing to meet needs evidenced by the Housing Needs Assessments undertaken.

7.4 In conclusion, this work aims to address the current and future shortage of supported accommodation across all cohort groups, developed through a strong collaborative and partnership approach to develop an exemplar model of provision and increased recognition of the benefits of supported accommodation through a focus on the right placements required for individuals and meeting needs through innovative support models.

8.0 Recommendations

8.1 The Committee is recommended to consider, note, and comment on the update regarding the strategy delivery to date, noting progress made and key issues to address and further legislative changes impacting upon supported housing.

Manchester City Council
Report for Information

Report to:	Health Scrutiny Committee – 10 January 2024
Subject:	Manchester Local Care Organisation Community Health Transformation Programme – Variation to Podiatry Services
Report of:	Deputy Director of Integrated Commissioning – Community Health, NHS GM (Manchester)

Summary

This document presents recommendations made by Manchester Local Care Organisation Executive to reduce variation in community health podiatry services as part of the Community Health Transformation Programme.

The Community Health Transformation Programme is a multi-year programme focused on reducing variation in and between Community Health services in Manchester, ensuring equality and equity of access to services to effectively tackle health inequalities and ensure best use of resources directed to population need.

The Committee is asked to consider the recommendation from Manchester Local Care Organisation to remove the variation in the community health podiatry service offer; and to endorse the view from both Manchester Local Care Organisation and NHS GM (Manchester), that this action does not constitute substantial variation.

This service variation will support the Manchester Local Care Organisation to:

- Standardise provision of podiatry services across Manchester.
- Amend the service offer to ensure consistent access criteria.
- Align budgets to the size and need of people in the neighbourhoods.

Recommendations

The Committee is recommended to consider, question and comment upon the information in this 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
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments.	An Equality Impact Assessment has been completed for the service change proposal through a partnership approach between Manchester Local Care Organisation and NHS Greater Manchester (Manchester).

Manchester Strategy outcomes	**Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	There is a direct link between health and social care and the economy. Health and social care is an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and social care support significant jobs and skills development in Manchester.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable health and social care is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city. Equality Impact Assessments have been completed for each service change with actions identified to mitigate any negative impacts.
A liveable and low carbon city: a destination of choice to live, visit, work	Where it is clinically appropriate, services are offered in premises in the heart of the localities to minimise the need to travel long distances.
A connected city: world class infrastructure and connectivity to drive growth	Helping our population to stay healthy and live well.

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Unit savings of £254k per annum for Manchester.

Financial Consequences – Capital

Not Applicable

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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. Manchester Local Care Organisation prospectus 2018.

1.0 Introduction

1.1 This document presents an update regarding the recommendations made by Manchester Local Care Organisation Executive about the proposed changes in the community health podiatry service offer. Whilst the proposed changes do not constitute a 'substantial variation', (the process for which there is a different escalation process through the Integrated Care Board), they will support the Manchester Local Care Organisation to delivery its ambition to:

- Standardise provision for podiatry services across Manchester Local Care Organisation.
- Amend the service offer to provide consistent access criteria.
- Align budgets to the size and need in the neighbourhoods based on population health modelling.

2.0 Background

2.1 In 2018, the Manchester Local Care Organisation Prospectus outlined the system vision for the creation of the Manchester Local Care Organisation. Some of the key objectives for the Manchester Local Care Organisation are to:

- 'Ensure that people can gain timely access to high quality services when and where they need them, within a simplified system.
- Balance the requirement for local delivery with the benefits and opportunities of delivery at scale.
- Provide a consistent and standardised offer of care for the population; while retaining excellence, innovation, and continuity of care.
- Work across organisational and geographic boundaries … to ensure care is joined up and integrated; including working to maximise the assets which exist within communities and deliver more proactive and preventative care.

2.2 The Community Health Transformation Programme is an enabler that helps supports the delivery and realisation of these objectives.

2.3 The Community Health Transformation Programme also delivers the vision for the Manchester Local Care Organisation that 'our mission' is to ensure:

- Better lives for our most vulnerable.
- Better wellbeing for our population.
- Better connections through our communities.

2.4 Further detail about the Community Health Transformation Programme is summarised in Appendix 1.

2.5 This paper centres on the changes to the **Podiatry** service offer for Manchester.

3.0 Variations in Service

3.1 The Community Health Transformation process was applied to Podiatry. Some of the findings were:

- There is significant variation in service offer across Manchester.
- Podiatry is delivered on legacy specifications in North, Central and South Manchester which explains the current variations. Additionally, the specifications do not reflect current operational practices.
- Service Level Agreements with NHS Acute Hospitals formed in legacy organisations have led to hospitals 'buying' different activity from the community services.
- Such variations mean that there is an inequitable offer across Manchester.
- Different staffing structures across the 3 localities of North, South and Central Manchester.
- Resources and budgets not targeted to the size and need of the population.
- Long waits for treatment in some parts of the city.
- 67% of Community Podiatry users are White/White British, while this ethnic group makes up only 44% of the overall population of Manchester.
- Health Inequalities need to be addressed.

4.0 Proposed Changes

4.1 Panel Findings and what this means for Manchester residents in terms of population health and health inequalities

4.2 The proposed changes mean that current provision of toenail cutting for people with no clinical need will cease, and resources moved to target those waiting who do have identified clinical need.

4.3 People with no clinical need but who want to have their toenails cut, will be given advice, and signposted elsewhere by the podiatry teams.

4.4 The positive impact of removing variation outweighed any negative impact. The assessment shows that:

- Waiting times will stabilise and reduce for patients categorised as lower risk.
- There will be parity of provision.
- There will be equity of patient expectation.

4.5 Manchester Local Care Organisation believe that a phased approach is the most suitable implementation method, for staff and patients. The organisation also recommends that the phased approach should begin immediately, post approval, as waiting lists are increasing.

4.6 It was however thought that there may be initial resistance to the changes potentially leading to formal complaints, mainly due to some patients not qualifying for ongoing home visits, and low/no risk foot care needs not being eligible for a qualified podiatrist. It is considered however, that the proposed

change will have no detrimental equality impact, which was explored through the equality impact assessment.

4.7 The Manchester Local Care Organisation will produce education material to share with patients.

4.8 Please note the health equality profiles of users of podiatry services in Appendix 3.

4.9 The following outputs from the review were identified as below:

- A new citywide service specification would provide the framework for a consistent citywide service offer. Trafford to work to the same framework.
- A single management function across Manchester (and Trafford) would release some efficiencies.
- A revised staffing structure across the localities with caseload adjustments would help reduce long waits in some localities.
- The reform would include standardisation of both clinical and workforce provision.
- An administrative function in line with Manchester Local Care Organisation Business Support Project.
- A single reporting function.
- A review of budgets to ensure that resources are targeted to population need.
- The agreed definition of what constitutes housebound status to be applied to the service as it is to other community services. See Appendix 2.
- A commissioning review of associated non-pay costs.

4.10 Crucially and directly affecting users of Podiatry services in the city:

- A single point of access.
- The removal of service provision that has limited clinical effectiveness would help align resources to, and reduce waits for, those with clinical need.
- Standardised access criteria: a new service shift of resource from qualified Podiatrists to a strength-based approach by educating and signposting for:
    1. People referred for annual diabetic foot checks only. Local arrangements may be made for GPs to sub-contract this work to the community podiatry service.
    2. Nail cutting for patients with normal nails and who have no pathology affecting the feet; personal foot care defined as toenail cutting and skin care including the tasks that healthy adults would normally carry out as part of their everyday personal hygiene.
    3. Nail cutting for people with some health conditions, who are classed as low risk (those who have a good blood supply, including good nerve sensation and who have no podiatry needs).

5.0 Financial Impact of the proposed changes

5.1 The total expected saving for Manchester is, £254k (full year effect) based on implementation of a new staffing model (£216k) and expected procurement savings (£38k).

6.0 Governance

6.1 Commissioners have been engaged as appropriate:

- For Manchester – The responsible commissioner is deployed to the Manchester Local Care Organisation and has overseen and led the work.
- There has been a review by the NHS GM (Manchester) Clinical Effectiveness Group and the Joint Commissioning Board for Manchester.
- For Trafford – The responsible commissioner is NHS Greater Manchester with delegated authority to Trafford Locality. Trafford Locality have approved the proposed change for Trafford and have provided a statement of support.

6.2 Further Commissioner approval will be enacted by formal contractual mechanisms with the NHS Greater Manchester contracts team.

7.0 Recommendations

7.1 Health & Scrutiny Committee members are asked to consider the Manchester Local Care Organisation intention to:

- Implement standardised provision for podiatry services across Manchester.
- Reduce the service offer to remove unwarranted variation.
- Amend the service offer to provide consistent access criteria.
- Align budgets to the size and need in the neighbourhoods.

7.2 Health & Scrutiny Committee members are asked to endorse the view of both Manchester Local Care Organisation and NHS GM (Manchester), that the change does not constitute substantial variation to current service provision.

8.0 Appendices

Appendix 1 Context Setting: Community Health Transformation Process
Appendix 2 Standardised definition of Housebound Status
Appendix 3 Data pack: Users of Podiatry services listed per Primary Care Networks.

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Appendix 1 Community Health Transformation Programme Process

Through the establishment of the Manchester Local Care Organisation, the ambition was always to address the variation in community health service offer across Manchester, resulting from 3 historic commissioning arrangements and 3 different approaches to the delivery of community services because of Transforming Community Services (2012).

The Community Health Transformation Programme is a Manchester Local Care Organisation multi-year transformation programme to design and mobilise a core community health offer for the people of Manchester that will function as part of a wider integrated health, care and wellbeing service offer with social care, acute, primary care, and other community providers.

The Community Health Transformation Programme will:

- reduce variation in and between Community Health services in Manchester to ensure equality and equity of access to services; this will lead to a clear core community health service offer for people in Manchester.
- move into delivering our core offer in a targeted way to address health inequalities and make the best use of resources directed to population need using an agreed population modelling tool.
- ensure consistency of service offer in, and across, Manchester.
- ensure that community health services work effectively in partnership with other health, care and wellbeing services in the community and hospitals and that they are sustainable into the future.

The design of the Community Health Transformation Programme has been commissioning-led (by the deployed community health commissioning team) working with frontline teams and Manchester Local Care Organisation core functions (Business Intelligence, Finance, Human Resources, programme, and project management) as per the agreement to embed the deployed commissioning function into the Manchester Local Care Organisation operating model.

This approach has been shared with the NHS Greater Manchester team and they agree with the approach for Manchester community health services.

The Manchester Local Care Organisation in Manchester has seen real benefit from commissioners working with service teams and in the light of the revised Greater Manchester Operating Model (responsibility for the commissioning of community health services to be at Locality).

Programme stages for all in scope services

The Programme has been mobilised through:

1. **Desktop service review:** A commissioner-led desktop review of available information including existing service specifications, business cases and investment reviews coupled with operational finance and activity data to identify opportunities for redesign and reform.

Output: Recommended areas for review in services i.e. differential activity levels across North, Central and South Manchester.

2. **Service opportunities and options:** Services are then tested against several options (clarified on a service-by-service basis as part of the process) which have been agreed by the Manchester Local Care Organisation Executive Team, these include:

    1. Single business delivery model across Manchester Local Care Organisation
    2. Locality / Neighbourhood delivery model
    3. Review clinical delivery model.
    4. Cease provision, no added clinical benefit in its entirety.
    5. Cease provision; activity not best placed in Manchester Local Care Organisation – proposed delivery through another route within NHS Manchester Foundation Trust.
    6. Service is delivering overactivity against commissioned levels.
    7. Requirement to invest to meet new / growing need/ service not currently provided by Manchester Local Care Organisation.

Output: which options to test with service teams for each service.

3. **Comprehensive Impact Assessment:** Commissioners then work with the corporate teams and relevant service leads to stress test the options through the Comprehensive Impact Assessment approach; this includes elements of a traditional commissioning investment review complimented by a Quality Impact Assessment and Equality Impact Analysis of the preferred option. Not all service opportunities will need the full assessment, but this will be determined service by service.

Output: Recommendation for service reform.

The outputs from the Commissioning Impact Assessment (review and recommendation) are presented to and considered by the Commissioning Impact Assessment panel. The Commissioning Impact Assessment panel in Manchester LCO:

- Chief Medical Officer.
- Chief Operating Officer.
- Director of Nursing and Professional Lead (Chair).
- Director of Finance.
- Manchester Local Care Organisation deployed commissioning team representative.
- Associate Director Quality Governance.
- Service team leads / representatives.

Appendix 2 Housebound Status

For Children's Community Health Services, young people are brought to clinics, where this is in line with the current offer. There are some children who services want to see at home. Work has already been undertaken in Manchester and learning has been shared and implemented for Trafford. For the benefit of this email, the work below relates to adult services only.

There was a request in 2022/23 to update a 'housebound criterion' for those community services within Manchester Local Care Organisation and Trafford Local Care Organisation that are able to see patients either at home or in a clinic setting. This was requested through the District Nursing Stabilisation Work. Discussions with services highlighted that a range of criteria were in place across both organisations to support decision making about the most appropriate location to see people in. Several services highlighted that they would benefit from developing and applying a consistent approach. They suggested this would minimise confusion for patients, families, and partners. It would also support more effective use of resources. It is also worth noting that they also proposed that they would benefit from having some flexibility in the application of any agreed criteria to support either complex domestic situations or the most effective place to conduct assessments and treatments.

The criteria are set out below. The content is the same as the version that was being used in Trafford (2022) and is in the service specification for district nursing in Manchester (2022). The language has been improved so that it easier to read and less pejorative:

When care or assessment is needed at home

Although most of our care is carried out in ***Community Settings*** *where possible, for some patients it is more appropriate to have care carried out in their own home. This is where our teams feel it is the most appropriate place for the assessment needed. Examples of this would be if a home stair assessment, or an assessment for equipment required for daily living is needed. In these cases we will arrange a home visit.*

Home visits are also provided if someone is permanently or temporarily unable to leave their home. This can be due to illness, disability or mobility issues when someone is unable to use any form of transport to get to a ***Community Setting****.*

If they are able to leave the house with minimal assistance or support then this would not be the case - for example if they can usually visit the GP, dentist, hairdresser, supermarket, social events, or hospital outpatient appointments.

Minimal assistance would be described as someone who:

- *Can leave their own home and travel to a clinical appointment.*
- *And/or owns and uses a personal vehicle, has access to means of transport or can use public transport.*
- *And/or can leave their home by themselves or with an escort, with or without the use of a wheelchair.*

*If a patient meets this criteria, then their care will be provided at a **Community Setting** in the first instance rather than at home.*

*Using the **Community Setting** is good for patients and makes the best use of our staff by allowing us to see more patients. That reduces waiting times for the care our patients need. It also supports people to be as independent as possible.*

*If patients are referred to a **Community Setting** but their circumstances have changed for any reason and they cannot get to a venue with minimal assistance anymore, we ask them to contact us as soon as possible when they receive their appointment. We will then review their circumstances and arrange for a home visit if required.*

Manchester Local Care Organisation

Leading local care, improving lives in Manchester, with you

Data Pack Podiatry

Data source: Community Health Referrals and Contacts Dashboard 2022/23

GM Integrated Care Business Intelligence Team

Powered by:

NHS Manchester University NHS Foundation Trust

NHS Greater Manchester Mental Health NHS Foundation Trust

MANCHESTER CITY COUNCIL

Manchester Health & Care Commissioning

THE MANCHESTER PRIMARY CARE PARTNERSHIP

Ardwick and Longsight PCN

Ardwick and Longsight

- **1160** patients
- Average contact per person **2.6**
- Total population of PCN – 82,652 (**11.7%** of total population)
- **8.3%** of Podiatry users belong to this PCN.
- **68%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**411**	**35%**	**198**	**17%**	**24**	**2%**	**94**	**8%**	**26**	**2%**	**407**	**35%**		
Aged 0-15	42	46%	13	14%	6	7%	11	12%	2	2%	17	19%	**91**	**8%**
Aged 16-29	33	31%	13	12%	7	7%	16	15%	10	9%	28	26%	**107**	**9%**
Aged 30-49	86	49%	26	15%	5	3%	13	7%	5	3%	41	23%	**176**	**15%**
Aged 50-69	136	36%	63	17%	3	1%	31	8%	6	2%	139	37%	**378**	**33%**
Aged 70-89	110	29%	74	20%	3	1%	21	6%	3	1%	164	44%	**375**	**32%**
Aged 90+	4	12%	9	27%	0	0%	2	6%	0	0%	18	55%	**33**	**3%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**37234**	**45%**	**7562**	**9%**	**2711**	**3%**	**5236**	**6%**	**15543**	**19%**	**14366**	**17%**		
0-15	7093	51%	1673	12%	688	5%	1118	8%	2059	15%	1268	9%	13899	17%
16-29	14176	46%	1854	6%	1033	3%	1871	6%	6263	20%	5788	19%	30985	37%
30-49	10328	44%	2322	10%	687	3%	1701	7%	4803	21%	3506	15%	23347	28%
50-69	4659	41%	1378	12%	262	2%	484	4%	1908	17%	2683	24%	11374	14%
70-89	934	33%	310	11%	37	1%	58	2%	446	16%	1069	37%	2854	3%
90+	44	23%	25	13%	4	2%	4	2%	64	33%	52	27%	193	0%

Better Health MCR PCN

Better Health MCR

- **456** patients
- Average contact per person **2.4**
- Total population of PCN – 37,935 (**5.4%** of total population)
- **3.3%** of Podiatry users belong to this PCN.
- **61%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**114**	**25%**	**122**	**27%**	**15**	**3%**	**51**	**11%**	**15**	**3%**	**139**	**30%**		
Aged 0-15	18	33%	16	29%	4	7%	7	13%	3	5%	7	13%	**55**	**12%**
Aged 16-29	12	26%	7	15%	3	6%	3	6%	6	13%	16	34%	**47**	**10%**
Aged 30-49	22	30%	19	26%	2	3%	11	15%	3	4%	17	23%	**74**	**16%**
Aged 50-69	34	25%	41	30%	1	1%	18	13%	2	1%	41	30%	**137**	**30%**
Aged 70-89	27	21%	37	28%	5	4%	10	8%	1	1%	51	39%	**131**	**29%**
Aged 90+	1	8%	2	17%	0	0%	2	17%	0	0%	7	58%	**12**	**3%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**12684**	**33%**	**5320**	**14%**	**1961**	**5%**	**3843**	**10%**	**6765**	**18%**	**7362**	**19%**		
0-15	2196	33%	1318	20%	622	9%	1014	15%	931	14%	493	7%	**6574**	**17%**
16-29	5398	34%	1394	9%	677	4%	1079	7%	3287	21%	4021	25%	**15856**	**42%**
30-49	4045	36%	1689	15%	512	5%	1396	13%	1726	15%	1774	16%	**11142**	**29%**
50-69	856	25%	755	22%	134	4%	311	9%	641	18%	791	23%	**3488**	**9%**
70-89	188	22%	151	18%	15	2%	41	5%	172	21%	270	32%	**837**	**2%**
90+	1	3%	13	34%	1	3%	2	5%	8	21%	13	34%	**38**	**0%**

Cheetham Hill and Crumpsall

Cheetham Hill and Crumpsall

- **997** patients
- Average contact per person **2.7**
- Total population of PCN – 59,141 (**8.4%** of total population)
- **7.2%** of Podiatry users belong to this PCN.
- **71%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**347**	**35%**	**62**	**6%**	**6**	**1%**	**32**	**3%**	**54**	**5%**	**496**	**50%**		
Aged 0-15	43	45%	9	9%	2	2%	12	13%	2	2%	27	28%	**95**	**10%**
Aged 16-29	32	48%	2	3%	1	2%	5	8%	9	14%	17	26%	**66**	**7%**
Aged 30-49	66	52%	7	5%	1	1%	7	5%	13	10%	34	27%	**128**	**13%**
Aged 50-69	129	37%	26	7%	2	1%	7	2%	18	5%	167	48%	**349**	**35%**
Aged 70-89	73	22%	14	4%	0	0%	1	0%	11	3%	228	70%	**327**	**33%**
Aged 90+	4	13%	4	13%	0	0%	0	0%	1	3%	23	72%	**32**	**3%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**23121**	**39%**	**4801**	**8%**	**1750**	**3%**	**2876**	**5%**	**12420**	**21%**	**14173**	**24%**		
0-15	5982	42%	1161	8%	589	4%	792	6%	3370	24%	2254	16%	**14148**	**24%**
16-29	4685	39%	922	8%	380	3%	649	5%	2921	25%	2348	20%	**11905**	**20%**
30-49	8173	42%	1630	8%	546	3%	1043	5%	3850	20%	4170	21%	**19412**	**33%**
50-69	3532	34%	927	9%	206	2%	350	3%	1757	17%	3672	35%	**10444**	**18%**
70-89	727	24%	155	5%	27	1%	39	1%	460	15%	1631	54%	**3039**	**5%**
90+	22	11%	6	3%	2	1%	3	2%	62	32%	98	51%	**193**	**0%**

City Centre and Ancoats PCN

City Centre and Ancoats PCN

- **358** patients
- Average contact per person **2.8**
- Total population of PCN – 36,864 (**5.2%** of total population)
- **2.6%** of Podiatry users belong to this PCN.
- **58%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**19**	**5%**	**14**	**4%**	**11**	**3%**	**3**	**1%**	**20**	**6%**	**291**	**81%**		
Aged 0-15	5	26%	0	0%	1	5%	0	0%	1	5%	12	63%	**19**	**5%**
Aged 16-29	2	3%	1	1%	5	7%	1	1%	8	11%	54	76%	**71**	**20%**
Aged 30-49	7	11%	3	5%	4	7%	2	3%	8	13%	37	61%	**61**	**17%**
Aged 50-69	3	4%	5	6%	1	1%	0	0%	3	4%	68	85%	**80**	**22%**
Aged 70-89	2	2%	5	4%	0	0%	0	0%	0	0%	109	94%	**116**	**32%**
Aged 90+	0	0%	0	0%	0	0%	0	0%	0	0%	11	100%	**11**	**3%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**4204**	**11%**	**1222**	**3%**	**1393**	**4%**	**1277**	**3%**	**9512**	**26%**	**19256**	**52%**		
0-15	457	15%	178	6%	240	8%	168	5%	874	29%	1148	37%	**3065**	**8%**
16-29	1605	12%	334	2%	514	4%	473	3%	3830	27%	7176	52%	**13932**	**38%**
30-49	1798	11%	541	3%	525	3%	562	4%	4145	26%	8159	52%	**15730**	**43%**
50-69	301	9%	147	4%	103	3%	70	2%	583	17%	2136	64%	**3340**	**9%**
70-89	41	5%	22	3%	10	1%	4	1%	77	10%	622	80%	**776**	**2%**
90+	2	10%	0	0%	1	5%	0	0%	3	14%	15	71%	**21**	**0%**

Clayton, Beswick and Openshaw PCN

Clayton Beswick and Openshaw PCN

- **956** patients
- Average contact per person **2.7**
- Total population of PCN – 49,494 (**7.0%** of total population)
- **6.9%** of Podiatry users belong to this PCN.
- **75%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**50**	**5%**	**70**	**7%**	**10**	**1%**	**23**	**2%**	**46**	**5%**	**757**	**79%**		
Aged 0-15	13	14%	15	16%	4	4%	6	6%	4	4%	51	55%	**93**	**10%**
Aged 16-29	2	4%	5	10%	1	2%	2	4%	10	19%	32	62%	**52**	**5%**
Aged 30-49	13	13%	16	16%	4	4%	6	6%	8	8%	51	52%	**98**	**10%**
Aged 50-69	11	4%	22	7%	1	0%	4	1%	11	4%	255	84%	**304**	**32%**
Aged 70-89	11	3%	12	3%	0	0%	4	1%	11	3%	335	90%	**373**	**39%**
Aged 90+	0	0%	0	0%	0	0%	1	3%	2	6%	33	92%	**36**	**4%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**3667**	**7%**	**6902**	**14%**	**1391**	**3%**	**1540**	**3%**	**12786**	**26%**	**23208**	**47%**		
0-15	939	8%	1906	16%	497	4%	493	4%	3243	28%	4568	39%	**11646**	**24%**
16-29	609	7%	1243	14%	297	3%	319	4%	2970	33%	3619	40%	**9057**	**18%**
30-49	1460	10%	2473	17%	422	3%	553	4%	3882	26%	6052	41%	**14842**	**30%**
50-69	550	5%	1179	12%	155	2%	159	2%	1966	19%	6186	61%	**10195**	**21%**
70-89	104	3%	98	3%	20	1%	16	0%	668	19%	2676	75%	**3582**	**7%**
90+	5	3%	3	2%	0	0%	0	0%	57	33%	107	62%	**172**	**0%**

Didsbury, Burnage and Chorlton PCN

Didsbury, Burnage and Chorlton PCN

- **1,073** patients
- Average contact per person **3.1**
- Total population of PCN – 45,822 (**6.5%** of total population)
- **7.7%** of Podiatry users belong to this PCN.
- **76%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**153**	**14%**	**21**	**2%**	**16**	**1%**	**50**	**5%**	**56**	**5%**	**777**	**72%**		
Aged 0-15	19	23%	1	1%	2	2%	10	12%	4	5%	47	57%	**83**	**8%**
Aged 16-29	5	8%	3	5%	4	7%	7	12%	10	17%	31	52%	**60**	**6%**
Aged 30-49	27	24%	0	0%	4	4%	3	3%	12	11%	68	60%	**114**	**11%**
Aged 50-69	50	19%	8	3%	4	2%	9	3%	19	7%	176	66%	**266**	**25%**
Aged 70-89	46	10%	8	2%	2	0%	14	3%	8	2%	394	83%	**472**	**44%**
Aged 90+	6	8%	1	1%	0	0%	7	9%	3	4%	61	78%	**78**	**7%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**4721**	**10%**	**825**	**2%**	**1343**	**3%**	**1617**	**4%**	**13752**	**30%**	**23564**	**51%**		
0-15	1042	13%	162	2%	465	6%	361	5%	2720	35%	2970	38%	**7720**	**17%**
16-29	733	8%	159	2%	279	3%	281	3%	3122	35%	4298	48%	**8872**	**19%**
30-49	1758	11%	258	2%	408	3%	670	4%	4760	29%	8366	52%	**16220**	**35%**
50-69	927	10%	203	2%	162	2%	250	3%	2185	24%	5315	59%	**9042**	**20%**
70-89	248	7%	40	1%	27	1%	52	1%	822	23%	2448	67%	**3637**	**8%**
90+	13	4%	3	1%	2	1%	3	1%	143	43%	167	50%	**331**	**1%**

Gorton and Levenshulme PCN

Gorton and Levenshulme PCN

- **1,083** patients
- Average contact per person **2.6**
- Total population of PCN – 54,268 (**7.7%** of total population)
- **7.8%** of Podiatry users belong to this PCN.
- **72%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**230**	**21%**	**77**	**7%**	**11**	**1%**	**80**	**7%**	**13**	**1%**	**672**	**62%**		
Aged 0-15	41	36%	8	7%	4	4%	7	6%	3	3%	51	45%	**114**	**11%**
Aged 16-29	19	39%	5	10%	0	0%	5	10%	2	4%	18	37%	**49**	**5%**
Aged 30-49	49	35%	10	7%	2	1%	22	16%	3	2%	53	38%	**139**	**13%**
Aged 50-69	83	24%	31	9%	4	1%	23	7%	2	1%	199	58%	**342**	**32%**
Aged 70-89	35	9%	22	6%	1	0%	19	5%	3	1%	302	79%	**382**	**35%**
Aged 90+	3	5%	1	2%	0	0%	4	7%	0	0%	49	86%	**57**	**5%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**13038**	**24%**	**5723**	**11%**	**2021**	**4%**	**2418**	**4%**	**12227**	**23%**	**18841**	**35%**		
0-15	3882	30%	1661	13%	746	6%	777	6%	2760	22%	2921	23%	**12747**	**23%**
16-29	2751	25%	1017	9%	477	4%	538	5%	2927	27%	3157	29%	**10867**	**20%**
30-49	4232	24%	1947	11%	530	3%	808	5%	4228	24%	5554	32%	**17299**	**32%**
50-69	1819	18%	971	10%	242	2%	264	3%	1752	18%	4929	49%	**9977**	**18%**
70-89	344	11%	120	4%	25	1%	30	1%	511	16%	2171	68%	**3201**	**6%**
90+	10	6%	7	4%	1	1%	1	1%	49	28%	109	62%	**177**	**0%**

Higher Blackley, Harpurhey and Charlestown PCN

Higher Blackley, Harpurhey and Charlestown PCN

- **1,116** patients
- Average contact per person **3.2**
- Total population of PCN – 48,849 (**6.9%** of total population)
- **8.0%** of Podiatry users belong to this PCN.
- **76%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**40**	**4%**	**63**	**6%**	**14**	**1%**	**18**	**2%**	**60**	**5%**	**921**	**83%**		
Aged 0-15	8	9%	15	16%	6	6%	6	6%	3	3%	56	60%	**94**	**8%**
Aged 16-29	1	2%	6	12%	1	2%	2	4%	6	12%	36	69%	**52**	**5%**
Aged 30-49	10	8%	11	9%	3	2%	3	2%	15	12%	79	65%	**121**	**11%**
Aged 50-69	16	5%	18	5%	3	1%	4	1%	18	5%	296	83%	**355**	**32%**
Aged 70-89	5	1%	10	2%	1	0%	3	1%	15	3%	409	92%	**443**	**40%**
Aged 90+	0	0%	3	6%	0	0%	0	0%	3	6%	45	88%	**51**	**5%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**2611**	**5%**	**6496**	**13%**	**1524**	**3%**	**992**	**2%**	**12576**	**26%**	**24650**	**50%**		
0-15	753	6%	2053	18%	616	5%	293	3%	2973	26%	4909	42%	**11597**	**24%**
16-29	415	5%	1135	13%	308	4%	200	2%	2922	34%	3722	43%	**8702**	**18%**
30-49	950	7%	2227	16%	413	3%	359	3%	3731	26%	6559	46%	**14239**	**29%**
50-69	419	4%	1002	10%	168	2%	126	1%	2195	21%	6440	62%	**10350**	**21%**
70-89	71	2%	76	2%	16	0%	14	0%	682	18%	2891	77%	**3750**	**8%**
90+	3	1%	3	1%	3	1%	0	0%	73	35%	129	61%	**211**	**0%**

Hulme, Moss Side and Rusholme PCN

Hulme, Moss Side and Rusholme (City South)PCN

- **439** patients
- Average contact per person **2.4**
- Total population of PCN – 45,520 (**6.4%** of total population)
- **3.2%** of Podiatry users belong to this PCN.
- **66%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**25**	**6%**	**96**	**22%**	**26**	**6%**	**44**	**10%**	**19**	**4%**	**229**	**52%**		
Aged 0-15	3	10%	9	29%	8	26%	3	10%	2	6%	6	19%	**31**	**7%**
Aged 16-29	1	2%	3	6%	2	4%	6	12%	7	14%	32	63%	**51**	**12%**
Aged 30-49	6	9%	7	11%	5	8%	11	17%	1	2%	36	55%	**66**	**15%**
Aged 50-69	7	5%	33	23%	3	2%	18	13%	9	6%	72	51%	**142**	**32%**
Aged 70-89	8	6%	41	29%	6	4%	5	4%	0	0%	79	57%	**139**	**32%**
Aged 90+	0	0%	3	30%	2	20%	1	10%	0	0%	4	40%	**10**	**2%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**7406**	**16%**	**3902**	**9%**	**1286**	**3%**	**3262**	**7%**	**16363**	**36%**	**13301**	**29%**		
0-15	446	11%	936	24%	279	7%	491	12%	1236	31%	545	14%	**3933**	**9%**
16-29	4802	22%	956	4%	519	2%	1314	6%	7977	37%	5780	27%	**21348**	**47%**
30-49	1763	12%	1209	8%	362	2%	1289	9%	5249	36%	4708	32%	**14580**	**32%**
50-69	304	6%	621	13%	111	2%	153	3%	1679	36%	1847	39%	**4715**	**10%**
70-89	85	9%	169	19%	13	1%	14	2%	204	23%	411	46%	**896**	**2%**
90+	6	13%	11	23%	2	4%	1	2%	18	38%	10	21%	**48**	**0%**

Miles Platting, Newton Heath and Moston PCN

Miles Platting, Newton Heath and Moston PCN

- **984** patients
- Average contact per person **2.8**
- Total population of PCN – 44,267 (**6.3%** of total population)
- **7.1%** of Podiatry users belong to this PCN.
- **79%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**28**	**3%**	**58**	**6%**	**7**	**1%**	**18**	**2%**	**33**	**3%**	**840**	**85%**		
Aged 0-15	3	4%	15	18%	0	0%	10	12%	0	0%	55	66%	**83**	**8%**
Aged 16-29	3	7%	3	7%	1	2%	2	5%	1	2%	31	76%	**41**	**4%**
Aged 30-49	8	9%	13	15%	2	2%	3	3%	4	5%	56	65%	**86**	**9%**
Aged 50-69	10	3%	16	6%	2	1%	3	1%	13	5%	242	85%	**286**	**29%**
Aged 70-89	4	1%	10	2%	2	0%	0	0%	13	3%	410	93%	**439**	**45%**
Aged 90+	0	0%	1	2%	0	0%	0	0%	2	4%	46	94%	**49**	**5%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**2414**	**5%**	**6796**	**15%**	**1418**	**3%**	**780**	**2%**	**9622**	**22%**	**23237**	**52%**		
0-15	601	6%	2204	22%	549	6%	253	3%	2195	22%	4174	42%	**9976**	**23%**
16-29	397	5%	1237	16%	292	4%	175	2%	2197	28%	3596	46%	**7894**	**18%**
30-49	891	7%	2267	18%	398	3%	256	2%	2804	22%	6130	48%	**12746**	**29%**
50-69	432	4%	997	10%	163	2%	85	1%	1682	17%	6276	65%	**9635**	**22%**
70-89	88	2%	87	2%	16	0%	11	0%	653	17%	2914	77%	**3769**	**9%**
90+	5	2%	4	2%	0	0%	0	0%	91	37%	147	60%	**247**	**1%**

Northenden and Brooklands (Wythenshawe) PCN

Northenden and Brooklands (Wythenshawe) PCN

- **1,040** patients
- Average contact per person **3.0**
- Total population of PCN – 29,745 (**4.2%** of total population)
- **7.5%** of Podiatry users belong to this PCN.
- **80%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**53**	**5%**	**24**	**2%**	**7**	**1%**	**38**	**4%**	**33**	**3%**	**885**	**85%**		
Aged 0-15	3	4%	4	6%	1	1%	1	1%	3	4%	60	83%	**72**	**7%**
Aged 16-29	2	5%	1	2%	2	5%	2	5%	7	16%	29	67%	**43**	**4%**
Aged 30-49	10	11%	1	1%	1	1%	3	3%	6	7%	69	77%	**90**	**9%**
Aged 50-69	17	5%	10	3%	3	1%	14	4%	8	2%	274	84%	**326**	**31%**
Aged 70-89	20	5%	8	2%	0	0%	18	4%	9	2%	389	88%	**444**	**43%**
Aged 90+	1	2%	0	0%	0	0%	0	0%	0	0%	64	98%	**65**	**6%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**2432**	**8%**	**1039**	**3%**	**861**	**3%**	**998**	**3%**	**6542**	**22%**	**17873**	**60%**		
0-15	598	10%	278	5%	367	6%	275	5%	1045	18%	3135	55%	**5698**	**19%**
16-29	373	8%	178	4%	153	3%	193	4%	1650	35%	2151	46%	**4698**	**16%**
30-49	921	10%	345	4%	215	2%	340	4%	2195	24%	5182	56%	**9198**	**31%**
50-69	435	6%	200	3%	111	2%	163	2%	1072	15%	4969	71%	**6950**	**23%**
70-89	103	3%	38	1%	15	1%	24	1%	495	17%	2310	77%	**2985**	**10%**
90+	2	1%	0	0%	0	0%	3	1%	85	39%	126	58%	**216**	**1%**

West Central Manchester PCN

West Central Manchester PCN

- **1,221** patients
- Average contact per person **2.6**
- Total population of PCN – 60,000 (**8.5%** of total population)
- **8.8%** of Podiatry users belong to this PCN.
- **74%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**235**	**19%**	**159**	**13%**	**22**	**2%**	**95**	**8%**	**40**	**3%**	**670**	**55%**		
Aged 0-15	30	32%	2	2%	10	11%	7	7%	7	7%	39	41%	**95**	**8%**
Aged 16-29	22	28%	9	11%	2	3%	8	10%	4	5%	34	43%	**79**	**6%**
Aged 30-49	27	18%	13	9%	1	1%	12	8%	10	7%	85	57%	**148**	**12%**
Aged 50-69	84	24%	44	12%	5	1%	32	9%	6	2%	183	52%	**354**	**29%**
Aged 70-89	69	15%	81	17%	3	1%	29	6%	11	2%	274	59%	**467**	**38%**
Aged 90+	3	4%	10	13%	1	1%	7	9%	2	3%	55	71%	**78**	**6%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**9208**	**15%**	**3698**	**6%**	**2001**	**3%**	**2413**	**4%**	**16888**	**28%**	**25792**	**43%**		
0-15	2129	20%	698	7%	669	6%	608	6%	2979	28%	3637	34%	**10720**	**18%**
16-29	1886	17%	661	6%	462	4%	510	5%	3829	34%	3960	35%	**11308**	**19%**
30-49	2991	14%	1038	5%	550	3%	817	4%	5707	27%	9975	47%	**21078**	**35%**
50-69	1749	14%	935	7%	266	2%	413	3%	3332	26%	6039	47%	**12734**	**21%**
70-89	437	11%	332	9%	53	1%	62	2%	898	23%	2045	53%	**3827**	**6%**
90+	16	5%	34	10%	1	0%	3	1%	143	43%	136	41%	**333**	**1%**

Withington and Fallowfield PCN

Withington and Fallowfield PCN

- **1,144** patients
- Average contact per person **3.0**
- Total population of PCN – 54,237 (**7.7%** of total population)
- **8.2%** of Podiatry users belong to this PCN.
- **76%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**169**	**15%**	**40**	**3%**	**14**	**1%**	**58**	**5%**	**74**	**6%**	**789**	**69%**		
Aged 0-15	20	24%	5	6%	4	5%	9	11%	7	8%	38	46%	**83**	**7%**
Aged 16-29	9	11%	1	1%	1	1%	6	7%	16	19%	51	61%	**84**	**7%**
Aged 30-49	38	34%	3	3%	2	2%	6	5%	10	9%	52	47%	**111**	**10%**
Aged 50-69	56	18%	12	4%	5	2%	14	4%	23	7%	203	65%	**313**	**27%**
Aged 70-89	46	10%	15	3%	1	0%	18	4%	17	4%	386	80%	**483**	**42%**
Aged 90+	0	0%	4	6%	1	1%	5	7%	1	1%	59	84%	**70**	**6%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**7479**	**14%**	**1444**	**3%**	**1681**	**3%**	**3956**	**7%**	**18091**	**33%**	**21586**	**40%**		
0-15	1565	21%	236	3%	402	5%	889	12%	2559	34%	1879	25%	**7530**	**14%**
16-29	1941	10%	428	2%	652	3%	1210	6%	6992	35%	8741	44%	**19964**	**37%**
30-49	2473	16%	461	3%	422	3%	1318	9%	4898	32%	5574	37%	**15146**	**28%**
50-69	1198	14%	251	3%	172	2%	448	5%	2681	32%	3523	43%	**8273**	**15%**
70-89	292	9%	65	2%	32	1%	87	3%	858	28%	1747	57%	**3081**	**6%**
90+	10	4%	3	1%	1	0%	4	2%	103	42%	122	50%	**243**	**0%**

Wythenshawe PCN

Wythenshawe PCN

- **1,845** patients
- Average contact per person **3.3**
- Total population of PCN – 58,064 (**8.2%** of total population)
- **13.2%** of Podiatry users belong to this PCN.
- **75%** of users are aged 50+

Podiatry users	Asian		Black		Mixed		Other		Unkwn		White		Total	
Total	**36**	**2%**	**45**	**2%**	**23**	**1%**	**20**	**1%**	**49**	**3%**	**1672**	**91%**		
Aged 0-15	12	5%	4	2%	11	5%	2	1%	4	2%	192	85%	**225**	**12%**
Aged 16-29	5	6%	2	2%	1	1%	2	2%	5	6%	67	82%	**82**	**4%**
Aged 30-49	5	3%	7	4%	4	2%	4	2%	15	9%	126	78%	**161**	**9%**
Aged 50-69	9	2%	17	3%	5	1%	5	1%	16	3%	488	90%	**540**	**29%**
Aged 70-89	4	1%	14	2%	2	0%	6	1%	7	1%	729	96%	**762**	**41%**
Aged 90+	1	1%	1	1%	0	0%	1	1%	2	3%	70	93%	**75**	**4%**

Overall pop	Asian		Black		Mixed		Other		Unknown		White		Total	
Total	**4250**	**7%**	**2451**	**4%**	**1992**	**3%**	**896**	**2%**	**9570**	**16%**	**38905**	**67%**		
0-15	1124	9%	674	5%	865	7%	263	2%	1824	14%	8352	64%	**13102**	**23%**
16-29	640	6%	421	4%	385	4%	205	2%	2424	24%	5988	60%	**10063**	**17%**
30-49	1922	11%	817	5%	488	3%	283	2%	3195	18%	11209	63%	**17914**	**31%**
50-69	484	4%	446	4%	229	2%	126	1%	1476	12%	9424	77%	**12185**	**21%**
70-89	76	2%	87	2%	23	1%	18	0%	552	12%	3743	83%	**4499**	**8%**
90+	4	1%	6	2%	2	1%	1	0%	99	33%	189	63%	**301**	**1%**

Manchester Primary Care Network (PCN) Configuration

PCN Name:	Core Network Practices:
Clayton, Beswick and Openshaw PCN	• Drs Hanif And Bannuru • Eastlands Medical Practice • The Mazhari & Khan Practice • Five Oaks Family Practice • Cornerstones Family Practice • Lime Square Medical Centre • Florence House Medical Practice
Ardwick and Longsight PCN	• Drs Ngan & Chan • Ardwick Medical Practice • Surrey Lodge Group Practice • Manchester Integrative Medical Practice • Dickenson Road Medical Centre • Ailsa Craig Medical Practice • Parkside Medical Centre • Drs Chiu, Koh & Gan • Wilmslow Road Medical Centre
Cheetham Hill and Crumpsall PCN	• The Neville Family Medical Centre • Parkview Medical Centre • Wellfield Medical Centre • Crumpsall Medical Practice • New Collegiate Medical Centre • Cheetham Hill Medical Centre • Queens Medical Centre
West Central Manchester PCN	• Ashville Surgery • The Range Medical Centre • Chorlton Family Practice • The Alexandra Practice • Wilbraham Surgery • Princess Road Surgery
City Centre and Ancoats PCN	• City Health Centre • New Islington Medical Centre • Urban Village Medical Practice

PCN Name:	Core Network Practices:
Didsbury, Chorlton Park and Burnage PCN	• David Medical Centre • Didsbury Medical Centre – Dr Whitaker • Kingsway Medical Practice • Barlow Medical Centre
Withington and Fallowfield PCN	• Bodey Medical Centre • Mauldeth Medical Centre • The Borchardt Medical Centre • Withington Medical Practice • Ladybarn Group Practice • Fallowfield Medical Practice
Gorton and Levenshulme PCN	• West Gorton Medical Centre • Gorton Medical Centre • Mount Road Surgery • Levenshulme Medical Centre • West Point Medical Centre • Ashcroft Surgery • Hawthorn Medical Centre
Higher Blackley, Harpurhey and Charlestown PCN	• Beacon Medical Centre • The Avenue Medical Centre • Dam Head Medical Centre • Charlestown Medical Practice • Valentine Medical Centre • Church View Medical Centre • Conran Medical Centre • Willowbank Surgery • Fernclough Surgery
Miles Platting, Newton Heath and Moston PCN	• Hazeldene Medical Centre • Simpson Medical Practice • St George's Medical Centre • Newton Heath Medical Centre • Droylsden Rd Family Practice • Whitley Road Medical Centre • Victoria Mill Medical Practice

Manchester Local Care Organisation

Manchester Primary Care Network (PCN) Configuration cont.

PCN Name:	Core Network Practices:
Hulme & City Centre South PCN	• The Docs • Cornbrook Medical Practice • The Arch Medical Practice
Better Health MCR PCN	• New Bank Health Centre • The Whitswood Practice • The Robert Darbishire Practice (RDP)
Wythenshawe PCN	• Bowland Medical Practice • RK Medical Practice • Benchill Medical Practice • The Maples Medical Centre • Peel Hall Medical Practice • Cornishway Group Practice • Tregenna Group Practice
Northenden and Brooklands (Wythenshawe) PCN	• Northern Moor Medical Practice • Woodlands Medical Practice • Northenden Group Practice • The Park Medical Centre • Brooklands Medical Practice

Manchester Local Care Organisation

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 10 January 2024

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	Action	Contact Officer
11 October 2023	HSC/23/43 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027	1. All Council strategies and policies are to be framed and prominently articulated with the Marmot Themes and Making Manchester Fairer. 2. All Ward Plans should be framed and structured using the key themes of Making Manchester Fairer. 3. That officers provide a briefing note that described the methodology used to identify those areas with the highest need. 4. That officers provide a briefing note that details the location of temporary accommodation across the city and how that relates to the MMF methodology set out in (3) above.	1. This recommendation has been forwarded for consideration. A response to this recommendation will be circulated to Members when available. 2. This recommendation has been forwarded for consideration. A response to this recommendation will be circulated to Members when available. 3. This recommendation has been forwarded. A response to this recommendation will be circulated to Members when available. 4. This recommendation has been forwarded. A response to this recommendation will be circulated to Members when available.	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 **29 December 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
Zeno Ltd	Zeno Ltd 12 Newall Road Newall Green Farm Manchester M23 2TX	https://www.cqc.org.uk/location/1-4857926830	22 November 2023	Care Home	**Overall: Requires improvement** Safe: Requires improvement Effective: Requires improvement Caring: Requires improvement Responsive: Requires improvement Well-led: Requires improvement

Adrian Jennings Ltd	Dental Surgery 555 Barlow Moor Road, Chorlton-cum-Hardy Manchester M21 8AN	https://www.cqc.org.uk/location/1-211351986	23 November 2023	Dentist	**No Action Required**
D R Price Associate Ltd	Chataway Nursing Home 19-21 Chataway Road Crumpsall Manchester M8 5UU	https://www.cqc.org.uk/location/1-120005271	2 December 2023	Care Home	**Overall: Requires improvement** Safe: Requires improvement Effective: Requires improvement Caring: Good Responsive: Good Well-led: Requires improvement
Willows Green Healthcare Ltd	Willows Green Hospital Nettleford Road Whalley Range Manchester M16 8NJ	https://www.cqc.org.uk/location/1-11892498840	1 December 2023	Independent Mental Health Service	**Overall: Requires improvement** Safe: Requires improvement Effective: Requires improvement Caring: Good Responsive: Good Well-led: Requires improvement
Pearl Smile (Manchester) Ltd	Pearl Smile Manchester Limited 3 Fog Lane Manchester M20 6AX	https://www.cqc.org.uk/location/1-7694849476	28 November 2023	Dentist	**No Action Required**

Age Concern Manchester	Holmfield Care 2 & 4 Darley Avenue, West Didsbury, Manchester, Greater Manchester, M20 2XF	https://www.cqc.org.uk/location/1-125835567	1 December 2023	Care Home	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Fortress Care Ltd	My Homecare Manchester Cariocca Business Park Sawley Road Miles Platting, Manchester M40 8BB	https://www.cqc.org.uk/location/1-3063177411	22 December 2023	Homecare Service	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Age Concern Manchester	Age Concern Home Care - South Manchester	https://www.cqc.org.uk/location/1-125835525	22 December 2023	Homecare Service	**Overall: Requires improvement** Safe: Requires improvement Effective: Good Caring: Good Responsive: Requires improvement Well-led: Requires improvement
Turning Point	Turning Point - Douglas House 54 Barlow Moor Road Didsbury, Manchester M20 2TR	https://www.cqc.org.uk/location/1-124012636	19 December 2023	Independent Mental Health Service	**Overall: Good** Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Good

Manchester DP Ltd	Manchester Dental Practice Kings Court 2-4 Exchange Street Manchester M2 7HA	https://www.cqc.org.uk/location/1-7511164471	21 December 2023	Dentist	**No Action Required**
SMGPF Ltd	Cornishway Group Practice Forum Health, Simonsway Civic Centre Wythenshawe Manchester M22 5RX	https://www.cqc.org.uk/location/1-12161930365	18 December 2023	Out of Hours GP Service	**Overall: Good** Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Requires improvement
SMGPF Ltd	The Maples Medical Centre 2 Scout Drive Manchester M23 2SY	https://www.cqc.org.uk/location/1-12547512505	18 December 2023	Out of Hours GP Service	**Overall: Good** Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Requires improvement
SMGPF Ltd	Barlow Medical Centre 828 Wilmslow Road Didsbury Manchester M20 2RN	https://www.cqc.org.uk/location/1-2202240901	18 December 2023	Out of Hours GP Service	**Overall: Good** Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Requires improvement

SMGPF Ltd	The Park Medical Centre 434 Altrincham Road Baguley Manchester M23 9AB	https://www.cqc.org.uk/location/1-5084727045	18 December 2023	Out of Hours GP Service	**Overall: Good** Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Requires improvement
SMGPF Ltd	Burnage Health Care Practice 347 Burnage Lane Manchester M19 1EW	https://www.cqc.org.uk/location/1-9006393958	18 December 2023	Out of Hours GP Service	**Overall: Good** Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Requires improvement

Health Scrutiny Committee
Work Programme – January 2024

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.
Enabling Independence Accommodation Strategy	Further to the report previously considered 12 October 2022 the Committee will receive an update report on the Enabling Independence Accommodation Strategy.	Councillor T. Robinson	Bernie Enright Zoe Robertson	
Community Health Transformation Programme (CHTP): Community Podiatry Service Change	The Committee will receive a report that provides an update on changes to the Community Podiatry Service.	Councillor T. Robinson	Tom Hinchcliffe	
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	-	Lee Walker	

	Care Quality Commission.			

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	
End of Life Care	To receive a report on end-of-life care (palliative care). The scope of this report is to be agreed.	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 Tom Hinchcliffe	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 provide 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	