Public Document Pack

MANCHESTER
CITY COUNCIL

Health and Wellbeing Board

Date: Wednesday, 7 June 2023
Time: 10.00 am
Venue: Council Antechamber, Level 2, Town Hall Extension

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

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

Membership of the Health and Wellbeing Board

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

Agenda

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

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

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

4. Minutes 5 - 10
To approve as a correct record the minutes of the meeting held on 25 January 2023.

5. The formal establishment of the Manchester Partnership Board 11 - 16
The report of Deputy Place Based Lead and Director of Public Health is enclosed.

6. Oral Health and Dentistry 17 - 56
The report of Director of Public Health is enclosed.

7. Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027 57 - 76
The report of Deputy Director of Public Health is enclosed.

Information about the Board

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

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;

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

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

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public.

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

Smoking is not allowed in Council buildings.

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

Further Information

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

Andrew Woods
Tel: 0161 234 3011
Email: andrew.woods@manchester.gov.uk

This agenda was issued on **Tuesday, 30 May 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

This page is intentionally left blank

Health and Wellbeing Board

Minutes of the meeting held on 25 January 2023

Present:
Councillor T Robinson, Executive Member for Member for Healthy Manchester and Adult Social Care (MCC)
Councillor Bridges, Executive Member for Children and Schools Services (MCC)
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
David Regan, Director of Public Health (MCC)
Paul Marshall, Strategic Director of Children's Services
Vicky Szulist, Chair, Healthwatch
Mike Wild, Voluntary and Community Sector
Dr Murugesan Raja Manchester GP Board
Dr Doug Jeffrey, Manchester GP Board

Apologies:
Councillor Bev Craig, Leader of the Council
Bill McCarthy, Chair, Greater Manchester Mental Health NHS Foundation Trust
Dr Geeta Wadhwa, Manchester GP Board

Also in attendance:
Dr Cordelle Ofori, Deputy Director of Public Health
Barry Gillespie, Consultant in Public Health, Chair of the Manchester CDOP
Jamie Higgins, Senior Medicines Optimisation Adviser
Sarah Doran, Assistant Director of Public Health

HWB/23/01 Appointment of Chair

The Committee Support Officer informed members that the Chair (Councillor Craig) had sent apologies for the meeting and asked for nominations for a Chair for the meeting. Councillor T Robinson was nominated by a Board member, this was seconded and agreed by the Board.

Decision

To appoint Councillor T Robinson as Chair for the meeting.

HWB/23/02 Minutes

Decision

To approve the minutes of the meeting held on 2 November 2022 as a correct record.

HWB/23/03 Further developments relating to the role of the Health and Wellbeing Board

The Board considered the report of the Director of Public that described that following the review last year and the agreed reset of the role and function of the Board in

November 2022, this report provided a further update on changes to the membership and chairing of the Board. It also provided a progress report on the ongoing work to establish the Manchester Partnership Board as a sub-committee of the Greater Manchester Integrated Care Board.

The Director of Public Health provided a summary of the report and referred to the review of the Health and Wellbeing Board held in 2022 which recommended the reset of the Board and the move to hold three meetings per year. Reference was also made to the relationship with the newly formed Manchester Partnership Board (MPB). The Health and Wellbeing Board would continue with its statutory function and will receive annual statutory reports with health inequalities becoming a priority focus.

The report set out changes to the Health and Wellbeing Board, in particular the proposed chair (Executive Member for Healthy Manchester and Social Care) and new appointments. The Leader of the Council under the proposals for the Manchester Partnership Board will assume the Chair of the of the MPB.

The Chair referred to the appointment of Tom Hinchliffe to the post of Deputy Place Based Lead (Manchester NHS) and to the retirement of Rupert Nichols as Chair of the GM Mental Health NHS Trust and the appointment of Bill McCarthy as the new Chair.

The Chair informed members of the Manchester Partnership Board awayday that had been attended by partners, where discussions had taken place on the future working relationship between the two boards. The Chair stated that a report reviewing the ongoing relationship with the Manchester Partnership Board would be included on the Health and Wellbeing Board agenda as a standing item for the remainder of the meetings for the year.

The Chair invited questions comments from the Board.

A member referred to the inclusion of Manchester Active within the work of the Board.

The Board was advised the Tom Hinchcliffe will be appointed as a member of the Manchester Active Board and discussions will take place on how their work could link into the work programme for the Health and Wellbeing Board.

A member referred to the changes proposed to the governance and structure of the Board and suggested that an annual report is presented to review and reflect on the changes made.

The Chair reported that a standing agenda item would provide the Board with a regular update on the changes, and this could be included in an annual review report.

Decisions

1. To approve the further changes to the membership and chairing of the Board.

2. To note the inclusion of a regular report on the relationship to the Health and Wellbeing Board and the Manchester partnership Board for the remainder of the current year.

3. To agree for a letter of thanks be forwarded to Rupert Nichols in recognition of his involvement with the Health and Wellbeing Board since March 2017 and his work as the Chair of the GM Mental Health NHS Trust.

HWB/23/04 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027

The Board considered the report of the Deputy Director of Public that described that Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-27 described the actions that the city would take to reduce inequalities, with a focus on the social determinants of health. This paper provided a progress update on Making Manchester Fairer and outlined the next steps for the delivery of the Action Plan as a joint programme of work with Manchester's new Anti-Poverty Strategy.

The Deputy Director of Public Health introduced the report and explained that the focus of the five-year action is health inequalities and specifically on Manchester related issues. Following a number of policy panels to consider and review the plan, it was launched as part of a conference held in October 2022 attended by a broad range of partner agencies and stakeholders. The plan now includes the Anti-Poverty Strategy as a recognition that income poverty and debt are key to reducing health inequalities. The report provided an outline of the workstreams and governance and programme management in place to deliver the best outcomes and the Making Manchester Fairer Board will be formed within the next two months.

In response to questions on the types of kickstarter schemes and involvement of the voluntary sector, the board was advised that the voluntary sector representatives will be invited to be involved at a strategic level and other forums. The kickstarter schemes will relate to:

- Children and Young People
- Adults facing multiple and complex disadvantage
- Physical activity and movement
- Health and work

The Chair commented on the importance of cross cutting of services to tackle poverty and ill health and recognised the importance of keeping this focus at the heart of governance arrangements.

Decision

To note progress on the Making Manchester Fairer Action Plan and incorporation of the Anti-Poverty Strategy as a joint programme of work.

HWB/23/05 Manchester Child Death Overview Panel 2021/2022 Annual Report

The Board considered the report of the Assistant Director of Public that presented the Manchester Child Death Overview Panel (CDOP) 2021/2022 Annual Report.

The CDOP Annual Report is produced to advise Child Death Review (CDR) Partners on local patterns and trends in child deaths, any lessons learnt, and actions taken, and the effectiveness of the wider child death review process. This report reviews the deaths of children normally resident in Manchester, aged 0-17 years of age (excluding stillbirths and legal terminations of pregnancy) and focuses on the analysis of the number of cases closed between 1 April 2021 to 31 March 2022 (2021/22). Reporting on cases closed provides a full and complete data set, including the outcome of the final CDOP review. The richness of the data and information collated assists in the identification of factors antenatally, postnatally and throughout the child's life. This report aims to highlight relevant factors and modifiable factors that are likely to contribute to Manchester's infant (under one year of age) and child (age 1-17 years) mortality rate.

Decision

To note the report.

HWB/23/06 Manchester Pharmaceutical Needs Assessment (2023-2026) Final Draft

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

The PNA steering group had been leading the development of the next PNA for 2023-2026 on behalf of the HWB Board. The regulations stated that the HWB must undertake a consultation on the content of the PNA and it must run for minimum of 60 days. The Board agreed to the commencement of the consultation in July 2022. The Board were invited to comment on the final report.

The report was introduced by the Assistant Director of Public Health and the Senior Medicines Optimisation Adviser (NHS). The Board was advised of the process for the location and services provided by pharmacies in Manchester.

A member referred to a survey carried out on the accessibility of pharmacies, for people with a disability such as wheelchair access and hearing loop provision, within selected post codes in the city. The survey found that many pharmacies did not have adequate provision due to a lack of funding and this was the same for the remainder of the city.

It was reported that a survey involving the public and contractors had been undertaken on the access arrangements and other disability provision that would be expected. If there are issues with certain pharmacies regarding provision for people with a disability, the matter would be taken up with the pharmacy concerned.

The chair referred to the conclusions given in paragraph 1.5 in the appendix to the report, for the Boards consideration.

Decision

To approve the final report for publication.

HWB/23/07 Health Protection Board Update

The Board considered the report of the Assistant Director of Public that described that the Manchester Health Protection Board was a statutory group, chaired by the Director of Public Health, that reported to the Manchester Health and Wellbeing Board. To ensure that the city responded effectively to the COVID-19 pandemic, the Health Protection Board was replaced by the COVID-19 Task Group during 2020 to 2022. The Manchester Health Protection Board was re-established in June 2022 and had a broader remit, which included COVID-19. The Health Protection Board also included agenda items covering health services, emergency preparedness, resilience and response and Greater Manchester and Manchester City Council Resilience Forum feedback. This report provided an update on the responsibilities of the Health Protection Board and highlighted some of the current issues raised at the last meeting in December 2022.

The Board was advised of the work of the Health Protection Board, in particular the lack of funding and staff capacity for undertaking latent tuberculosis (TB) screening in asylum seeker hotels and the risks relating to this. The Board was informed of the need for a co-ordinated Greater Manchester approach and funding needed for this through a business case to NHS Greater Manchester Integrated Care. Other risks related to the lack of funding for housing support for homeless people with TB while they undergo TB treatment work. The Director of Public Health is currently working on a business case to raise awareness of the increase in the city to provide funding for screening and treat those with the disease.

The Executive Member for Children and School Services reported that support was available to help on the business case and to raise awareness of the situation through local politicians.

The Director of public Health reported that political support was important to ensure that funding streams are in place when needed to support public health decisions

A member referred to the provision of dental services and oral care in the city and asked what the Board is doing to address the lack of dentists and to promote oral hygiene.

It was reported that there is a focus on oral health for younger and older age groups as part of the public health responsibilities and an education team will promote oral health for early years as part of a health protection plan.

In noting the comments made regarding the provision of dental services within Manchester, the chair indicated that a report would be submitted to a future meeting of the Board.

Decision

To note the report.

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 7 June 2023

Subject: The formal establishment of the Manchester Partnership Board

Report of: Deputy Place Based Lead
Director of Public Health

Summary

In January, the Health and Wellbeing Board (HWB) agreed the changes to the membership and chairing of the HWB. The report also referenced the work to establish the Manchester Partnership Board (MPB) as a hybrid committee of the NHS Greater Manchester Integrated Care Board. This report provides an update on the role, purpose and priorities of the MPB.

Recommendations

The Board is asked to Note the report.

Our Manchester Outcomes Framework

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 establishment of the MPB will strengthen the governance arrangements for the delivery of the Making Manchester Fairer Programme and Plan as this will allow the Health and Wellbeing Board more time and capacity to focus on the wider determinants of health. Making Manchester Fairer addresses all of the Our Manchester Strategy outcomes
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: Julie Taylor
Position: Locality Director of Strategy/Provider Collaboration (Manchester)
E-mail: julie.taylor40@nhs.net

Name: Dr Leigh Latham
Position: Associate Director of Planning (Manchester)
E-mail: leighlatham@nhs.net

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. Background

1.1 The establishment of Integrated Care Systems (ICS) on 1 July 2022 required a further review of the role and operation of the Manchester Health and Wellbeing Board (HWB). The ICS statutory guidance confirmed the continued role of the Board in relation to the JSNA and Joint Health and Wellbeing Strategy and in January 2023 the revised membership of the HWB was agreed.

1.2 The work to establish the Manchester Partnership Board (MPB) as a formal hybrid committee of the NHS Greater Manchester Integrated Care Board has now been completed. The first meeting in public of the Board will take place on the afternoon of Wednesday 7th June 2023.

1.3 The purpose of Manchester Partnership Board (MPB) is to:

- Agree the shared priorities and strategic direction for health and care and public health in Manchester.
- Ensure integrated and aligned delivery across health and care and public health.
- Agree any resource allocation within the scope of responsibility delegated to it by another party.
- Ensure that all elements of Council and NHS services are aligned with the agreed strategic direction.
- Act as an interface with the GM Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

1.4 The responsibilities for MPB will cover the same geographical area as Manchester City Council. These are:

- To develop a plan that captures and quantifies the activities that require partners to come together to improve the health and well-being of the local people. This will include:
- Any necessary response to the Joint Strategic Needs Assessment
- Plans to address unwarranted variation and meet agreed standards
- To monitor delivery of the agreed plan and ensure that it delivers the expected improvements to health and well-being of residents.
- To be cognisant of, and work with, other localities when necessary and appropriate.
- To act as the forum to consider and agree the use of any discretionary/delegated funds that are related to the stated purpose of the Board.
- To review City Council and NHS strategic plans to ensure that they are aligned with the agreed strategic direction.
- To agree appropriate representation at ICS fora and to agree the Manchester position (or where there is not an agreed position to reflect the varying views of the Board).

2.0 Interface between the Manchester Partnership Board and Manchester Health and Wellbeing Board

2.1 Following the review of the Health and Wellbeing Board, it was agreed to reduce the number of meetings and after further consideration it is now proposed to have four Health and Wellbeing Board meetings a year. To fit in with the municipal year these will be held in June, September, November/December and January/February.

2.2 It is envisaged that the Manchester Partnership Board will meet on a monthly basis with a mixture of public meetings for transacting formal business and development meetings.

2.3 The MPB will provide regular update reports to the Health and Wellbeing Board and this will reflect the forward plan and priorities for the MPB. A final draft of the priorities is attached as Appendix 1. These will be discussed along with the emergent developing delivery plan at the MPB meeting on 7th June.

2.4 It is important to note that as well as the statutory role of the HWB in relation to the JSNA and overarching strategy, the Board will retain responsibility for:

1) Oversight and signing off of the utilisation of the Better Care Fund
2) Oversight of the Making Manchester Fairer Programme

3.0 Membership of the Manchester Partnership Board

3.1 The agreed membership of the MPB is as follows:

Leader of Manchester City Council (Chair)
Executive Member for Member for Healthy Manchester and Adult Social Care (MCC)
Chief Executive Manchester City Council (Manchester Place Based Lead)
Chief Executive NHS Manchester Foundation Trust
Deputy Chief Executive NHS Manchester Foundation Trust
Chief Executive Manchester Local Care Organisation
Chief Executive, Greater Manchester Mental Health Trust
VCSE Representative
NHS GM Integrated Care Board Exec Representative
Chair Manchester GP Board
Chair of Clinical Professional Advisory Group
Deputy Place Based Lead (Manchester Locality)
Strategic Director - Population Health (MCC)

4.0 Recommendation

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

Manchester's plan on a page for 2023 to 2026 (Draft)

Manchester
Integrated Care Partnership

Strategic aims:

- Improve the health and wellbeing of people in Manchester
- Strengthen the social determinants of health and promote healthy lifestyles
- Ensure services are safe, equitable and of a high standard with less variation
- Enable people and communities to be active partners in their health and wellbeing
- Achieve a sustainable system

Our two priorities for 2023-26 are:	As a result, people will:	We will deliver through action on:
1. Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities	• Live longer in good health, wherever they are in the city	• Effective prevention and management of long term conditions to keep people healthier • Targeted work with communities, regeneration in North and South Manchester, and improving the social determinants of health • Joined up health and care services in neighbourhoods, which meet people's physical, mental and social needs
2. Improve access to health and care services	• Be able to access the right care, at the right time, in the right place, in the right way	• Improving speed and methods of access to primary care and mental health services • Optimising capacity in the community to reduce demand for hospital care and expedite hospital discharge • Enabling self care and promoting independent living • Improving workforce sustainability via local recruitment

This page is intentionally left blank

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 7 June 2023

Subject: Oral Health and Dentistry

Report of: Director of Public Health

Summary

This report provides a position statement on the oral health of the city's population and access to NHS dental services. It uses a range of data to profile the oral health of Manchester residents, describes the provision and use of NHS services, including action to recover from the impact of the Covid-19 pandemic, and information on patient and public feedback. The report summarises commissioned prevention and oral health improvement services for children and young people, adults and older people. The report places a focus on health equity, highlighting known gaps in our knowledge and intelligence and the limitations this places on our ability to understand and address health inequalities, and provides feedback from partners/providers in relation to a range of vulnerable or health inclusion groups.

It is important to note that this report makes a distinction between dental oral health and wider oral health conditions (such as mouth cancer, gingivitis, halitosis etc). The report is concerned with dentistry and healthy teeth.

Recommendations

The Board is asked to:

1. Support the development of a Manchester specific action plan to address poor levels of oral health in the local population, drive improvements to NHS dental services and reduce inequalities for the Manchester population
2. Support the development of GM strategy and action to address locality requirements around oral health promotion and improved access
3. Request that the Director of Public Health reports back to the Board on progress and the priority actions agreed

---

Our Manchester Outcomes Framework

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 report identifies key vulnerable groups including low-income families, care leavers and single parents who are particularly susceptible to poor oral health and describes actions to support all family members across the life courses so they can thrive and achieve economic independence.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Good oral health supports access to employment and reduces absenteeism. Ensuring children develop good habits early is critical in their formative development. Supervised toothbrushing and Oral Health promotion in 0-19 years seeks to reduce the number of children who attend school with dental decay or toothache.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Good teeth and oral hygiene facilitate the ability to smile and communicate confidently. This is implicitly linked to feelings of wellbeing and positive self- image.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

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

Name: Jenny Osborne
Position: Strategic Lead, Population Health Programmes
E-mail: jenny.osborne4@nhs.net

Name: Neil Bendel
Position: Public Health Specialist (Health Intelligence)
E-mail: neil.bendel@manchester.gov.uk

Name: Peter Cooper
Position: Commissioning Manager, Public Health
E-mail: p.cooper@manchester.gov.uk

Background documents (available for public inspection):

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

Department of Health and Social Care, Public Health England, NHS England and NHS Improvement. Delivering better oral health: an evidence-based toolkit for prevention. Published 12 June 2014.

Healthwatch Manchester Mystery shopper review of dentists admissions in Manchester Published: 22 March 2023

National Institute of Clinical Excellence (NICE) Guidance Oral Health: Local Authorities and Partners https://www.nice.org.uk/guidance/ph55
Published 22nd October 2014

NHS Dental Epidemiology Programme for England. Oral Health Survey of 12 year old Children 2008 / 2009. Published November 2010.

NHS Digital. NHS Dental Statistics for England, 2021-22, Annual Report. Published 25 August 2022

Office for Health Improvement and Disparities. National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022. Updated 28 March 2023.

Public Health England. Oral health survey of mildly dependent older people 2016. Published 30 January 2019

Public Health England. Inequalities in oral health in England. Published 19 March 2021.

Public Health England. Oral health survey of 3 year old children 2020. Published 30 March 2021

Manchester City Council. Start Well Strategy 2020-2025. Published December 2020

1.0 Executive Summary

1.1 Poor oral health is a significant public health problem in Manchester and England as a whole. Published data from the National Dental Epidemiology Programme for England (NDEP) indicates that the prevalence and severity of tooth decay experienced by children and adults in Manchester is worse than the England average.

- In 2019/20, 21.3% of 3-year-old children examined in Manchester had some experience of dental decay compared with 16.7% of 3-year-old children in GM and 10.7% in England.
- In 2021/22, 31.6% of 5-year-old children in Manchester had some experience of dental decay. This is significantly worse than the England average of 23.7% but represents a reduction compared with the figure of 51.4% in 2007/08.
- In 2018, 31.7% of adults aged 16 years and over attending general dental practices in Manchester had active dental decay, compared with 26.8% of adults across England as a whole.

1.2 The rate of children and young people living in Manchester having teeth extracted in an NHS hospital is also significantly higher than the national average.

- In 2021-22, there were 860 episodes of care for hospital tooth extractions among children and adolescents aged 0-19 living in Manchester. Nearly a quarter (23%) of these were in children aged 5 or under and 8 out of 10 (81%) had dental decay as the primary diagnosis.
- The overall rate of hospital tooth extractions in 0-19-year-olds in Manchester (584,8 per 100,000 population) was higher than that seen in both Greater Manchester (478.0) and England as a whole (323.5).

1.3 Data published by NHS Digital on courses of treatment provided by NHS dentists in Manchester also indicates the greater acuity of oral health need in the city.

- Just under a quarter (23.4%) of courses of treatment delivered are classed as ‘urgent/occasional’, which are likely to be the most acute in nature.
- Adults who are not eligible to pay for NHS dental treatment (including those on a low income or receiving help with health costs) were more likely to receive urgent treatment compared with children or paying adults.

1.4 National dental epidemiology surveys for adults and children are of insufficient scale to provide statistically meaningful data in Manchester in respect of inequalities in oral health and access to services, for example, between ethnic groups, people with other protected characteristics, areas of the city and inclusion health groups. However, information provided by local partners as part of compiling this report indicates that there are significant challenges in oral health need and access to NHS dental services for a number of vulnerable groups in Manchester including:

- Care/nursing home residents and older people with care needs living at home
- Rough sleepers, homeless people and sex workers
- People with Learning Disability or Autism or Severe Mental Illness
- Looked after Children
- Asylum Seekers and Refugees

1.5 The impact of the Covid-19 pandemic on dental services has been significant, and recovery work led by the Greater Manchester (GM) dental commissioning team is still in progress via a Dental Access Plan task and finish group.

1.6 Data from NHS Digital indicates that the number of dental practitioners who undertook NHS contracted activity in Manchester per 1000,000 population during 2020/21 was higher than the national average. The proportion of the population (adults and children) in Manchester who have been seen by an NHS dental practice is also above the England average. Despite this, the evidence presented within this paper indicates that the level of commissioned NHS dentistry in the city remains wholly inadequate to meet population need.

1.7 In March 2023, Healthwatch Manchester published the results of a 'mystery shopper' exercise regarding new admissions of NHS patients by Manchester dental practices in response to a high number of dental-related queries. This found that:

- 46 (78%) of the 59 contacted were not accepting new NHS patients
- 3 of the practices (5%) said they were accepting new NHS patients
- None of the practices who were not accepting new patients could give a timeframe for when they may begin doing so
- 46% are accepting private patients.

1.8 Elected Members in Manchester report that they receive a significant volume of requests for assistance in accessing NHS dental services, and concerns regarding the affordability of private dentistry in the city.

1.9 There have been a number of NHS dental contracts close across GM over the past 3 years and the commissioners of NHS Dental Services are reviewing the impact and current provision. It is hoped that there will be the opportunity to re-distribute at least some of this capacity to areas of GM which have lower levels of local service capacity and/or additional need. This review is currently ongoing.

1.10 A number of services are commissioned in the city to promote good oral health and access to dentistry, including a flagship 'Buddy Practice' scheme unique to the region. These are commissioned by Manchester Department of Public Health and delivered via Manchester NHS Foundation Trust and are described in this report.

Section One: Background and Strategic Context

2.0 Background

2.1 Poor oral health is a significant public health problem in Manchester and England as a whole. Poor oral health is an important factor in people's general health and quality of life and can affect people's ability to eat, speak and socialise and lead to pain, infections, poor diet and impaired nutrition and growth. Those who need dental treatment may have to be absent from work or school and can face an uncomfortable delay in receiving appropriate treatment. Good oral health is also an essential component of active ageing. Social participation, communication and dietary diversity are all impacted when oral health is impaired.

2.2 There are marked inequalities in dental decay and oral health related quality of life across all stages of the life course. There is evidence to suggest that inequalities in the prevalence of dental decay in 5-year-old children in England increased from 2008 to 2019. Nationally, the caries-related tooth extraction episode rate for children and young people living in the most deprived communities was nearly 3 and a half times that of those living in the most affluent communities. There are also inequalities in the availability and utilisation of dental services across ages, sex, geographies and different social groups.

2.3 Poor oral health is strongly linked to social deprivation and is almost entirely preventable. Tooth decay is caused by the frequency and amount of sugar (non-milk extrinsic sugars) in the diet, lack of hygiene and lack of exposure to fluoride. Poor oral health habits can begin early in life through unsuitable baby feeding practices, diet and lack of early brushing. These habits can then lead to a higher risk of obesity, diabetes, cardiovascular disease and some cancers in later life. Poor oral health can also impact on individual mental health, contributing to reduced confidence, employability and participation. In older people poor oral health can increase the risk of respiratory tract infections, aspirational pneumonia, the ability to eat and therefore support nutritional requirements, and to communicate.

3.0 Strategic Context

3.1 The national position in terms of population access to NHS dentistry is well documented. In November 2022, the Department of Health and Social Care acknowledged the challenges in accessing accessible and affordable dental care and announced a new package of measures to improve patient access to dental care.

3.2 In March 2021, Public Health England published a piece of national research and analysis looking at inequalities in oral health in England. This identified marked inequalities in dental decay and oral health related quality of life across the life course but also noted the absence of good quality evidence on protected characteristics and the associations between oral health, care

services and the protected characteristic, clear and consistent evidence of inequalities by socio-economic position and deprivation, and limited available evidence on the oral health of vulnerable groups, such as homeless people and travellers. The absence of robust data, particularly on protected characteristics, impedes our ability to refine and target commissioned services and interventions appropriately.

3.3 The Greater Manchester Integrated Care Partnership (ICP) is currently developing its over-arching strategy for primary care, known as the GM Primary Care Blueprint. This includes implementation of a Dental Quality Scheme which will seek to improve access to dentistry across GM and places a focus on prevention by optimising prevention programmes to improve oral health, particularly children and young people and end of life care. GM Oral Health needs assessments are being developed and will be incorporated into Primary Care Blueprint and GM Population Health delivery plans.

3.4 The GM Dental Commissioning Team is working on a Dental Access Plan and strategic development work led by the GM Dental Consultant in Public Health is underway. There is scope to support this work through the further development of a co-ordinated, collaborative approach across the ten localities within GM to help drive a strategic approach and delivery plan in relation to oral health and dentistry that reflects local needs and requirements.

3.5 In Manchester, children's oral health is a key outcome measure for the city's Start Well Strategy Reducing the number of episodes of hospital care in 0-5 years linked to poor oral health is a regular focus of the Manchester Start Well Board. Improving children's oral health contributes to the Our Manchester First 1,000 Days outcome framework, supporting a 'best start in life' and 'school readiness in early years'.

3.6 As part of the new locality arrangements under the GM Integrated Care Partnership, Manchester Partnership Board (MPB) has identified two key priorities: to improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, and improve access to health and care services, including primary care access.

3.7 Within the MPB Delivery Plan, Core20Plus5 is identified as a new programme for which a locality framework needs to be developed within the scope of the Provider Collaborative. Oral Health is one of the priorities for Core20Plus5 for children and young people and will therefore require enhanced focus as part of MPB Delivery Plan assurance. This will also need to align with Making Manchester Fairer, the city's five-year plan to tackle health inequalities in Manchester, and the Manchester Population Health Management (PHM) Programme within neighbourhoods and Primary Care Networks (PCNs).

Section Two: The oral health of children and adults in Manchester

4.0 Oral health of children

Prevalence and severity of dental decay in 3- and 5-year-old children

4.1 The National Dental Epidemiological Programme for England (NDEP) is the primary source of data on the levels of dental decay in children and adults in England. It covers the collection of data on the prevalence and severity of experience of dental decay in 3- and 5-year-old children, as well as children in year 6 (10- and 11-year-olds). Appendix 1 contains more information on how the NDEP survey programme, how it is carried out and the key metrics used to measure the scale and severity of dental decay in different parts of England.

4.2 In Manchester, 52 children (or 0.7% of the 3-year-old population) were examined as part of the most recent NDEP oral health survey of 3-year-old children. This is much lower proportion of children than were examined in Greater Manchester (2.4%) or England as a whole (2.8%). The small number of children examined in Manchester is because data collection for this survey was curtailed by the outbreak of the COVID-19 pandemic and the closure of schools and nurseries in March 2020. This meant that the survey had to be terminated and the final 3 months of data collection were lost. The results of this survey should therefore be interpreted with caution.

4.3 Three-year-old children in Manchester were more likely to have some experience of decay compared with other areas. Overall, 21.3% of 3-year-old children in Manchester had some experience of decay, defined as having one or more decayed, missing or filled teeth, including missing incisors. This is despite only having had their back teeth for just 1 or 2 years. This compares with 16.7% of 3-year-old children in GM and 10.7% in England.

Table 1: Key measures from oral health survey of 3-year-old children 2020

	Manchester	Greater Manchester	England
ber of children examined	52	918	19,479
3-year-old population examined	0.7%	2.4%	3.8%
children with any decay experience	21.3%	16.7%	10.7%
age number of decayed, missing or teeth in children with any decay rience	3.6	3.1	2.9
decayed, missing or filled teeth that been filled or extracted	0.0%	8.0%	11.5%

4.4 3-year-old children in Manchester also had a greater severity of experience of dentinal decay. On average, 3-year-old children in Manchester had 3.6 decayed, missing or filled teeth compared with an average of 3.1 teeth in Greater Manchester and 2.9 teeth across England as a whole**.** The proportion

of *treated* dental decay in Manchester is much lower than in Greater Manchester or England as a whole. None of the 3-year-old children examined in Manchester and found to have visually obvious decay had been treated by having one or more of these teeth either filled or extracted.

4.5 Nationally, 3-year-old children living in the most deprived parts of England were almost 3 times as likely to have experience of dental decay (16.6%) as those living in the least deprived areas (5.9%). There was also variation in prevalence of experience of dental decay by ethnic group and this was significantly higher in the ‘Other’ ethnic group (20.9%) and the Asian and Asian British ethnic group (18.4%) compared with other groups.

4.6 In 2020/21, 20 schools in Manchester were visited as party of the NDEP survey of 5- year-old children. These were evenly distributed across the city - 6 in North Manchester and 7 each in Central and South Manchester - and included a mixture of small, medium and large schools. The total sample size across these 20 schools was 390 pupils.

4.7 In total, 358 5-year-old children in Manchester were examined. This represents 67.3% of the total sample and 4.8% of the estimated total number of 5-year-old children resident in Manchester.

4.8 The latest survey shows that almost a third (31.6%) of 5-year-old children in Manchester had some experience of dentinal decay (see Table 2 below). The percentage of 5-year-olds with visually obvious dentinal decay in Manchester has fallen from a peak of 51.4% in 2007/08 but the figure is still significantly worse than the England average of 23.7%.

Table 2: Percentage of 5-year-olds with visually obvious dentinal decay

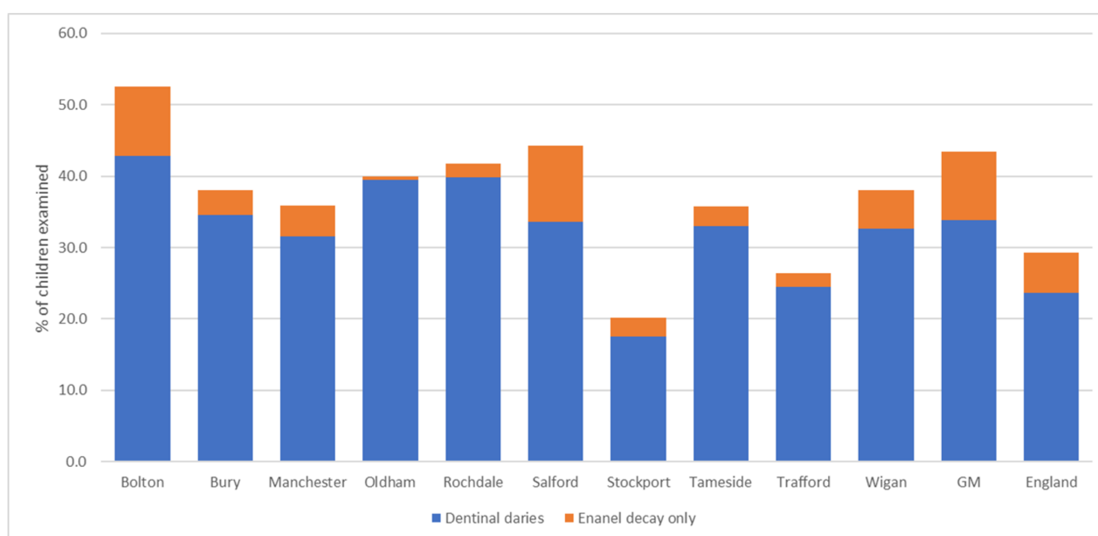
Period	Manchester			North West Region	England
	Value	95% Lower CI*	95% Upper CI		
2007/08	51.4%	46.5%	56.3%	38.1%	30.9%
2011/12	40.8%	35.1%	46.5%	34.8%	27.9%
2014/15	32.7%	27.4%	37.9%	33.4%	24.7%
2016/17	43.0%	37.5%	48.8%	33.9%	23.3%
2018/19	38.3%	33.3%	43.5%	31.7%	23.4%
2021/22	31.6%	27.0%	36.5%	30.6%	23.7%

*Confidence Interval
Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication - latest report 2022)

4.9 Visually obvious decay into dentine (‘dentinal decay’) is the measurement threshold that is widely accepted in the literature for dental surveys. However, it provides an underestimate of the true prevalence and severity of disease as

it does not capture decay confined to the tooth enamel only. When decay confined to the tooth enamel is added to the figure, the percentage of 5-year-old children in Manchester with any form of teeth decay (i.e. dentinal or enamel confined decay) rises to 35.9%. Across Greater Manchester, the percentage of 5-year-old children with enamel decay and any form of dentinal caries ranges from 52.5% in Bolton to 20.2% in Stockport.

Percentage of 5-year-old children with dentinal caries or enamel decay



4.10 Overall, 4.3% of 5-year-old children in Manchester were found to have enamel caries but no dentinal caries. This compares with 5.6%s of 5-year-old children across England as a whole. These are children for whom it would have been possible to implement preventive measures at an early stage to help halt the progression of dentinal decay and prevent the need for invasive dentistry to restore loss of tooth structure in the future.

4.11 The number of children examined in Manchester is too small to allow any statistically meaningful analysis of variations in the prevalence of experience of dentinal decay in different parts of the city or between different communities. However, national data shows that children living in the most deprived areas of England were almost 3 times as likely to have experience of dentinal decay (35.1%) as those living in the least deprived areas (13.5%). There were also disparities in the prevalence of experience of dentinal decay by ethnic group, which was significantly higher in the 'other' ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%). We would expect to see these variations mirrored within the Manchester population.

4.12 Data on the *severity* of experience of dentinal decay among 5-year-old children in Manchester shows that each child with experience of dentinal decay had, on average, 4.4 decayed, missing or filled teeth. Note: at the age of 5 years children normally have 20 primary teeth.

Hospital tooth extractions in 0- to 19-year-olds

4.13 Tooth decay is the most common reason for hospital admission in children aged between 6 and 10 years. Children have teeth extractions carried out in hospital, usually – but not exclusively - because they need general anaesthetic for the procedure. They may be very young, have multiple teeth requiring extraction or have very broken-down teeth or infection.

4.14 Based on the latest NHS national cost collection data for the financial year 2021 to 2022, the total costs to the NHS of hospital admissions for tooth extractions in children aged 0 to 19 years have been estimated to be £81.0 million for all tooth extractions and £50.9 million for caries-related tooth extractions.

4.15 The Office for Health Improvement and Disparities (OHID) publishes annual official statistics on tooth extractions for children and adolescents aged 0-19 that take place in an NHS hospital setting in England. This is based on analysis of the Hospital Episode Statistics (HES) admitted patient care (APC) data set and includes finished consultant episodes (FCEs) where a tooth extraction procedure was performed on either an inpatient or day-case basis. (Note: an FCE equates to the period a patient spends under the care of a single hospital consultant and may not equate to a single individual).

4.16 The most recently published data on hospital-based tooth extractions in 0 to 19 year olds shows that, in 2021-22, there were 860 FCEs for hospital tooth extractions among children and adolescents aged 0-19 living in Manchester. The majority of these (57%) were in children aged 6-10 years but a significant proportion (23%) were in children aged 5 or under. Teeth extractions in young children were more likely to be caries related compared with older children Overall, 80.8% of teeth extractions in children in Manchester had caries as the primary diagnosis but this rises to 93% in children aged 5 or under. The proportion of extractions in children aged 5 or under in Manchester that had caries as the primary diagnosis is higher than that seen across England as whole (86%).

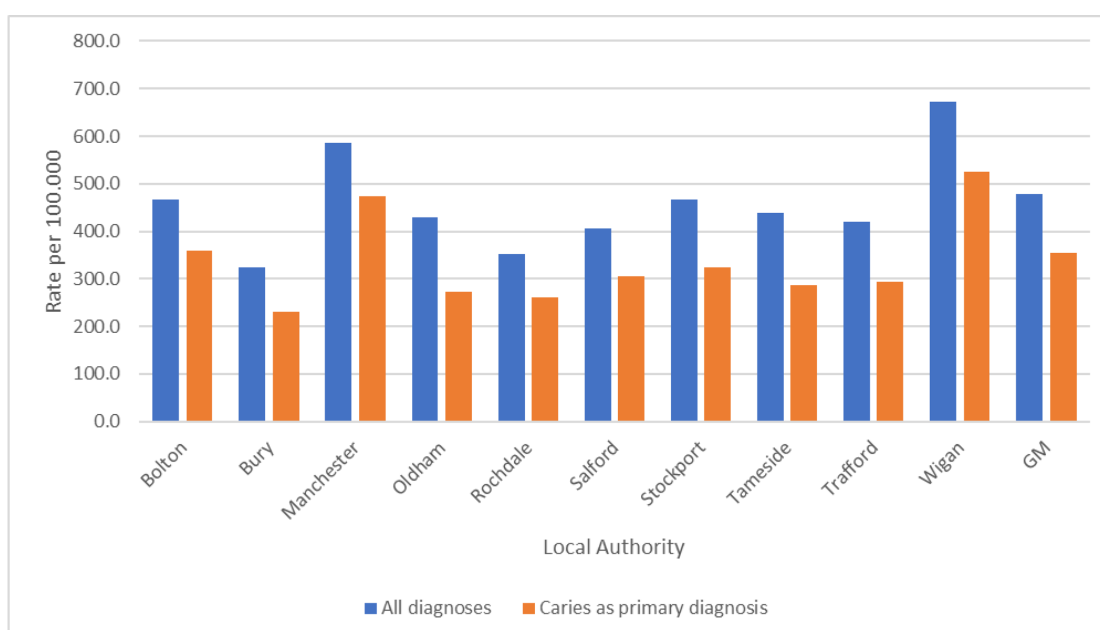
4.17 The hospital tooth extraction rate per 100,000 population in Manchester in 2021-22 was higher than that seen in both Greater Manchester and England as a whole (see Table 3 below). The rate of teeth extractions where caries is the primary diagnosis in Manchester was also higher than average.

Table 3: Hospital tooth extraction rate per 100,000 population (0-19 years)

	Rate per 100,000 (0-19 years)		
	All diagnoses	Caries as primary diagnosis	No diagnosis code for caries
Manchester	584.8	472.6	112.2
GM	478.0	355.6	122,4
England	323.5	205.1	118.4

4.18 The chart below shows the rate of tooth extractions in 0 to 19-year-olds per 100,000 population in each local authority within Greater Manchester.

Rate of tooth extractions in 0 to 19-year-olds per 100,000 population by local authority, 2021/22



4.19 Nationally, the caries-related tooth extraction episode rate for children and young people aged 0-19-years living in the most deprived communities was nearly 3 and a half times that of those living in the most affluent communities. More work is needed to better understand the population demographics and potential inequalities associated with tooth extraction for 0–19-year-olds in Manchester. The best quality data on this issue is likely to be held by MFT, who are best placed to lead on this work as part of our local system response, which would align well with MFTs priorities on addressing health inequalities.

4.20 Dental caries (tooth decay) in children has a significant impact in their school readiness and their ability to learn, thrive and develop in early years and through school. Manchester's Start Well Strategy identifies Manchester as having a higher than national average number of children receiving dental treatment where tooth decay is the primary diagnosis and describes actions to reduce Dental Finished Consultant Episodes (FCEs) for tooth decay, through commissioned children's oral health improvement services.

4.21 Manchester NHS Foundation Trust (MFT) / Manchester Local Care Organisation hosts the Community Dental Service which provides a commissioned Children's Oral Health Improvement Team to deliver fluoride and toothbrushing interventions in children's settings as well as undertaking screening and dental epidemiology. More information on these services is set out in Section 5 of this report.

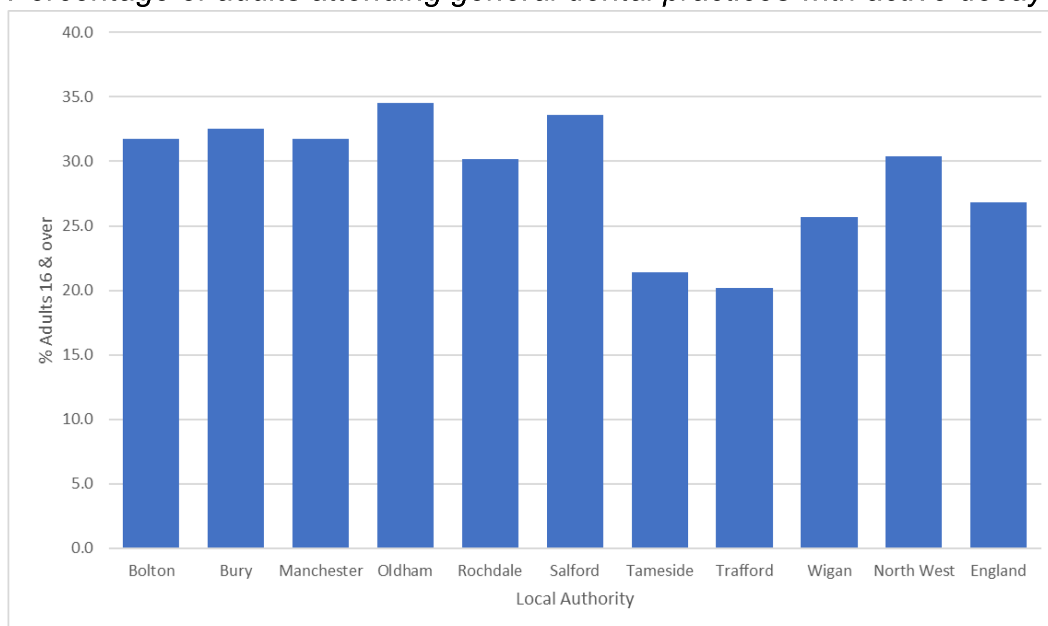
4.22 The Oral Health Improvement Team has been located with MFT since 2018, when the contract was novated between Greater Manchester Mental Health Trust (GMMH) and the Community Dental Service at MFT. This move has facilitated the inclusion of the Oral Health Team in the Local Care Organisation and has strengthened co-working arrangements with Start Well partners such as Health Visiting, Children's Centres and School Health.

5.0 Oral Health of adults and older people

5.1 There is an absence of reliable local data on the oral health of adults in Manchester at a whole population level. The latest NDEP oral health survey of adults was carried out in 2017/18 and focused on people aged 16 and over attending dental practices, rather than on all adults living in the city, irrespective of whether they attended a dental practice or not. Data is needed on the wider population to see if the findings from this survey hold true across the whole adult population in Manchester. Caution should therefore be taken when interpreting the data.

5.2 In 2018, 31.7% of adults aged 16 years and over attending general dental practices in Manchester had active dental decay (one or more obvious untreated decayed teeth), compared with 26.8% of adults across England as a whole. Across Greater Manchester as a whole, the percentage of adults attending general dental practices with active decay ranged from 34.5% in Oldham to 20.2% in Trafford.

Percentage of adults attending general dental practices with active decay



5.3 Overall, 6.9% of adults aged 16 years and over attending general dental practices in Manchester said that they had not visited a dentist in the last 2 years (England: 7.9%) and 1.6% said that they had an urgent treatment need (England: 4.9%).

5.4 Older people are more likely to have several factors that mean they are at increased risk of dental disease. Loss of function, particularly where an individual suffers a degenerative illness, dementia or a stroke, can rapidly increase the risk of dental disease. Compounding this increased risk, they are more likely to have general health complications that make treatment planning more difficult and may require modification of services. Dental disease is linked with aspiration pneumonia, diabetes, coronary heart disease and peripheral vascular disease. Conversely, good oral health in older people can support personal independence and reduce frailty, allowing individuals to eat and drink properly, as well as have the confidence gained from retaining speech and being able to smile.

5.5 In 2016, Public Health England (PHE) published a summary of the available evidence on the oral health of older people in England and Wales using data from existing national, regional and local surveys of oral health. Although there is some information relating to the minority of older people who live in residential and nursing care homes, little is known about the much larger and increasing proportion of older people who are living independently at home or being cared for by friends, family or formal carers. The review caried out by PHE found that

- Older adults living in residential and nursing care homes are more likely to be edentulous (toothless) and less likely to have a functional dentition

- Untreated caries is higher in the older people than in the general adult population. Older adults living in care homes have a higher caries prevalence than the population of older people as whole.
- Signs of severe untreated caries appear to be more common in the oldest age groups across all settings and current pain also appears to be slightly higher than in the general adult population.
- Periodontal disease is most common in the age groups of 65 to 84. However, due to differences in survey design it is not possible to say how this compares across settings

5.6 Community and residential care providers are delivering more complex care for an increasing number of vulnerable and older people, who are living longer with complex health and social care needs. In addition, improvements in dental health mean that an increasing number of vulnerable and older people are keeping their own teeth for longer and need more complex dental care at a time when they are least likely to be able to access or manage clinical treatment. NICE Guidance on Oral Health for Adults in Care Homes, published in 2016, makes recommendations for mouth care assessment in care homes and recording of oral health needs in an adult's care plan.

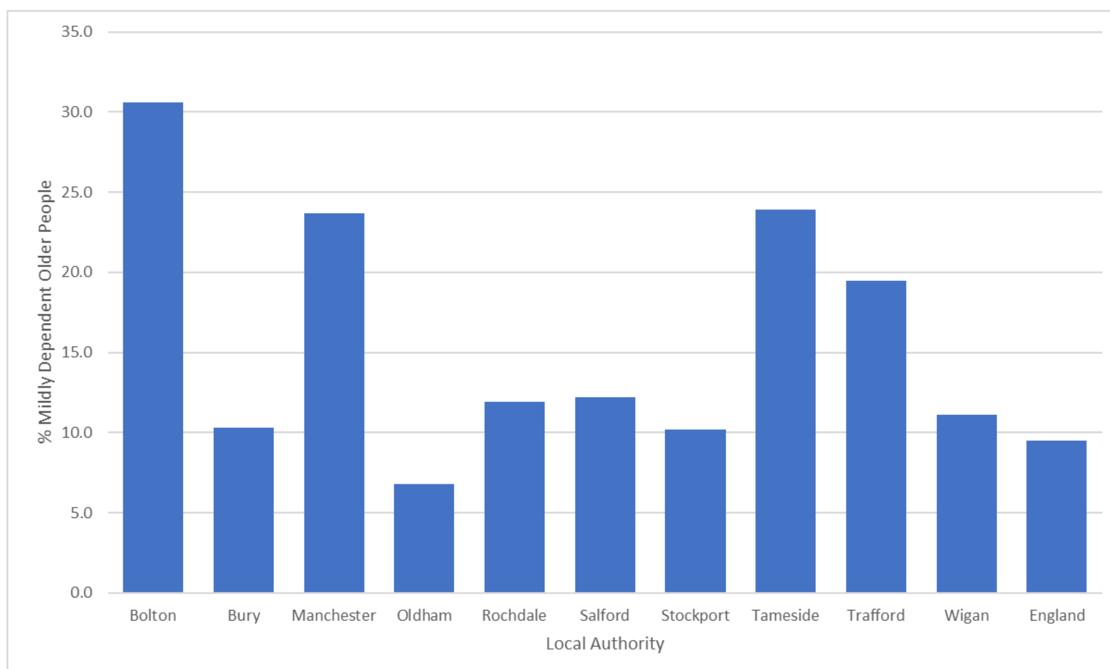
5.7 Mouth Care Matters (MCM) is one of a number of programmes that aim to reduce oral health inequalities and improve the equity of dental provision for vulnerable and frail older people across the North West. The primary aim of the programme is to establish a good practice, equitable approach to training carers and care staff in community and residential care home settings to improve the standard of regular daily mouth care for vulnerable and older people, in line with NICE guidance and the standard required for CQC accreditation. Further information on the MCM is attached at Appendix 2.

5.8 Within Manchester, commissioners of Adult Social Care Residential and Nursing Care, and clinicians responsible for delivery of the Enhanced Health in Care Homes service report a very significant gap in accessing dental services for residents. More work is required to understand the full position.

5.9 In 2015/16, the National Dental Epidemiology Programme for England included a pilot oral health survey of mildly dependent older people (MDOP). This covered the oral health and dental service use of older people living in supported housing.

5.10 Overall, 20.0% of mildly dependent older people in Manchester reported that they had oral health issues that impacted on their health fairly or very often (see chart below). This compared with 17.7% of participants across England as a whole. Just under a quarter of (23.7%) reported having oral pain on the day of the examination compared with 9.5% of participants across England as a whole. Within Greater Manchester, the percentage of mildly dependent older people reporting oral pain ranged from 30.6% in Bolton to 6.8% in Oldham.

Percentage of mildly dependent older people reporting current pain in their mouth, 2015/16



5.11 Over half (53.8%) of mildly dependent older people in Manchester said that they had not visited a dentist in the last 2 years compared with 34.0% of mildly dependent older people across England as a whole.

Section Three: Provision and use of NHS Dental Services in Manchester

6.0 Summary of Dental Care Services

6.1 Patients are not registered with a dentist in the same way they are with a general practitioner (doctor). People seeking access to NHS Dental Services do not need to attend a dental practice within their area and they can choose to travel anywhere within or outside of Greater Manchester to a dentist taking on NHS patients that is convenient for them, for example, a practice close to where they work. Unlike registration at a GP practice, a patient may wish to travel to a practice taking on NHS patients for a one-off course treatment.

6.2 The contract to deliver NHS dental services across all of England is a nationally negotiated contract with Regional Teams implementing the contract on behalf of NHS England. A report to Manchester Health Scrutiny Committee in February 2023 stated that there were:

- 69 General Dental Services (GDS) providers operating within the Manchester City Council boundary, representing 20% of all GDS providers in Greater Manchester
- 1 Urgent Dental Care provider, 8% of Greater Manchester providers (linked to networked provision across Greater Manchester)
- 11 Urgent Dental Care Hubs providing additional urgent dental care capacity in response to COVID pressures (27.5% of Greater Manchester provision)

Specialised Dental Services

- Community Dental Services (special care and paediatric) clinics delivered by Manchester University NHS FT in the Manchester locality, A single service provider commissioned to provide specialist dental services to children and adults with additional needs on referral
- 3 Orthodontic providers (43 across GM)
- 1 Specialist Tier 2 Oral Surgery provider (10 across GM)

Secondary Care Dental Services

- 12 dental specialities (including Oral Surgery, Maxillofacial Surgery, Restorative Dentistry, Paediatric Dentistry, Periodontics)

6.3 Secondary Care Dental Services in Greater Manchester are provided by Manchester University Foundation Trust through the team at the Manchester Dental Hospital.

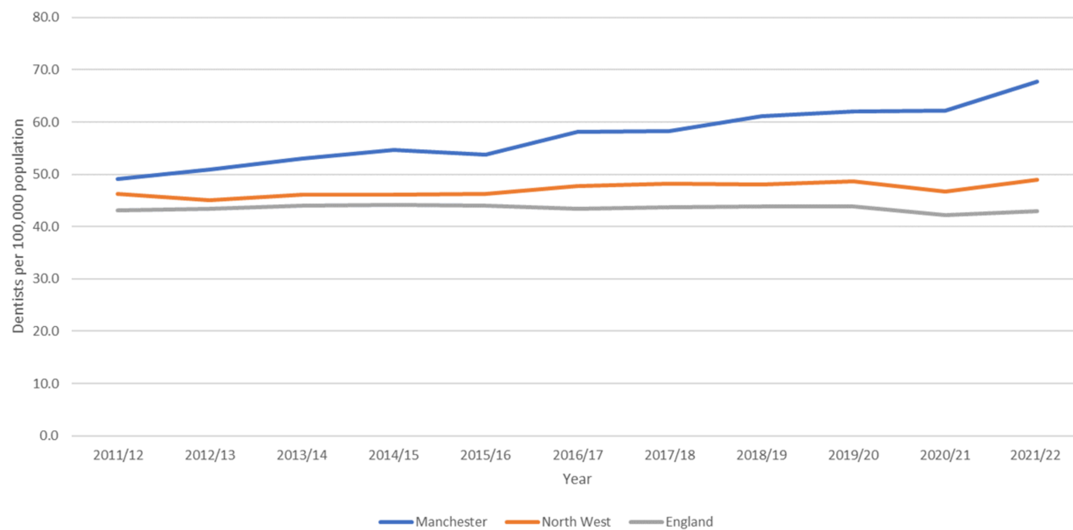
6.4 In addition, there are several local services commissioned to support oral health improvement in Manchester. These are detailed in Section Five of this report.

7.0 Use of NHS Dental Services

7.1 NHS Digital (now part of NHS England) publishes an annual report that brings together data on NHS dental activity in England for a 12-month period. The most recent NHS Dental Statistics for England Annual Report 2021-22 includes data on NHS dental activity carried out in the 12-month period to 31 March 2022 and the number of patients seen by an NHS dentist up to 30 June 2022. NHS Digital also produces a NHS Dental Statistics for England Dashboard. More information about data on NHS dental activity is contained in Appendix 3.

7.2 During 2021/22, there were 376 dentists performing NHS activity in Manchester - an increase of 32 (or 9.3%) on the previous year. Since 2011/12, the number of dentists performing NHS activity in Manchester has increased by 52.2% Over the period since 2011/12, the number of dentists performing NHS activity (expressed as a rate per 100,000 population) has increased faster in Manchester compared with the North West region and England as a whole (see chart below).

Number of dentists performing NHS activity in Manchester per 100,000 population, 2011/12 - 2021/22



7.3 The data above is based on the total number of dental practitioners who have undertaken NHS contracted activity during the period in question (headcount) rather than the number of Full Time Equivalent (FTE) dentists and therefore may not accurately reflect the true dental capacity in the city. The figures may also include dentists who have a contract in more than one Locality or NHS England region as well as dentists holding different types of NHS contract, including Trust-led Dental Services (TDS). TDS contracts are held by NHS Trusts and includes specialist Community Dental Services (CDS).

7.4 To limit COVID-19 transmissions, dental practices were instructed to close and cease all routine dental care from the 25 March 2020, and began to reopen from 8 June 2020. As a result, data on NHS dental activity, including patient numbers and treatments, will be lower than expected.

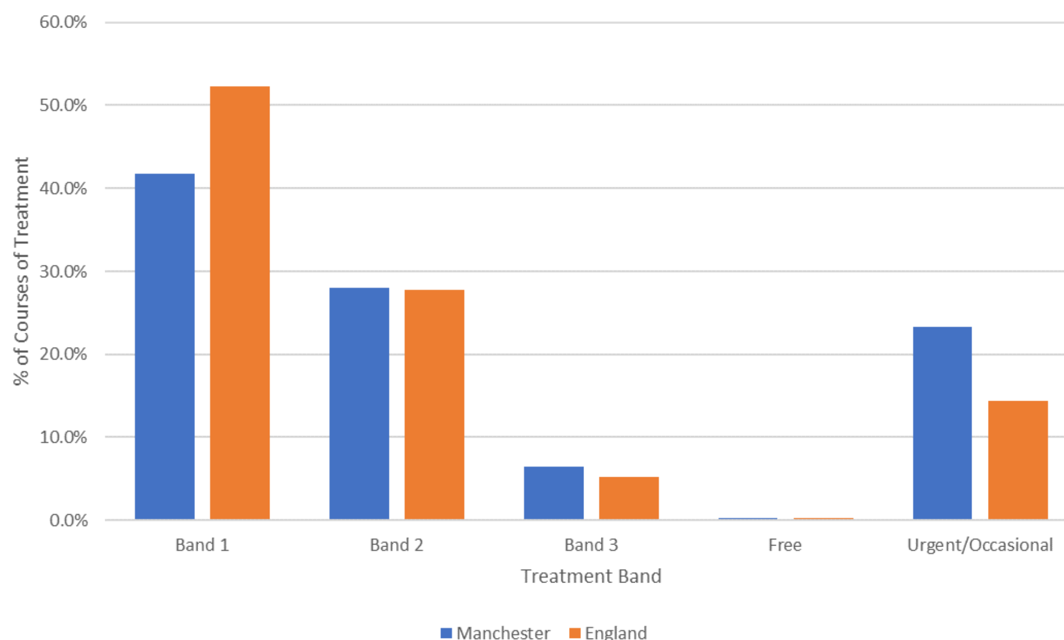
8.0 Dental activity in Manchester

8.1 In the year ending 31 March 2022, 281,409 courses of dental treatment were delivered by NHS dental practices in Manchester. These courses of treatment accounted for 149,292 Units of Dental Activity - an average of 2.3 UDAs per course of treatment. Just under a third (32.3%) of all courses of treatment delivered by NHS dentists in the city were to children, 26.9% were to non-paying adults and 40.8% were to adults eligible to pay for NHS treatment.

8.2 The treatment band is a measure of the financial cost and complexity of the treatment delivered to patients. Around two-fifths (42%) of courses of treatment delivered by NHS dentists in Manchester are at the least complex end of the treatment spectrum (Band 1).

8.3 Around a quarter (23.4%) of courses of treatment delivered are classed as 'urgent/occasional' treatments, which are likely to be the most acute in nature. Compared with England as a whole, a greater proportion of courses of treatment in Manchester during 2021/22 related to some form of urgent treatment, reflecting the greater acuity of oral health need in the city (see chart below) as well as the additional urgent treatment capacity that has been put in place across Greater Manchester.

Percentage of Courses of Treatment (CoT) by Treatment Band 2021-22



8.4 Adults who are not eligible to pay for NHS dental treatment (including those on a low income or receiving help with health costs) were more likely to receive urgent treatment compared with children or paying adults.

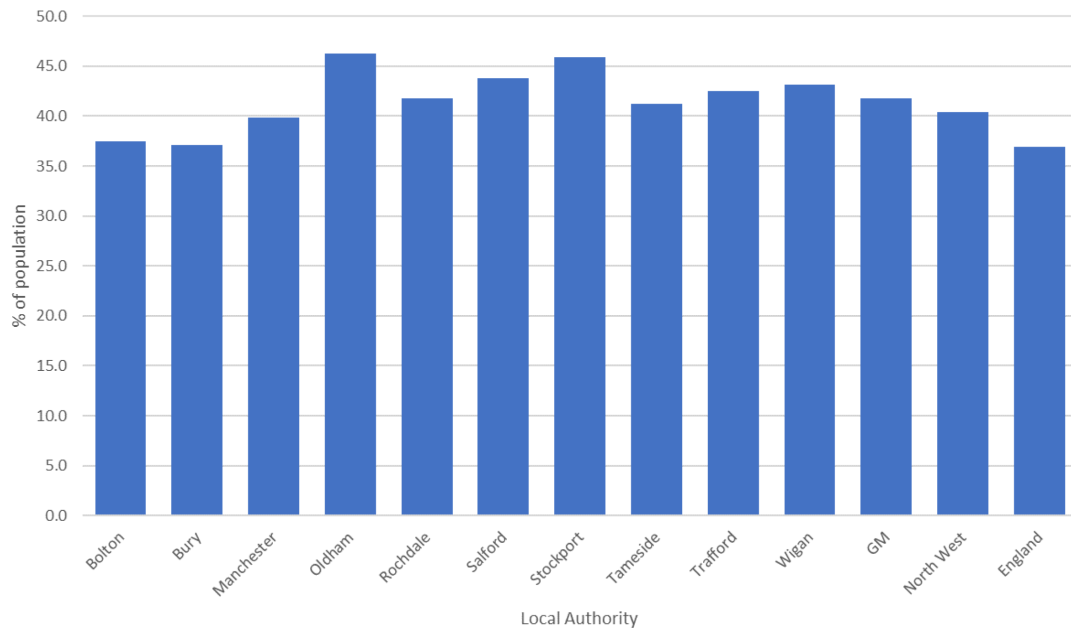
8.5 The map in Appendix 4 shows the total number of Units of Dental Activity (UDA) and Units of Orthodontic Activity (UOA) commissioned from NHS dental and orthodontic practices within the Manchester City Council boundary. In practice, NHS dental practices may not deliver all the activity that is commissioned from them and the actual number of UDAs / UOAs undertaken may be lower than the commissioned number illustrated on the map.

9.0 Dental patients seen in Manchester

9.1 The data below shows the number of adults and children who have been seen by an NHS dental practice in Manchester. Some of these patients will be non-Manchester residents. The data for adults refer to the number who have received NHS dental care in the 24 months preceding the quarter ending 30 June 2022. The data for children relates to the preceding 12 months. Each patient is counted only once even if they have received several episodes of care over the period.

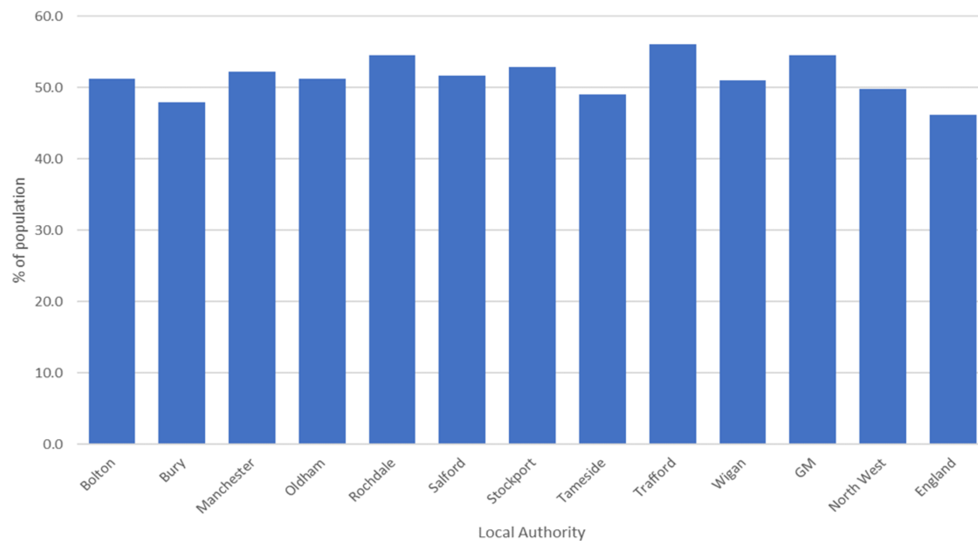
9.2 A total of 172,209 adult patients were seen by an NHS Dentist in Manchester in the 24-months up to 30 June 2022. This is equivalent to 39.9% of the adult population of the city and is above the England average of 36.9%. Within Greater Manchester, the percentage of the adult population seen by an NHS dentist in the previous 24 months ranges from 46.2% in Oldham to 37.1% in Bury.

Adult patients seen in the previous 24 months as a percentage of the population by local authority



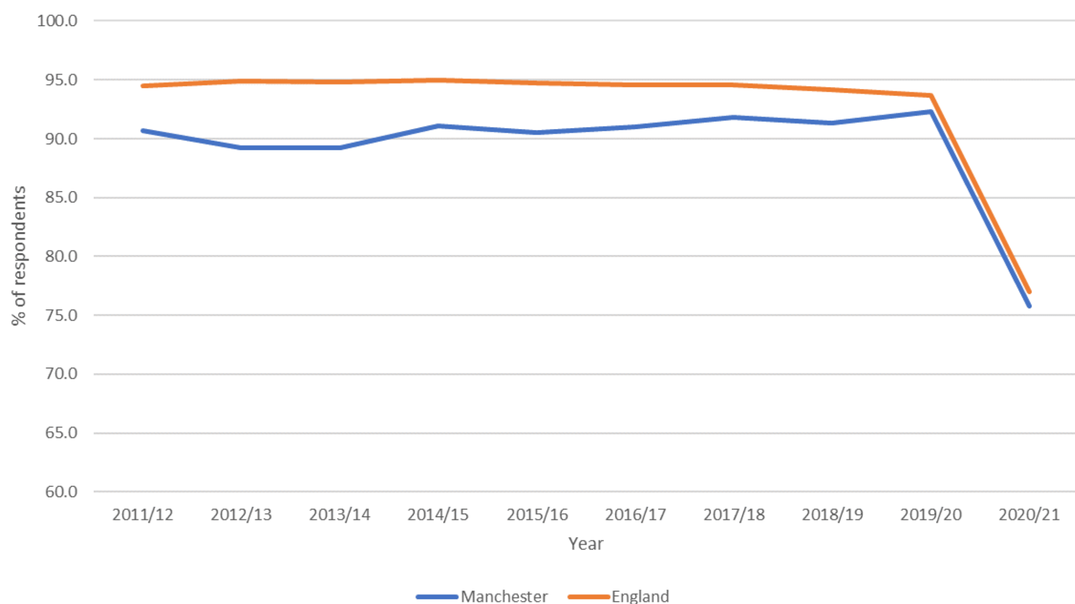
9.3 A total of 64,742 child patients were seen by an NHS Dentist in Manchester in the 12-months up to 30 June 2022. This is equivalent to 52.3% of the child population of the city and is above the England average of 46.2%. Within Greater Manchester, the percentage of the child population seen by an NHS dentist in the previous 12 months ranges from 56.1% in Trafford to 47.9% in Bury.

Child patients seen in the previous 12 months as a percentage of the population by local authority



9.4 An alternative measure of access to NHS dental services is available from the [GP Patient Survey (GPPS)](). This survey is commissioned by NHS England and is conducted by the independent survey organisation Ipsos MORI. As part of this survey, respondents were asked whether they had tried to obtain an NHS dental appointment and whether they had been successful in getting one. The latest data for 2020/21 shows that 56% of patients aged 18 years and over reported that they had tried to get an NHS dental appointment in the last 2 years. Of these, 75.8% had successfully obtained an appointment. The GPPS does not collect information on how long patients had been trying to get an NHS dental appointment or the length of the wait to get seen once they had obtained an appointment.

Percentage of patients aged 18 and over who successfully obtained an NHS dental appointment in the last two years, 2011/12 - 2020/21



9.5 The percentage of patients in Manchester who reported that they had successfully obtained an NHS dental appointment in the last two years has been consistently lower than the England average, although the gap has been narrowing over time. Note that data from the 2020/21 GPPS is likely to have been impacted by the COVID-19 pandemic and statistics from this period should be interpreted with care.

10.0 The impact of COVID-19 on access to dental care

10.1 As part of the government's response to the COVID-19 pandemic, access to general dental services was paused across the UK and dental care hubs were established to deliver urgent dental care. Although some access to dental services was maintained throughout subsequent lockdowns and changes in restrictions, there may have been longer-term impacts on access to dental services linked to the time needed to clear appointment backlogs, staff availability, physical distancing and PPE requirements.

10.2 Published analysis of data from the 2021 Adult Oral Health Survey shows that just over a third of adults in England reported having a need for dental treatment or advice between March 2020 and March 2021, when access to dental services was limited because of the COVID-19 pandemic. Two thirds of people who needed advice contacted their usual dental practice and in most cases the problem was completely treated by a dental professional. Around 10% of people who needed advice or treatment did not receive any.

10.3 The most common reasons for not seeking help over this period were that participants were worried about catching COVID-19 or were shielding or because they could not afford to pay for treatment or advice.

10.4 In Manchester, locally commissioned oral health prevention services were also impacted by the pandemic. MFT/MLCO Children's Oral Health Improvement Team (OHIT), which is commissioned by the Department of Public Health at Manchester City Council, were unable to deliver their usual preventative programme. Government COVID-19 legislation restricted the team from screening children for dental caries and applying fluoride varnish to teeth, under the one metre ruling. With capability to deliver the programme restricted, practitioners were redeployed to test and trace hubs in April 2020. Whilst the OHIT Co-ordinator supported the city's COVID response, providing toothpaste and toothbrushing packs to all vulnerable two-year-olds, included in emergency supplies distributed across the city, it would be two years before the service could return to normal operating model with full staff.

11.0 Patient and Public Feedback

11.1 The local evidence in respect of the public's experience of access to NHS dental services in Manchester is mixed and does not show a clear or consistent picture. This is not unexpected given the range of different sources and types of data available and no one piece of information can be considered to provide a definitive answer. As such, it is important to look at each of the sources of data 'in the round' to understand what insight they can provide.

11.2 A report to the Manchester Health Scrutiny Committee in February 2023 included a summary of patient and public feedback relating to the provision and access to NHS dental services. The national NHSEI Customer Contact Centre (CCC) has received a large number of general enquiries about dentistry, with Greater Manchester area receiving the largest reported numbers of patient enquiries. The main themes include not being able to get an appointment, patients being told that they must pay for PPE on top of the NHS banding, or patients being told that they cannot be seen in the NHS but can be seen the same week privately.

11.3 There was no Manchester-specific data referenced in the report, but we do know that Elected Members in Manchester receive a significant volume of requests for assistance in accessing NHS dental services, and concerns regarding the affordability of private dentistry.

11.4 Issues around access the NHS dental services have also been investigated by Healthwatch Manchester in response to a high number of dental-related queries. In March 2023, they published the results of a ‘mystery shopper’ review of new admissions of NHS patients by Manchester dental practices. This found that

- 46 (78%) of the 59 contacted were not accepting new NHS patients
- 3 of the practices (5%) said they were accepting new NHS patients
- None of the practices who were not accepting new patients could give a timeframe for when they may begin doing so
- 46% are accepting private patients.

Section Four: Local services supporting oral health improvement and access to dentistry in Manchester

12.0 Services commissioned by Manchester Public Health Department and GM ICB

12.1 The **Manchester Oral Health Improvement Team (OHIT)** is commissioned by Manchester Department of Public Health. The team provides a range of programmes which support health promotion and improving self-care oral behaviour for 0–19-year-olds, with a primary focus on children under 11 years of age. The Team is part of the Community Dental Service at Manchester NHS Foundation Trust (MFT) and has provided sustained leadership and commitment to supporting and improving oral health and reducing inequalities within the city.

12.2 The OHIT service aims to improve self-care oral health whilst targeting vulnerable groups experiencing the highest levels of health inequalities with oral health improvement interventions. Vulnerable group include deprived communities, looked after children, children with special needs and homeless families with children. To meet the needs of the most vulnerable families and children, the OHIT team works with Early Years workers, school staff and

community health staff to provide oral health education, local dental providers and is an integral partner of the city's Start Well Board.

12.3 OHIT programmes are designed to increase the availability and use of fluoride, particularly given the changes in affordability of fluoride milk since the Nursery Milk Renumeration Scheme was ended in 2018. There is abundant evidence that increasing fluoride availability to communities and individuals is effective at reducing dental caries levels. For example, moving from brushing once a day to twice a day lowers an individual's risk of developing dental caries by 14%. Fluoride varnish is one of the best options for increasing the availability of topical fluoride regardless of the levels of fluoride in any water supply. Several systematic reviews have concluded that the applications twice a year produce an average reduction in dental caries increment of 37% in the primary and 43% in the permanent dentitions.

12.4 The **Buddy Practice Scheme** is a flagship children's dentistry programme delivered in Manchester by the Oral Health Improvement Service under the commissioned offer. There is no comparable service in Greater Manchester or regionally. It is a preventative scheme that brings primary care dental practices and schools together in partnership. The scheme has been in place since 2016 (though with a pause created through pandemic disruption). Parents and children in nursery or reception classes are asked about their child's dental attendance and those children who have either no dentist or who have not attended for some time, are identified and consent is sought for a dental appointment. Parents of non-attending children are invited to a 'meet the dentist' session at the school. These take place first thing in the morning as children arrive to encourage as many parents to stay as possible.

12.5 Establishing a regular attendance pattern emphasised and assisted, either by the clinician or a member of the OHIT is a vital aspect of the programme. Details of the partner practice are given and information on the dental helpline to assist parents to make appointments elsewhere if they choose. The attendance of each of the children is checked following the 'meet the dentist' sessions. After 4-6 months, the programme is repeated for those children who still do not attend. After this follow up, the small number of children with identified clinical need, who had still not been taken to a dentist, were followed up by the School Nurse Service as a neglect safeguarding concern, though this is a rare occurrence given the parental engagement.

12.6 While the scheme is a success and has facilitated screening and identification of children who may not otherwise have seen a dentist, the Buddy Practice Scheme relies upon NHS dental surgeries to come on board with the programme across the city. There is currently a gap in Harpurhey and Charlestown, with dental surgeries in these areas unable to join the scheme with current patient caseload and capacity.

Table 4 - *Buddy Practice Scheme (January 2023 - March 2023)*

	North	Central	South
Number of children identified as having no dentist (with consent)	525	519	189
Number (and percent) of children with an identified oral health need	171 (32.5%	129 (24.9%	32 (16.9%)
Number (and percent) of children with an identified oral health need seen by a dental practise to date	79 (46.2%)	58 (45.0%	16 (50.0%)

12.7 The **Supervised Toothbrushing Programme** is offered to all Early Years settings and provides training and resources to teachers, nursery nurses, and childminders with the aim of ensuring that good toothbrushing habits are embedded in early years. In the three-month period between January and March 2023, the service achieved the following levels of performance:

Table 5 - Supervised Toothbrushing in North, Central and South Manchester

	Private, voluntary sector & independent nurseries	Childminders	Schools
North Manchester			
Number of pre-school contacts engaged (0-5 years)	2,022	33	-
Number of school-aged contacts engaged (5+ Years)	-	-	1,971
Staff trained in Supervised toothbrushing	67	3	42
Parent and carer sessions for supervised toothbrushing	73	-	108
Central Manchester			
Number of pre-school contacts engaged (0-5 years)	845	20	-
Number of school-aged contacts engaged (5+ Years)	-	-	1,358
Staff trained in Supervised toothbrushing	32	0	21
Parent and carer sessions for supervised toothbrushing	59	-	62
South Manchester			
Number of pre-school contacts engaged (0-5 years)	427	24	-
Number of school-aged contacts engaged (5+ Years)	-	-	1,100
Staff trained in Supervised toothbrushing	14	0	14
Parent and carer sessions for supervised toothbrushing	0	-	76

13.0 Fluoride Varnishing

13.1 Fluoride varnishing involves the direct application of fluoride to children's teeth. This is a practise undertaken by the OHIT team when visiting schools and other children's settings, where parental consent has been given. A measured amount of fluoride, (dependent on age and defined in IPC guidelines) is applied to a child's teeth using a microbrush. This can be applied directly to front or back teeth to strengthen tooth enamel, making it more resistant to decay. It is a recommended treatment for patients at higher risk of tooth decay.

Table 6 - Fluoride Varnishing (January - March 2023)

	North	**Central**	**South**
Number of children receiving fluoride varnishing	410	430	157

14. Access Plus Scheme

14.1 Following urgent treatment patients are the encouraged to seek definitive care at a high street dentist. Unfortunately, the pandemic has led to a reduction in capacity and patients were struggling to access routine dental care, such as check-ups and the treatment indicated to restore dental health. As a result, patients were then returning to the urgent service with the same problem or worsening problem.

14.2 In response to the unmet need generated by the ongoing challenges within NHS Dental services, GM ICB developed the Greater Manchester Access Plus Scheme which improves access and delivers continuation of care to patients who have received urgent care but who require further care and treatment within an NHS Dental practice. This scheme was rolled out on 1 February 2022 and there are 15 of these practices are within the City of Manchester, out of 59 across Greater Manchester).

14.3 The GM Access Plus Service provides a minimum of a one-off courses of treatment for adults (18+ years) who have been seen by the GM Urgent Dental Service / UDC Hubs for urgent care that requires further treatment.

15.0 Healthy Living Dentistry project

15.1 The Healthy Living Dentistry (HLD) project is a quality assured scheme where dental practices undertake national and local health campaigns, often linked to local GPs and pharmacies. Practices who sign up to HLD deliver targeted health promotion including Dementia Friendly Dentistry; Baby Teeth DO Matter; Mouth Cancer Awareness; Sugar free diet and medicines and Flu awareness. To deliver these initiatives, all practices have access to training and development supported by Health Education England North West.

15.2 Currently, there are 60 dental practices across Greater Manchester signed up for this project, of which 12 are in Manchester. These are located across north,

central and south Manchester. Plans are in place to begin a further recruitment campaign to encourage all Practices to sign up to this scheme.

16.0 Child Friendly Dental Practice (CFDP) Scheme

16.1 The Child Friendly Dental Practice (CFDP) scheme was initiated in November 2020 as a development pilot. It has been rolled out across GM following the successful initial evaluation. There are currently 2 providers within Manchester in Longsight and Clayton. Both surgeries take referrals from the Oral Health Improvement Team.

16.2 Children who have been referred for an oral health assessment to a specialist setting (including those referred for dental extractions under general anaesthesia) are instead offered evidence-based treatment at a general dental practice. Treatment includes prevention (oral hygiene instruction, diet advice, fluoride varnish application, fissure sealants), stabilisation (Silver Diamine Fluoride, temporary filling), restoration (Hall Crowns, definitive fillings) and extractions

16.3 This primary care service supports specialist community services for children in Manchester and reduces referrals and pressures into secondary care. Children treated in the CFDP scheme are monitored by NHS England as part of the on-going evaluation process.

17.0 Future Developments

17.1 There have been a number of NHS dental contracts close across GM over the past 3 years and the commissioners of NHS Dental Services are reviewing the impact and current provision. It is hoped that there will be the opportunity to re-distribute at least some of this capacity to areas of GM which have lower levels of local service capacity and/or additional need. This review is currently ongoing.

17.2 Manchester has successfully applied to NHS England for Children's Transformation funding to support the commissioned Oral Health offer in Early Years, led by the GM Consultant in Dental Public Health at GM ICB. The application is based on an evidence-based methodology with proven positive oral health outcomes for children and includes four elements of provision:

- A multi-agency strategic workshop event to raise the profile of the work and develop an oral health network with local priorities
- Distribution of dental packs to vulnerable families with children aged 0-2 years
- Development of an online e-training pack for staff working in children's settings
- An evaluation programme with a mixture of qualitative and quantitative outcomes

17.3 The decision to focus on children aged 0-2 years is based on national and local guidance and priorities, previous epidemiological surveys, measures of

deprivation associated with oral health outcomes and local intelligence linked to the Making Manchester Fairer strategy.

Section Five: Health Equity and limitations in data

18.1 The relatively low numbers of children examined as part of the NDEP survey programme means that we have a limited understanding of inequalities in the oral health of people living in different parts of Manchester or between different communities. However, analysis at a national level suggests that there are variations in the prevalence of dental decay between the most and least deprived parts of England and between different ethnic groups which we would expect to see mirrored in Manchester.

18.2 The nature of the NHS dental contract means that NHS dental practices do not have a registered patient list of the sort that GP practices have. As a result, we have little insight into which of our residents are most or least likely to have been seen by an NHS dental practice in Manchester and the nature of the relationship between the use of NHS dental practices and the prevalence of tooth decay and other negative oral health outcomes, such as hospital tooth extractions. We are investigating opportunities to work with researchers in the Dental Health Unit at the University of Manchester to explore the facilitators and barriers to oral health services in deprived populations and to look at ways of identifying and predicting children at high risk of developing dentinal caries.

18.3 There are several groups for which we would like to obtain more detailed information on the use of NHS dental practices in Manchester and oral health needs, to ensure that we are addressing the needs of specific population groups and are not widening health inequalities, including people with learning disabilities or severe mental illness, Looked After Children (LAC), people experiencing homelessness and asylum seekers and refugees.

19.0 People with learning disabilities or severe mental illness (SMI)

19.1 Research consistently shows that people with learning disabilities have poorer access to dental services, less preventive dentistry and higher levels of untreated tooth decay, more likely to lead to extraction than restoration. Poor oral health is a contributing factor for aspirational pneumonia, one of the leading causes of preventable deaths as per the LeDeR Annual Reports (Learning from the avoidable deaths of people with a learning disability and autism in England).

19.2 Further work is required to understand the lived experience and access issues for people with learning disabilities or autism in Manchester. Dental/oral health is on the forward plan for the Manchester Learning Disability Health Oversight Board 2023/4 and further discussion will take place through this group.

19.3 There is ongoing engagement and work to support dental care for people with SMI. The GM working group for Physical Health & SMI have raised this particular issue and there is engagement between the GM Special Dental

Care Managed Clinical Network and the GM specialist mental health providers (GMMH / Pennine Care FT) and the GM IMHN (Independent Mental Health Network). This is an area in which we need to understand the Manchester position more clearly, and needs to be the subject of further investigation.

20.0 Looked After Children

20.1 A new referral service has been developed that will support all LAC in Greater Manchester and Cheshire and Mersey to find a dental home. This is led by the GM Dental Commissioning Team and Consultant in Dental Public Health, linking with Local Authority Teams supporting health care for Looked After Children (LAC).

20.2 The objective is to seamlessly connect referrals for any child who is looked after with a LAC provider within their locality. In Greater Manchester, there are 39 Practices accepting referrals for LAC. The child will be seen and treated and offered regular appointments and re-calls dependent on their oral health risk.

20.3 The long-term objective will be to strengthen the links of the Manchester Safeguarding Team with Child Friendly Dental Practices and ensure that there is ease of access for all Looked After Children to find a dental home. Providers report challenges in terms of DNA rates for older children and young people for booked appointments. This is an area that will require joint work going forward.

21.0 People experiencing homelessness

21.1 Poor oral health and access to dentistry is reported as a major access issue by Urban Village Medical Practice (UVMP), who provide a specialist healthcare service for rough sleepers and homeless people in Manchester. UVMP report that patients present either to their practice or to A&E requesting urgent help for dental pain on a very regular basis, and that homeless people tell them that dental pain is one of the reasons they are seeking illicit substances. There is a designated dental practice for homeless patients in Ancoats for urgent care, but this does not offer registration with the practice or ongoing dental care. The very limited appointment slots, on a ‘first come first served’ basis, and a lack of clarity as to whether those who are not on benefits/have no recourse to public funds can access the service.

21.2 UVMP support their patients to access the Dental Helpline, reporting that it takes a long time to get through and therefore not accessible to people with limited access to phones. The standard basic advice, such as using saline mouthwashes, paracetamol for pain, is not realistic for the homeless population who often present late with very severe issues. Where appointments are offered via the helpline for very severe issues, they are often out of hours and not in the city centre, so hard for people to access. The helpline advice to bring evidence of entitlement to free dental care otherwise they will need to pay a fee is a major deterrent to those who don’t have ID or other documents, and results in many not attending emergency appointments.

Case study

Sally (not real name) is a young woman who has suffered years of domestic abuse and suffered significant injuries and the loss of most of her teeth. She has poorly fitting dentures. She has now exited rough sleeping, drug use and sex working and is now just about managing in her first tenancy and has secured a job in a café.

She is really struggling with the feeling that she is 'passing' in the wider world as a 'normal' person and at the heart of this is the fear that her dentures will fall out at work and expose her as someone with a history she is ashamed of. She has intrusive thoughts and nightmares about this scenario to the point that she is thinking about returning to sex working to fund a trip abroad to pay for dental implants.

Approaches have been made to existing NHS dental care provider services in the city, but the services contacted are unable to provide care or have not responded.

22.0 Asylum Seekers and Refugees

22.1 Dental diseases are prevalent among asylum seekers and refugees. There has been no specific direction to ensure dental provision for the residents of Asylum Seeker Contingency (ASC) hotels in the city, and they are required to access dental services as any other part of the community. Data shows that commissioned healthcare providers reported 116 referrals to the Dental Hospital from the existing ASC hotels.

22.2 For Afghan evacuees and asylum seekers arriving under the ARAP scheme, the GM Dental Commissioning Team commissioned a referral pathway to support this cohort to access urgent dental care. Across GM 20 practices signed up to this scheme. The national notification of the requirement for those accommodated under the ARAP scheme to leave the bridging and contingency hotels will bring any ongoing support within this scheme to a close.

Section Six: Recommendations

23.0 The Board is asked to:

1. Support the development of a Manchester specific action plan to address poor levels of oral health in the local population, drive improvements to NHS dental services and reduce inequalities for the Manchester population.
2. Support the development of GM strategy and action to address locality requirements around oral health promotion and improved access.
3. Request that the Director of Public Health reports back to the Board on progress and the priority actions agreed.

Appendix 1

National Dental Epidemiology Programme (NDEP) for England

The National Dental Epidemiological Programme for England (NDEP) covers the collection of data on the prevalence and severity of experience of dental decay in children and adults.

Standardised and coordinated annual surveys of oral health have been conducted since 1985, to standards set by the British Association for the Study of Community Dentistry (BASCD). Following devolution, coordinated surveys across the UK have been replaced by individual nations working to their own timetables. Currently, these surveys are coordinated by the Office for Health Improvement and Disparity (OHID). Locally, the NDEP survey programme is commissioned by NHS Greater Manchester Integrated Care on behalf of all 10 local authorities within Greater Manchester.

There are three surveys of children carried as part of the NDEP survey programme.

- A survey of 3-year-old children attending private and state-funded nurseries or nursery classes attached to schools and playgroups
- A biennial survey of 5-year-old children attending mainstream, state-funded schools
- A survey of children in year 6 (10 and 11 year olds) attending mainstream state-funded primary and middle schools.

In addition to surveys of children, the National Dental Epidemiological Programme for England (NDEP) includes an oral health survey of adults.

Together, these surveys present a snapshot of the oral health of children and adults and provide a picture of trends in the oral health of children over time.

The survey of 3-year-old children was last carried out in 2019-2020 and that of 5-year-old children in 2021-22. The fieldwork for the oral health survey of children in year 6 2022 to 2023 is ongoing. The most recent survey of the oral health of adults was carried out in 2017/18.

Children in sampled schools and nurseries are examined by trained and calibrated dental clinicians who, in Manchester, are employed by community dental services. Written agreement from a child's parent or a person with parental responsibility is obtained before any child can participate in the survey.

In 2020/21, 20 schools in Manchester were visited as party of the NDEP survey of 5-year-old children. These were evenly distributed across the city - 6 in North Manchester

and 7 each in Central and South Manchester – and included a mixture of small, medium and large schools. The total sample size across these 20 schools was 390 pupils.

The surveys provide comparable data on two key measures of the oral health of children: the *prevalence* of experience of decay (the percentage of children with one or more teeth with decay) and the *severity* of decay (the average number of teeth per child with visually obvious decay).

Data on the prevalence of decay in 5-year-old children provides the dental indicator (proportion of children aged five who are free from obvious tooth decay) used as part of the Public Health Outcomes Framework and NHS Outcomes Framework and is used to monitor health improvement and the reduction of health inequalities at national and local levels.

The COVID-19 pandemic had an impact on the delivery of the NDEP survey programme for children. Data for the oral health survey of 3-year-old children 2020 was collected during the academic year 2019 to 2020 but was curtailed by the outbreak of the pandemic and the closure of schools and nurseries for most children in March 2020. This meant that the survey had to be suspended and the final 3 months of data collection were lost. The oral health survey of 5-year-old children was scheduled to be carried out during the 2020 to 2021 school year but was delayed until the 2021 to 2022 school year.

In addition to surveys of children, the National Dental Epidemiological Programme for England (NDEP) includes an oral health survey of adults. The most recent survey of this group was carried out in 2017/18 and covers adults aged 16 years and over attending general dental practices for any reason. The survey consisted of a questionnaire on the impact of oral problems on individuals, use of dental services and barriers to receipt of care and a brief clinical examination conducted by trained local epidemiology teams under standardised conditions.

Overall, 319 out of the 478 upper and lower-tier local authorities across England took part in the survey, which involved 1,173 dental practices (of which 25% were NHS practices). Despite the survey being restricted to dental attendees, the demographics of participants were broadly similar to the general population of England although men and people aged under 45 years or over 84-years were under-represented.

It is not possible to tell from this survey whether the oral health needs in adult dental attendees is markedly different from the general population. Participants in this survey could have better oral health than the general public, as for the most part these were people reporting to be regular dental attendees with the benefit of professional support for maintaining their oral health. Conversely, these were people surveyed when attending a dental appointment where the prevalence of a dental problem could be

higher as they were seeking professional care. This survey may also underrepresent a proportion of the general public for whom attending the dentist is unaffordable.

This page is intentionally left blank

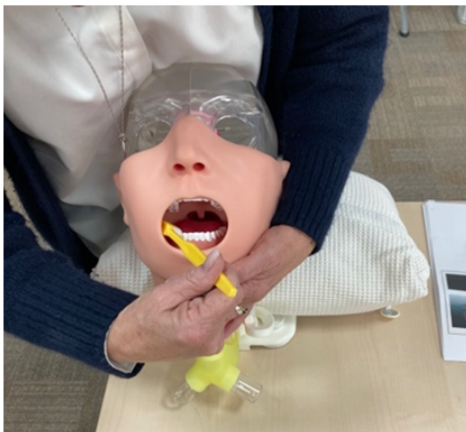
Appendix 2

Mouth Care Matters

In 2018, the Oral Health Improvement Team (OHIT) was successful in applying for funding from NHS England to deliver a programme entitled ‘Mature Mouth Care Matters’. The Mouth Care Matters (MCM) programme is based on four key themes that staff require. These are:

- Knowledge of the importance of mouth care and links to general health and well-being
- Skills gained through training on how to carry out mouth care and assessment of the mouth
- ‘Tools’ needed to provide good mouth care
- Support from doctors/dentist/mouth care team when necessary

In 2018, the Oral Health Improvement Team (OHIT) was successful in applying for funding from NHS England to deliver a programme entitled ‘Mature Mouth Care Matters’. Up to May 2023, 1,214 staff have been trained to deliver the MCM programme (717 up to March 2020 and a further 497 on resumption of training post COVID). It has been more challenging to organise training from November 2021 onwards due to difficulties in the care sector. However, practical components of the training have been supported by the advanced oral care simulator tool to aid the training.



In addition to older people's care homes, training has also taken place with Macmillan Nurses, Learning Disabilities Teams, hospice providers and specialist support settings such as Rodney House and Bridge College

An evaluation audit of the Mature Mouth Care Matters has been funded until September 2023 to gather the opinions of care homes that received training before the Covid-19 pandemic. This will assess if care homes have implemented the recommendations from the NICE Guidelines (NG48) and whether they are meeting the quality standards

(QS151). Providers of care homes and the supported living sector have already reported a large influx of new staff and high turnover since the pandemic, because of which requests for training are regularly received.

Appendix 3

NHS Dental Services data

NHS Digital (now part of NHS England) publishes an annual report that brings together data on NHS dental activity in England for a 12-month period. This report summarises information about NHS dental activity broken down to dental practice level (including clinical treatments and dental workforce) and information on the number of patients seen by an NHS dentist.

Dental activity is measured in two ways: Courses of Treatment (CoT) delivered and Units of Dental Activity (UDA). A CoT is defined as a patient examination, an assessment of their oral health and the planning of any treatment to be provided because of the examination and assessment as well as the provision of the planned treatment to that patient. CoT are banded according to the most complex treatment in the course, ranging from Band 1, which consists of a check-up and simple treatment e.g. examination, x-rays and prevention advice, to Band 3, which includes complex treatments e.g. crowns, dentures and bridges etc. There can be significant differences between CoT within the same band. For example, a CoT with several large fillings would have the same treatment band as one with a single small filling.

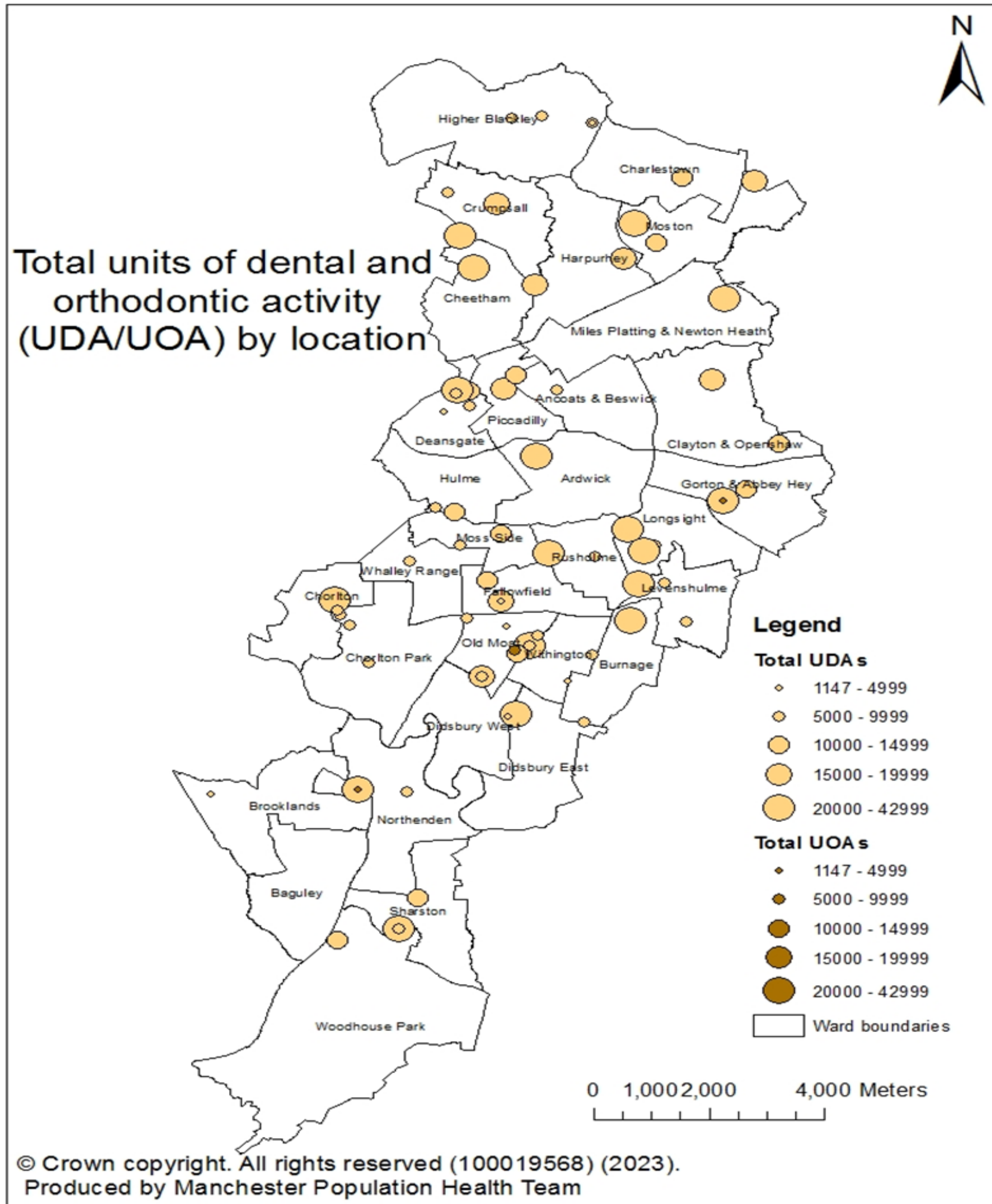
UDA are weighted CoT and are used in the NHS dental contract system. Each course of treatment includes a number of UDAs. The number of UDAs per course of treatment is indicative of the complexity of the treatment delivered.

Dental practices are assigned to a local authority based the physical location of the practice (not where the patients seen by each practice are resident).

This page is intentionally left blank

Appendix 4

Total Units of Dental and Orthodontic Activity by location in Manchester



This page is intentionally left blank

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 7 June 2023

Subject: Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027

Report of: Deputy Director of Public Health

Summary
This report provides an overview of progress made during 2023 on the Making Manchester Fairer Action Plan.

Recommendations
The Board is asked to note progress made in implementing the Making Manchester Fairer Action Plan including the work that is taking place across partner organisations to integrate the Making Manchester Fairer approach and principles system wide.

Executive Summary

The implementation of the Making Manchester Fairer programme, workstreams and programme governance has made significant progress.
The Anti-Poverty Strategy (APS) was formally adopted at Executive in January and is the main route to delivering against the MMF theme of reducing poverty and debt. It sets out our vision that the whole of Manchester will work together to reduce poverty and lessen the impact of poverty on our residents. The strategy contains 53 actions across 12 priorities and 4 themes.
An overarching narrative has been developed by the Communication Teams that reflects that the Anti-poverty strategy and is now part of the Making Manchester Fairer plan. This has also included bringing in the immediate Cost of Living support, so that there is a unified stance to the work and we can make the most of the city's combined networks.
The first Making Manchester Fairer Programme Board took place in May after an extensive Expression of Interest process that recruited people to the board that are visibly reflective of Manchester’s diverse communities (particularly those most impacted by health inequalities) and has a balance of different types of perspectives including organisational, professional and lived experience.
The development of governance and approval process for the Kickstarter Schemes allowed for the Children’s element of the Supporting children, young people and their families scheme to begin implementation.
Further to the workstream and programme development, a number of theme leads have developed projects and initiatives that are designed to meet the aims and objectives of the actions under their themes and Manchester NHS Foundation Trust (MFT) has developed a Health Inequalities programme.
The Board is asked to note progress made in implementing the Making Manchester Fairer Action Plan, the incorporation of the Anti-Poverty Strategy within the programme, and the work that is taking place across partner organisations to integrate the Making Manchester approach and principles system wide.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	This Action Plan impacts positively on all strategy priority areas
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

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

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

Name: Simon Watts
Position: Public Health Registrar
E-mail: simon.watts@mft.nhs.uk

Background documents (available for public inspection):

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

Building Back Fairer – Tackling Health Inequalities in Manchester – Health and Wellbeing Board, 6 July 2022

Making Manchester Fairer, Tackling Health Inequalities in Manchester 2022-2027 – Health Scrutiny Committee, 12 October 2022

Making Manchester Fairer - The Anti-Poverty Strategy 2023-2028 – Economy Scrutiny Committee, 18 January 2023

Making Manchester Fairer - Tackling Health Inequalities in Manchester – Health and Wellbeing Board, 25 January 2023

1. Introduction

1.1 Making Manchester Fairer (MMF), is our 5-year action plan to address health inequalities in the city. The Making Manchester Fairer Action Plan was taken to the Health and Wellbeing Board and Manchester Partnership Board in July 2022 and launched at the MMF Conference in October 2022. The plan can be found here.

1.2 In the wake of the COVID-19 Pandemic and the current cost-of-living crisis, the need to tackle inequalities in the city continues to be a corporate and political priority.

1.3 The delivery of Making Manchester Fairer can be summarised under its 8 themes, 4 ways of involving communities, and 6 principles that underpin the way the programme will be delivered. Implementation so far has been focussed on a number of workstreams that are required to get the foundations right for delivery. These workstreams are reported on in section 3.

MMF Themes	Ways of involving communities*	Principles for delivery
- Early years, children and young people. - Poverty, income and debt. - Work and employment. - Prevention of ill health and preventable deaths. - Homes and Housing. - Places, transport and climate change. - Communities and power. - Systemic and structural racism and discrimination.	- Listen to us - Trust us - Employ us - Create and support the conditions for social connections to develop and flourish	- Proportionate universalism and focus on equity. - Respond to and learn from impact of COVID-19. - Tailor to reflect the needs of Manchester - Collaboration, creativity, and whole system approach. - Monitor and evaluate to ensure we are Making Manchester fairer – narrowing gaps within Manchester as well as regional and national averages. - Take a life course approach with action on health inequalities starting before birth and right through to focus on ageing and specific needs of older people.

*Based on insight from community group engagement

2. Key Achievements

The key achievements over this time period have been as follows:

- Recruitment and establishment of the Making Manchester Fairer Programme Board.
- Adoption of new Anti-Poverty Strategy and integration into the Making Manchester Fairer governance structures.
- Development of governance and approval process for the Kickstarter Schemes.
- Endorsement of Phase One Kickstarter Schemes and implementation of the Children's Scheme.
- Communications plan bringing Making Manchester Fairer, the Anti-Poverty Strategy and Cost of Living work together.
- The Manchester Housing Partnership Away Day – workshop discussion of all 8 MMF themes resulted in key opportunities being identified that are now being followed up, organisations were really engaged in the agenda.
- Alignment of the Winning Hearts & Mind programme under Making Manchester Fairer programme.
- Implementation of the Communities and Power Steering Group.
- Commissioning of Race and Health Equity education programme.
- Development of Manchester NHS Foundation Trust Health Inequalities strategy

3. Making Manchester Fairer Progress Update December 2022 to May 2023

3.1 The MMF programme management team have established a number of workstreams that are forming the foundation for delivery of the programme. These workstreams are:

- Governance and Programme Management
- General Communications and Engagement
- Workforce Engagement and Development
- Resident and Community Engagement and Involvement
- Anti-Poverty Strategy
- Kickstarters and Investment Fund
- Anchor Institutions
- Monitoring
- Evaluation

3.2 Governance and Programme Management

3.2.1 The programme governance is captured in Fig 1. The Chief Executive of MCC is the overall SRO for the programme and monthly progress updates are reported to Senior Management Team (SMT). For the programme to be successful it is essential that ownership and accountability for the plan is distributed and owned by leaders who have responsibility for the thematic areas. The Making Manchester Fairer Task Force is made up of leaders across the system who will drive delivery of actions in each of the themes.

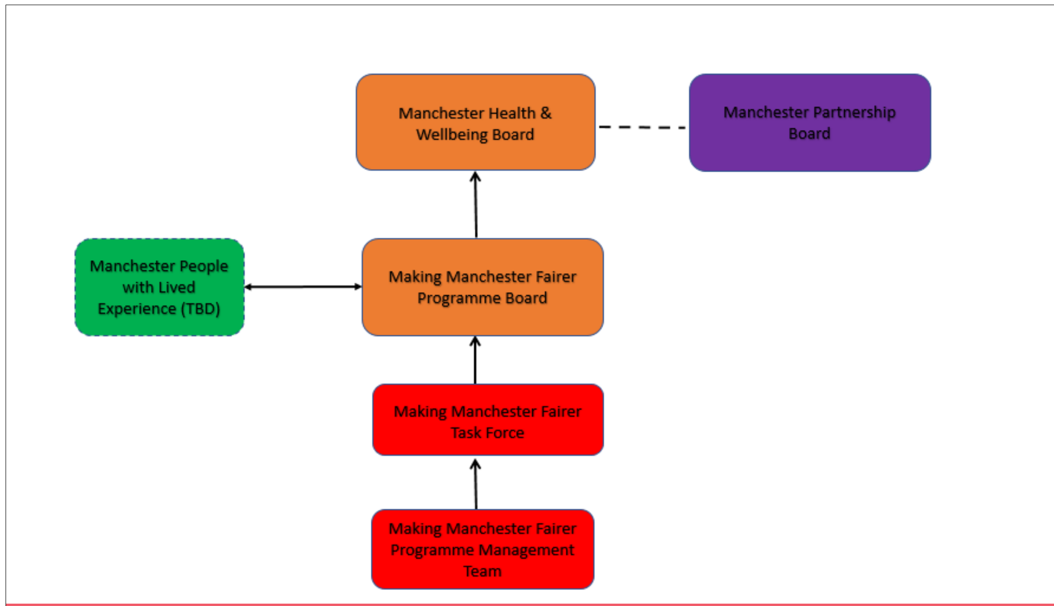


Figure 1: MMF Programme Governance

3.2.2 As this is a key piece of work to deliver the wider Our Manchester Strategy, a regular update will be taken to the Our Manchester Investment Board. The Our Manchester Forum will also be regularly engaged in the delivery of the plan.

3.2.3 The Making Manchester Fairer (MMF) Programme Board was established in May 2023. The board will play a vital role in ensuring that we deliver on the actions within the plan in line with our core principles of proportionate universalism and health equity.

The Board will:

- Contribute to the strategic direction of Making Manchester Fairer and ensure implementation of the Action Plan and the Anti-Poverty Strategy
- Hold partners responsible for delivering the Plan to account
- Review and scrutinise activities across the partners delivering the Plan to ensure that they are delivered in line with the Making Manchester Fairer principles and that our aims and objectives are achieved.
- Ensure the maintenance of sound financial management of resources, and that expenditure is in line with our objectives.

3.2.4 Although board members may be able contribute to the delivery of the plan through their professional roles, partnerships and networks, the responsibility for delivery of the plan sits with the Making Manchester Fairer Taskforce, MCC's SMT and joint work with a range of partners through a number of established forums in the City including the Our Manchester Forum and the Our Manchester Business Forum.

3.2.5 The Board is co-chaired by Councillor Thomas Robinson and Councillor Joanna Midgely and will meet quarterly. Board members have been recruited through a combination of direct invitations and an expression of interest process.

3.2.6 The aim of the expression of interest process was to recruit people to a board that is visibly reflective of Manchester's diverse communities (particularly those most impacted health inequalities) and has a balance of different types of perspectives including organisational, professional and lived experience. The published role description for Board members stated that individuals should:

- *Want to work with us to make a real and lasting impact on health inequalities and poverty in Manchester*
- *Be confident in presenting their own ideas, bringing their individual perspective, and providing challenge*
- *Have strong leadership skills, or are committed to developing them*
- *Be personally committed to ensuring diversity is positively valued and working collaboratively and creatively*
- *Be able to provide a different perspective based on their professional or personal experience of health inequalities and/or poverty*
- *Have a personal, vested interest in Making Manchester Fairer, because they live, work or study in the city*
- *Able to facilitate partnership working with other organisations where that might be beneficial.*
- *Have experience, knowledge and understanding around the relationship between health inequalities and: children and young people, older people, poverty and debt, housing and homelessness, tackling racism and discrimination, places, transport, and climate change. We are also seeking members who understand the role that business can play in our vision to make Manchester fairer for all.*

3.2.8 Through the robust recruitment and selection process candidates were selected for the programme broad, that provide a cross section of professional and lived experiences across the MMF themes and neighbourhoods in Manchester. There is also a balance of people who bring organisational perspectives from known and well-connected forums in the City and individuals with personal and individual perspectives that will bring diversity of thought and perspective.

3.3 Programme Plan and reporting

3.3.1 A draft annual programme plan has now been collated that will help track and monitor the delivery of the MMF Action Plan and its themes and workstreams. Work is being undertaken to ensure reporting on the programme plan will focus on where work is taking place to add value and where collaboration across the themes is taking place.

3.3.2 A monthly highlight report has also been established that is shared internally with the Task Force and the SMT.

3.3.3 In addition to the monthly MMF highlight report, other quarterly and annual internal reporting schedules are being developed by the Programme

Management Team. Once agreed these will be shared with relevant boards and forums.

3.4 General Communications and Engagement

3.4.1 Since the launch of the Anti-Poverty Strategy an overarching narrative has been developed and updated to reflect that the Anti-poverty strategy and is now part of the Making Manchester Fairer plan. This has also included bringing in the immediate Cost of Living support, so that there is a unified stance to the work that makes the most of the city's combined networks. This campaign approach has put a focus on food, bills, and fuel, as well other forms of support and advice. Calls to the Cost of Living advice line are still around 30 a day, development of a campaign for help over the summer is underway.

3.4.2 There has been a big, citywide focus on recruitment to the Making Manchester Fairer Board as well as for roles within the Communities and Power Steering Group, using a range of communications approaches to make the recruitment as inclusive as possible, using learning from the Covid pandemic.

3.4.3 Now the draft annual programme plan is in place, work to develop a detailed communications plan that is aligned with the programme plan milestones will take place.

3.5 Workforce Engagement and Development

3.5.1 Work has commenced on developing a plan for the wider programme of work around workforce engagement and development. A working group will be established in June to drive forward development and delivery of this workstream. Making Manchester Fairer has identified key ways in which staff and services need to work to improve health equity as summarised below;

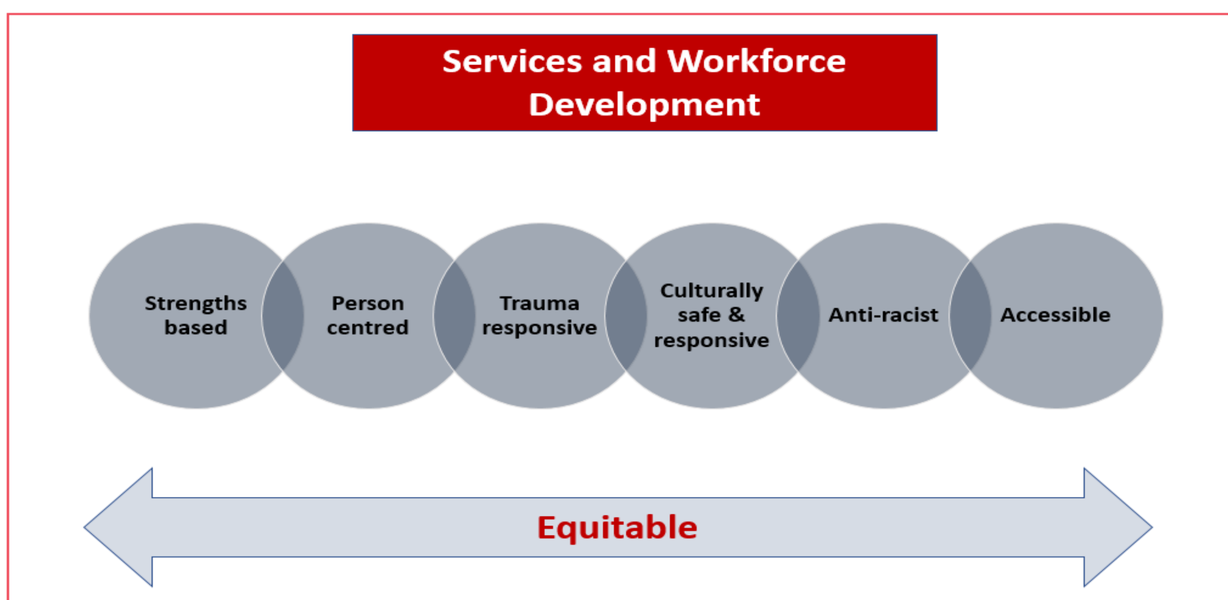


Figure 2: Service and Workforce Development

3.5.2 It is envisaged that workforce engagement and training across the MMF themes and partner organisations will need to be delivered in a coherent manner across the lifespan of the MMF Strategy.

3.5.3 Further work has also been undertaken to ensure all MCC staff are Trauma Informed. Roll out of workforce ACE's training is underway and discussions exploring mandatory training and integration into inductions have begun.

3.6 Resident and Community Engagement and Involvement

3.6.1 Support from the Neighbourhood Community Development Team and City Policy has been identified to lead the Resident and Community Engagement and Involvement workstream. Work around resident and community involvement is also highly dependent upon work being delivered under the 'Communities and Power' theme of the Action Plan.

3.6.2 The officers allocated to the workstream have identified considerations for the establishment of a resident and community forum to work alongside the MMF programme board. The forum will provide a platform for residents and community voices to influence decision making and delivery plans. In-depth consideration has been given to ensuring diverse representation of Manchester's residents to bring a range of lived experiences to MMF governance. Resources to develop, implement and support the approach are still being identified. Recruitment to this forum will be aligned to the existing recruitment undertaken to the Communities and Power Steering Group.

3.7 Anti-Poverty Strategy

3.7.1 The Anti-Poverty Strategy (APS) was formally adopted at Executive in January and is the main route to delivering against the MMF theme of reducing poverty and debt. It sets out our vision that the whole of Manchester will work together to reduce poverty and lessen the impact of poverty on our residents.

3.7.2 The Anti-Poverty Strategy was launched officially on the 27th of February and delivery and oversight has been integrated into the MMF, recognising that you can't tackle health inequalities without addressing the effects and causes of poverty.

3.7.3 Further information on the theme's priorities and actions within the APS are detailed in 4.3.

3.8 Kickstarters and Investment Fund

3.8.1 Following the decision to prioritise investment in the Children and Young People, and Early Help for Adults Experiencing Multiple and Complex Disadvantage schemes in the Kickstarter programme, a Kickstarter Implementation Group has been established to provide support to the project teams to develop their business cases and mitigate any risk to delivery. All Kickstarters will be developed through the implementation group, including those that haven't been prioritised for investment. This will ensure that they

are developed in line with the MMF principles to achieve the broader objectives of the programme and add value to work that is already taking place in the city.

3.8.2 The development, endorsement and delivery are an iterative and supportive process whereby implementation of the schemes can begin at a small scale without waiting for final endorsement by the MMF Programme Board, but the board will be used at check points to endorse ongoing development and ensure delivery is in line with the objectives of the MMF plan. This should provide assurance on the Kickstarter schemes and investment without causing a delay to implementation.

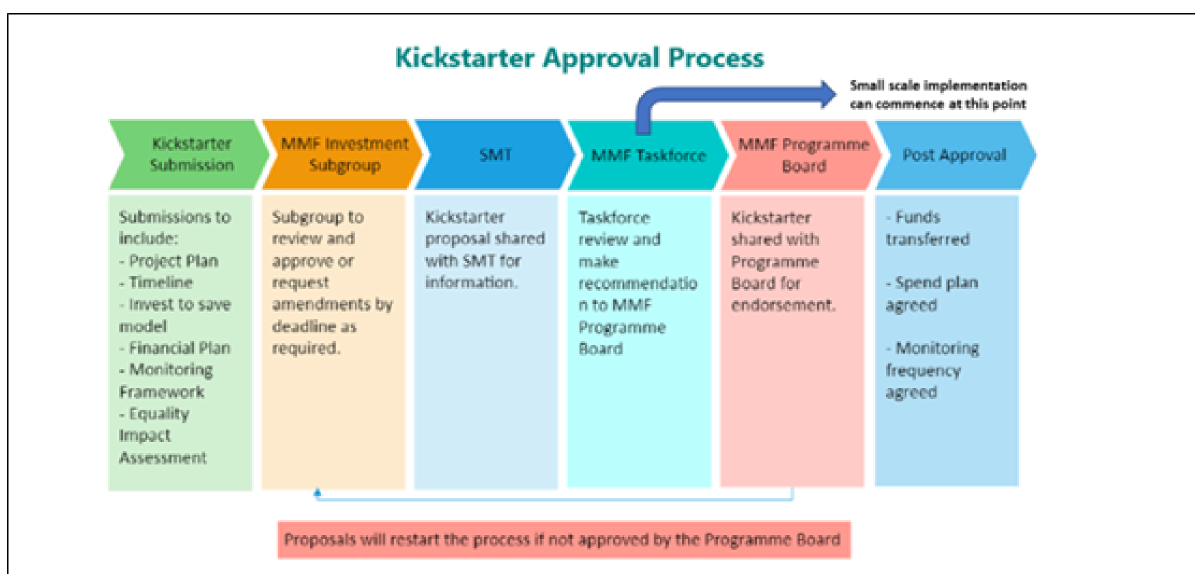


Figure 3: Kickstarter Scheme Approval Process

3.8.3 Phase One Kickstarters were endorsed by the MMF Programme Board on the 22nd of May, with feedback given on how to develop and deliver the Kickstarters to achieve the objectives of the programme.

3.9 Anchor Institutions

3.9.1 Work to bring together the various pieces of work within MMF and APS that fall together under the umbrella of "anchor institutions" is being undertaken. This will help reach agreement on the general scope of this work and advance any action needed.

3.9.2 A workstream lead has been identified on an interim basis and scoping work has been carried out to understand the connections between MCC's anchors work and the work of our partners, mapping out the various anchors initiatives that are already underway in the city. The focus of work will be to scale up, join up and raise the profile of work with anchors that is already taking place with public sector organisations in Manchester. Initially this will be by building on existing strengths, particularly in relation to employment and living wage, before trying to collaborate on more challenging initiatives identified in MMF such as exploring how land is used.

3.10 Monitoring

3.10.1 The Making Manchester Fairer Inequalities Data Development Group, focused on the strategic aim of embedding the routine monitoring of inequalities within partner organisations, continues to meet monthly. Membership has been extended to bring in teams with expertise around key inequalities (LGBT+ and BAME communities) and those from outside the data and analytics community to provide both insight and balance to the group.

3.10.2 Work is progressing to refine key indicators to form the basis of an annual 'temperature check' of progress on Making Manchester Fairer. Theme leads have been asked to identify what key metrics they intend to monitor progress against their objectives, and these are being collated as a more focused set of measures than the Marmot Beacon Indicators which more accurately reflect where progress is expected to be made.

3.10.3 Development of a Manchester Measuring Inequalities Toolkit continues. The Toolkit will improve the monitoring of interventions to address socio-economic inequalities by helping information analysts to produce more statistically rigorous and accurate analyses of changes over time in the scale and nature of inequalities in Manchester. An initial course outline has been produced and we are now moving into the co-design stage. The first iteration of the training course is planned for mid-September 2023.

3.11 Evaluation

3.11.1 A successful recruitment exercise took place to the Performance and Insight Manager post; this newly created post is designed to work across the Public Health and City Policy Teams to ensure a more coordinated approach to evaluating the delivery of the ambitions set out in the MMF Action Plan and the Anti-Poverty Strategy and ensure that there is a dedicated focus on the evaluation of the programme.

3.11.2 An evaluation framework has been developed and work is underway to establish the context, mechanisms and potential outcomes for year one of MMF. This includes a focus on Kickstarters and developing case studies on early adopters of MMF principles, in addition to capturing lessons learned and identifying best practice and barriers and facilitators. The evaluation lead is working closely with the Performance, Research and Intelligence Team to identify overlaps in evaluation and monitoring work, avoid duplication and create opportunities to work together.

4. MMF Key Achievements Deep Dive

4.1 Further to the development of MMF workstreams, progress is being made by theme leads to deliver on the actions set out in the MMF Action Plan. The rest of this report details progress on the delivery of four of the themes and a case study of Manchester Foundation Trusts work on tackling Health Inequalities.

(i) Communities & Power
(ii) Systemic and structural racism and discrimination
(iii) Poverty, income and debt
(iv) Prevention of ill health and preventable deaths.

4.2 Communities & Power

4.2.1 A Communities and Power Steering Group, chaired by Manchester City Council's Executive Member for Vibrant Neighbourhoods, has been established to drive forward the actions outlined within the two Manchester-specific themes of (i) Tackling systemic racism and discrimination, and (ii) Communities and power.
Since December the Communities and Power Steering Group has:

- Supported the development of the Building Stronger Together Communities Strategy, linking strongly with work on encouraging relationships, participation and belonging which is key to creating strength in community in the city
- Began working with University of Manchester to put in place an evaluation of the work undertaken.
- Undertaken an in-depth analysis of census data to help support actions to be driven by this forum - this includes looking at challenges experienced by particular ethnic groups. Understanding data and evidence available and gaps in relation to this work is important.
- Following the Expression of Interest process, two community representatives were selected for the Communities and Power Steering Group.
- Participants of the BAME leadership group were initially invited to express an interest in joining the Communities and Power Steering Group to enable both the voice of lived experience as well as providing a development opportunity to apply learning through the programme into practice. Two places in the group were made available for staff members. Participants were invited to submit an expression of interest and 10 applications were received. Given the level of interest, conversations took place with other MMF workstreams to identify further opportunities for all those who applied such as the key roles on the Inequalities Data Development Group. All staff who applied for a role have now been linked with an opportunity. It has been clear that those that have put themselves forward are very passionate about this work and want the opportunity to be involved in supporting the delivery of the programme.

4.3 Systemic and structural racism and discrimination

4.3.1 The seventh theme in the MMF plan is tackling systemic and structural racism and discrimination. One action under this theme is to develop a comprehensive and immersive education programme which will enable our workforce to be better informed, equipped and confident to implement the right solutions that will improve outcomes for communities experiencing racial inequality and discrimination. Manchester's Race and Health Equity Education

Programme will be delivered over 9-12 months and has been designed to be delivered in two parts:
(i)The programme will focus on the knowledge and behaviours to tackle structural racism and discrimination in services.
(ii)The programme aims to turn learning into action, through interactive and experiential learning sessions.

4.3.2 The programme has been developed to build upon current learning offers such as Let's Talk About Race and Conversations About Race. Rapid evaluation will be conducted during the course and after the completion of the programme to ensure we are able to monitor the impact of the education programme.

4.3.3 A provider has been commissioned to deliver this education programme from September 2023. 75 places are available which include participants from Teams Around the Neighbourhoods form North, Central and South. In addition, places will also be offered to SMT, SLG and wider system partners such as MFT, MLCO and Housing.

4.4 Poverty, income and debt

4.4.1 The Anti-Poverty Strategy (APS) was formally adopted at Executive in January and is the main route to delivering against the MMF theme of reducing poverty and debt. It sets out our vision that the whole of Manchester will work together to reduce poverty and lessen the impact of poverty on our residents.

4.4.2 The strategy contains 53 actions across 12 priorities and 4 themes. since adoption we have been working to integrate the APS workstreams into the wider MMF programme management structure. This process is now functionally complete, with reporting process in place to give the MMF Task Force and Programme Management Team oversight of APS workstreams.

4.4.3 At the May MMF Task Force meeting, the year one work APS programme, subject to minor amends was agreed. Actions have been prioritised by those things which are important, achievable, or which need to happen first. This includes a mix of actions that will be MCC lead, and which can be substantially led by our partners.

The actions prioritised for delivery in year 1 include:

- We will use data to identify the places and communities that have the highest concentrations of poverty so we can design and target interventions appropriately
- We will review public sector organisations' approach to charges and debt recovery processes to make sure we are effectively supporting residents to access support and avoiding taking action that will make their situation worse.
- Expanding access to advice in different settings, increasing access to debt advice, expanding access to in person advice, ensuring advice is available in accessible formats and languages.

- We will work towards a single source of local information for practitioners giving advice.
- We will make sure that all public bodies are explicit about using social value to create opportunities for residents living in poverty.
- We will set up and Anti-Poverty Insight Group
- We will hold regular networking opportunities for people with lived and professional experience of poverty.

4.4.4 Next steps will be to bring together the people and organisations who need to work on these actions. Officers are already working with their counterparts in commissioning to influence the re-commissioning of the Citywide Advice Service contract and are conducting an analysis of how MCC funds anti-poverty work. A data dashboard of indicators and measures has been set up to track progress.

4.5 Prevention of ill health and preventable deaths

4.5.1 Manchester NHS Foundation Trust (MFT) Health Inequalities (case study of work across partner organisations)

- Context to health inequalities at MFT
- Programme governance
- Away day themes
- Health inequalities plan and progress against it
- Key priorities for the year ahead
- Next Steps

4.5.2 Context to health inequalities at MFT

4.5.3 MFT has a diverse catchment population, primarily made up of Manchester and Trafford residents, but also from other parts of Greater Manchester due the proximity of the hospital sites (mainly North Manchester Hospital and Wythenshawe) to neighbouring boroughs and the wide range of specialist services that MFT delivers.

4.5.4 Given this diverse population, with a mix of ethnicities, language, income levels, disabilities and other characteristics, health inequalities in access to, experience of and outcomes from MFT services exist. In some cases, these differences in access, experience and outcomes are avoidable and the Trust has been focusing on its role in reducing health inequalities and what action it can take.

4.5.4 The diagram below articulates the drivers of health inequalities, with access to good quality healthcare, MFT's core business, playing an important role. One way of reading this diagram is that the main drivers of health inequalities are out of MFT hands, for example the wider determinants of health. However, the Trust has taken the view that it has a role in each of the core areas:

i. Improving conditions in communities linked to the wider determinants of health through MFT's work as an anchor organisation.

ii. Impacting on behaviour change by making every contact count and taking the opportunity to signpost and refer patients to wider support where possible.
iii. By taking action to reduce inequalities in access, experience and outcomes relating to MFT services.

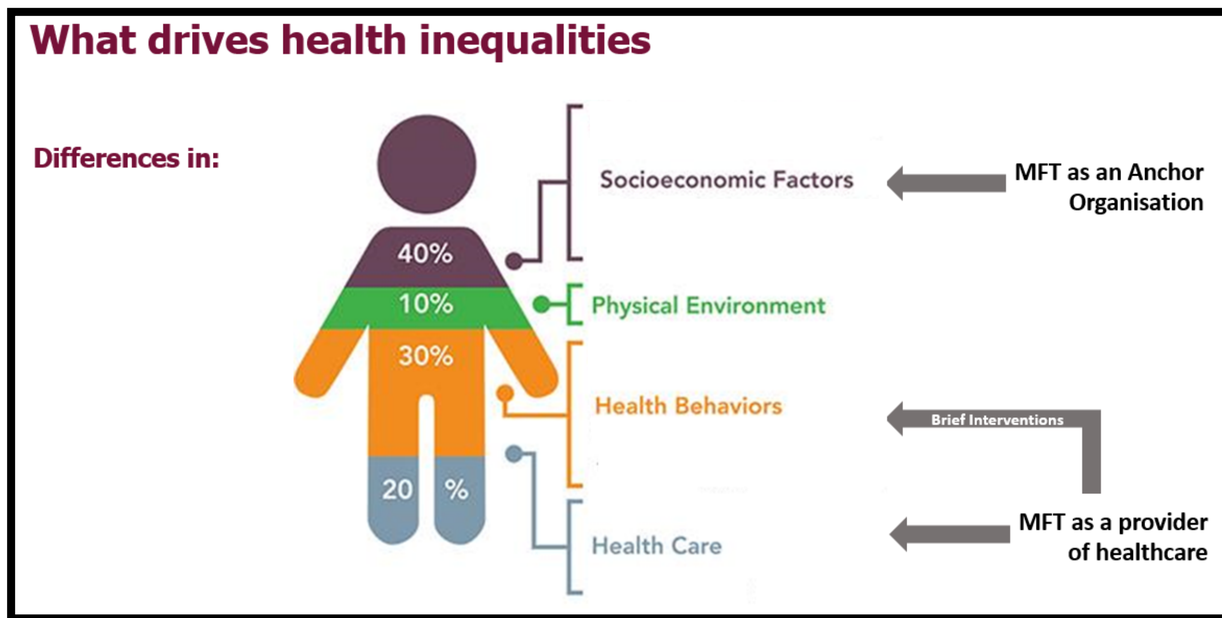


Figure 4: MFTs Drivers of health inequalities

4.5.6 Programme governance

4.5.7 MFT started a health inequalities group in 2021. The group met less frequently initially given the operational focus on Covid-19, but since the summer of 2022 the group has met every 6-8 weeks to oversee the development of this important area of work.

4.5.8 The Health Inequalities Group is chaired by the MFT Group joint medical director, Jane Eddleston, who is MFT's responsible officer for health inequalities. The Health Inequalities Group reports into a board subcommittee, the Group Equality, Diversity & Human Rights Committee.

4.5.9 To date no agreed metrics or reporting framework has been agreed to Trust board, but MFT sites have been asked to include tackling health inequalities within their annual planning and there has been an update to the Trust board on progress with this work since the arrival of the new Group CEO, Mark Cubbon.

4.5.10 In autumn 2022, drawing on the evidence of what drives health inequalities above, the following framework for tackling health inequalities at the Trust was developed through the Health Inequalities Group:

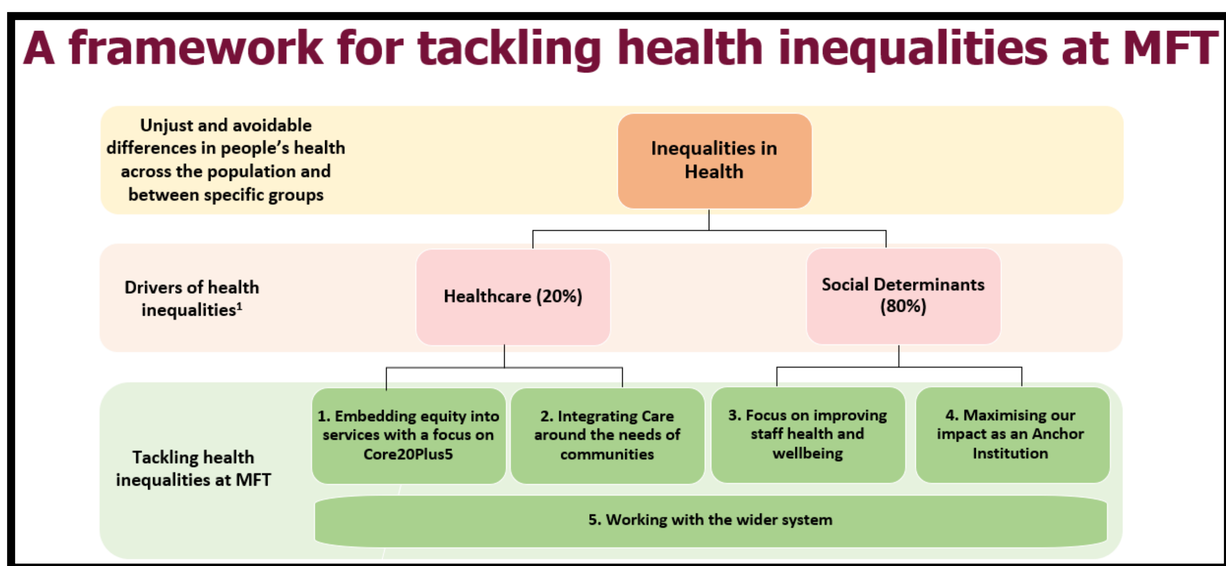


Figure 5: Framework for tackling health inequalities at MFT

4.5.11 The structure reflects the research considered in figure 4 which identifies the causes of health inequalities, with 20% being attributed to access to good quality healthcare services.

i. Embedding equity into services involves delivering services that take account of different service needs and access requirements, rather than one service model that is the same for everyone.
ii. Integrating care around the needs of communities concerns better understanding what is important to our local communities in terms of health and the barriers they face and addressing these needs.
iii. MFT is the biggest employer in GM; improving staff health and wellbeing is the right thing to do and will also benefit the health of a significant portion of the population in the city, as well as improve sickness and retention rates.
iv. MFT has a significant impact on the communities it serves as an anchor organisation through the value it adds to local residents as an employer, as a purchaser, as an owner of estate. This impact should maximise wherever possible.
v. The causes of health inequalities are multifaceted; system working is essential to address the root causes and can't be tackled by MFT in isolation.

4.5.12 Health Inequalities Away Day

4.5.13 In February 2023 MFT ran an away day focused on tackling health inequalities. The aim of this session was to widen the conversation about health inequalities to senior leaders across the Trust and start to think about action we could take at each of MFT's 10 hospital sites to progress the agenda. The event was a collaboration by MFT and wider system colleagues. It was chaired by MFT joint group medical director Jane Eddleston and included an opening presentation and address by David Regan, Director of Public Health, Manchester Council.

4.514 Feedback from the event itself was positive with leaders saying it had changed their perspectives on aspects of service delivery and performance management. Following the event, a health inequalities lead for each MFT hospital site has been identified.

4.5.17 MFT's Health inequalities plan

4.5.18 Drawing on the priority setting and broader insight from the health inequalities away day a plan has been developed for MFT to tackle health inequalities over the year ahead and longer term. This work has been coproduced with and informed by feedback from service users, locality leads, the Local Care Organisation (LCO), Public Health Manchester and Trafford, MFT hospital sites and its corporate departments. The plan hasn't been included in detail here, but the vision statements for each element are outlined below.

4.5.19 The plan is not static, and this iteration will be further developed as the Trust continues to understand its role in this agenda and continues to understand its datasets with regards to health inequalities. Metrics and outcome measures are under development and will be used to measure and track the success of the work.

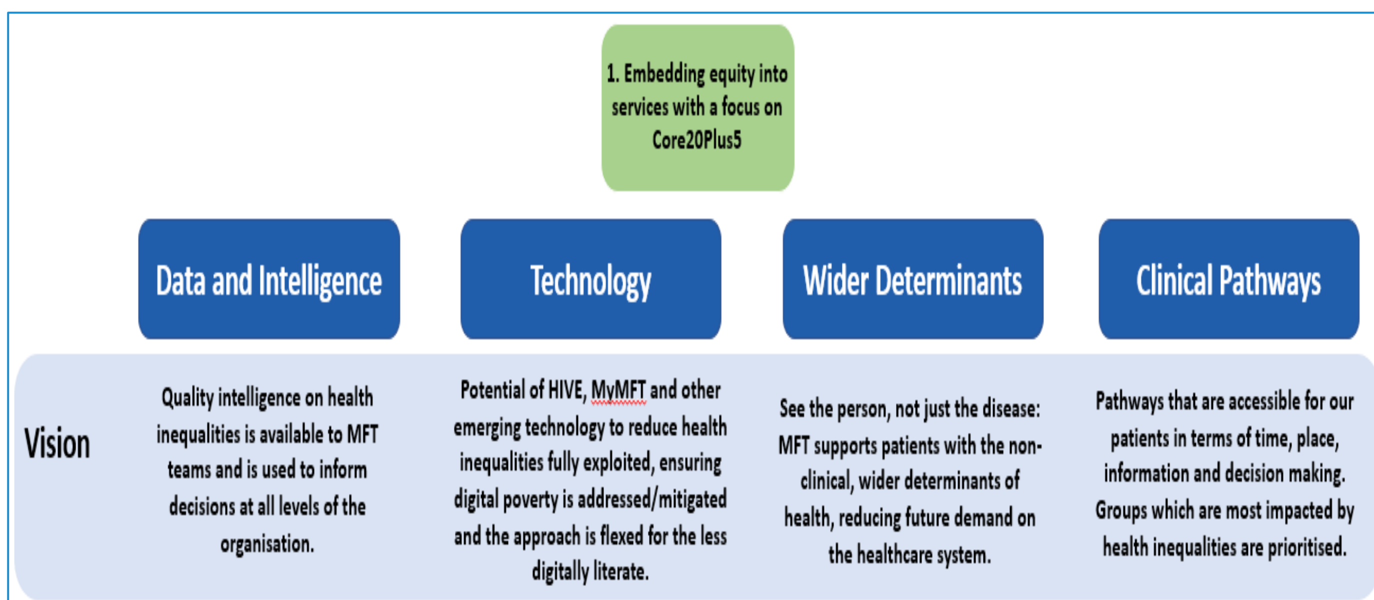


Figure 6: Health inequalities at plan priority one

4.5.20This part of the plan is focused on how we can embed equity into health services. Improving our data collection and analysis, by continuing to develop the health inequalities dashboard, is core to this as it will allow the Trust to better identify and target groups who are experiencing health inequalities.

4.5.21 MFT has gone through a recent change of electronic patient record and there are opportunities to leverage this to better support those who struggle to access healthcare, while putting in place interventions to reduce digital poverty and literacy.

4.5.22 As a provider of clinical services, MFT comes into contact with millions of residents each year. There is an opportunity to work with patients on the wider determinants of health e.g., lifestyle challenges or financial challenges, through identifying and signposting/referring people into specialist support.

4.5.23 Clinical pathways can be streamlined in a range of ways to reduce health inequalities. In the year ahead the Trust will look to understand inequalities and make improvements in several specific care pathways, building on the learning in future years.

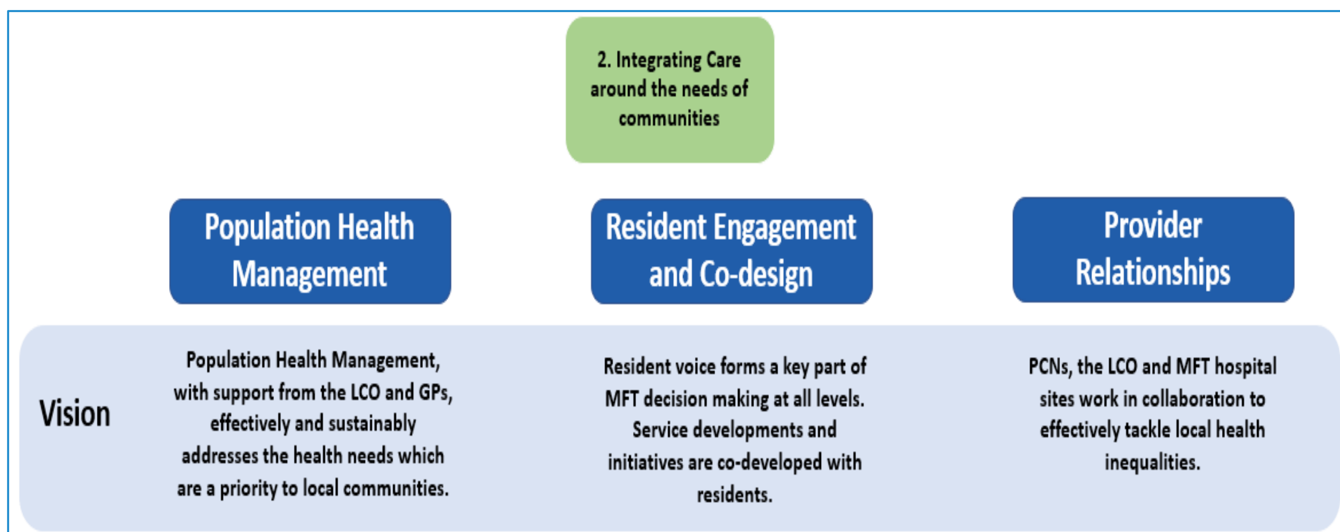


Figure 7: Health inequalities at plan priority two

4.5.25 Population health management involves using data and insight to identify and target improvements in health conditions in a specific population. This work is led by the Local Care Organisation (LCO), neighbourhood teams and primary care networks (PCNs). For 2023/24 the target areas for this work are diabetes, hypertension and bowel cancer.

4.5.25 It was acknowledged at the away day that resident engagement and co-design are protective against health inequalities and that the Trust should place residents at the heart of this work. Access to MFT's services and this first iteration of the health inequalities plan continue to be discussed through a range of community forums in an effort to gain input from residents and system partners.

4.5.26 At the away day it was discussed how the hospital could be more connected with the LCO and PCNs in the city's neighbourhoods. Work has started in this regard with each hospital site identifying a health inequalities lead who can connect with the neighbourhood infrastructure in their area.

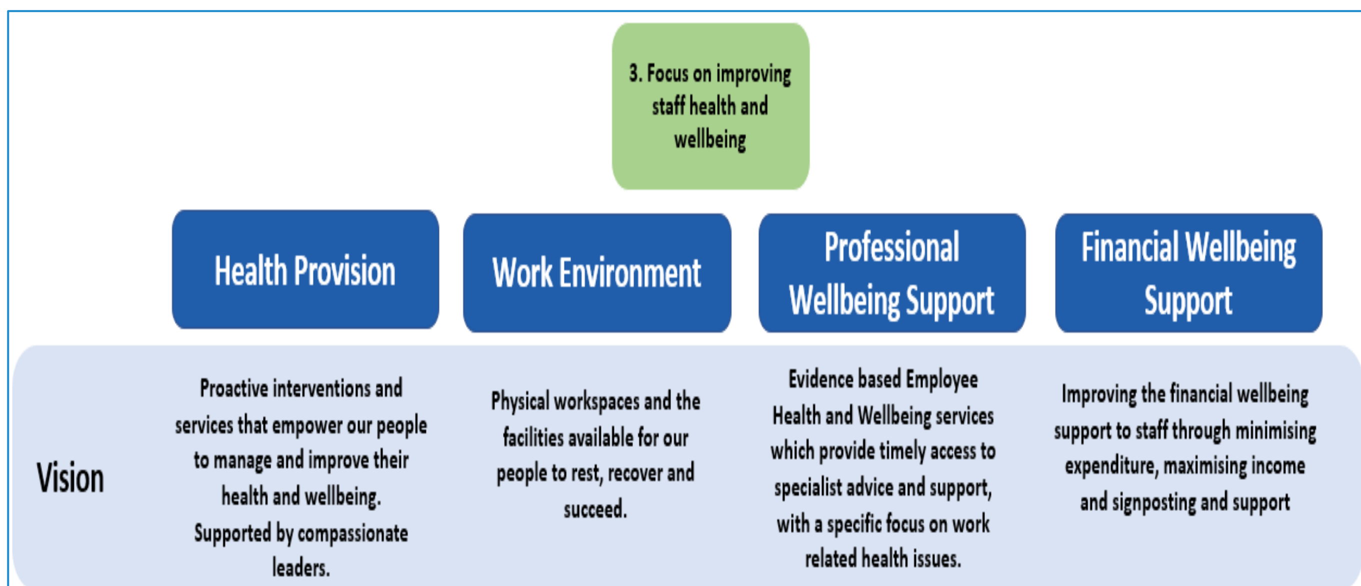


Figure 8: Health inequalities at plan priority three

4.5.27 MFT is a large employer, with more than 28,000 staff, and therefore the health and wellbeing of its staff and their families can have a large impact on the Manchester population at large. The Trust has been developing a new health and wellbeing strategy which includes, but is not limited to, the four areas of focus outlined above, and acknowledges that some of the Trust's staff may be experiencing poorer health than others.

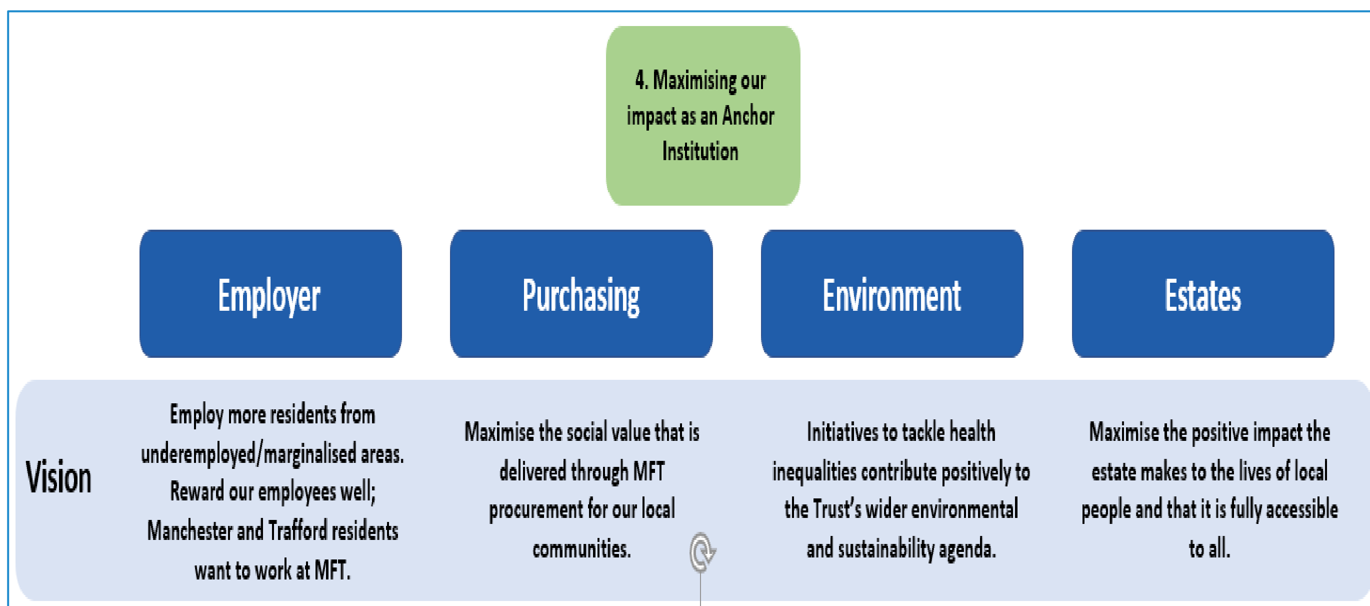


Figure 9: Health inequalities at plan priority four

4.5.28 MFT is an anchor organisation and already delivers a significant amount of social value to the communities it serves both as an employer, through the money it spends on goods and services within the region, through its carbon reduction and other green initiatives and through its capital investments.

4.5.29 A working group has been formed to bring together the work that MFT is progressing as an anchor and to support identification of opportunities to

develop this further, working with infrastructure at GM and as part of MMF.

4.5.30 Potential opportunities include expansion of employment opportunities to under-employed communities, particularly those close to hospital sites, delivering further social value through our procurement contracts and monitoring how that has been delivered, and leveraging our capital investment projects, particularly in North, to deliver social value for local residents.

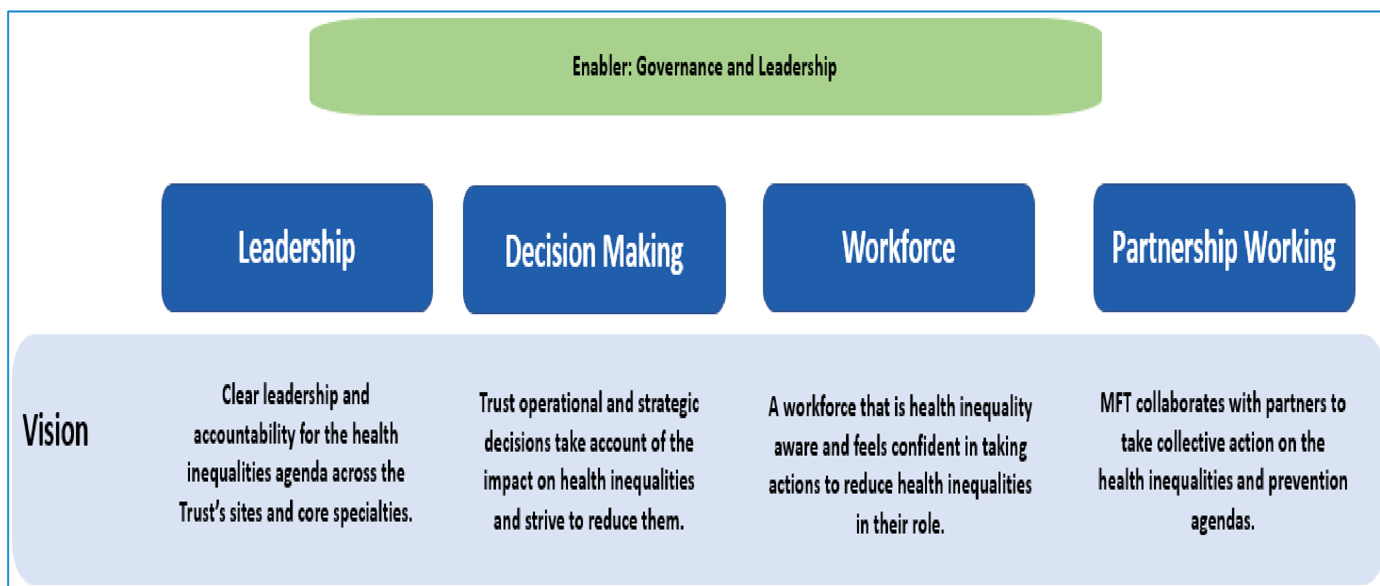


Figure 10: Health inequalities at plan Enabler: Governance and Leadership

4.5.31 Much of the plan details actions to be taken centrally at MFT group level. It is expected that over the next 12 months, hospital site level actions to reduce health inequalities form a key part of site's annual plans.

4.5.32 Wider workforce awareness of health inequalities and action which front line teams can take in their roles will be critical to tackling health inequalities in service delivery.

4.5.33 Next Steps for MFT's Health Inequalities Programme

4.5.34 MFT has begun the process of recruiting a Consultant in Public Health to lead on the delivery of this work to tackle health inequalities; this is a jointly funded post between MFT, Manchester and Trafford councils.
Priorities for 23/24 to support delivery of the plan include:

- A focus on reducing non-attendance of appointments for those groups with the highest non-attendance rates.
- Understanding and acting on inequalities within the bowel cancer and diabetes pathways.
- Urgent care needs assessment to better understand inequalities in urgent care use to inform Manchester and Trafford's urgent care strategy.
- Improving insights from data through further development of the health inequalities dashboard.

- Expanding widening access recruitment opportunities across the Trust.
- Progressing work to develop workforce awareness and understanding of health inequalities.
-

6. Next Steps for MMF Action Plan

6.1 The next steps for the programme will be to:

- Develop a detailed communications plan that is aligned with the programme plan milestones
- Refresh the Age Friendly Manchester strategy as the delivery mechanism for Making Manchester Fairer for older people
- Establish an Anti-Poverty Insight Group
- Develop and implement more detailed plans to have the voice of lived experience integrated and implemented within the programme governance
- Develop a workforce engagement plan and coherent workforce development plan for MCC and partners
- Commence implementation of endorsed Kickstarter schemes

13. Recommendation

13.1 The Board is asked to note progress made in implementing the Making Manchester Fairer Action Plan, the incorporation of the Anti-Poverty Strategy within the programme and the work that is taking place across partner organisations to integrate the Making Manchester approach and principles system wide.