



## **Health and Wellbeing Board**

Date: Wednesday, 30 October 2019

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension,  
Manchester, M60 2LA

### **Access to the Council Antechamber**

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

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## **Membership of the Health and Wellbeing Board**

Councillor Richard Leese, Leader of the Council (Chair)

Councillor Craig, Executive Member for Adults (MCC)

Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)

Councillor Bridges, Executive Member for Children's Services (MCC)

Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning

Dr Murugesan Raja GP Member (Central) Manchester Health and Care  
Commissioning

Dr Claire Lake Member (South) Manchester Health and Care Commissioning

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Jim Potter, Chair, Pennine Acute Hospital Trust

Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust

Mike Wild, Voluntary and Community Sector representative

Vicky Szulist, Chair, Healthwatch

Dr Tracey Vell, Primary Care representative - Local Medical Committee

Paul Marshall, Strategic Director of Children's Services

David Regan, Director of Public Health

Bernadette Enright, Director of Adult Social Services

Dr Angus Murray-Browne, South Manchester GP federation

Dr Vish Mehra, Central Primary Care Manchester

Dr Amjad Ahmed, Northern Health GP Provider Organisation

## 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 28 August 2019.
- 5. Improving Adult Mental Health Services in Manchester** 11 - 32  
Report of the Chief Executive and Director of Operations, Greater Manchester Mental Health NHS Foundation Trust is enclosed.
- 6. North Manchester Strategy** 33 - 40  
Report of the Chair, Manchester Health and Care Commissioning (MHCC) is enclosed.
- 7. Locality Plan Refresh** 41 - 44  
Report of Executive Director of Strategy, Manchester Health and Care Commissioning and Director of Strategy, Manchester Health and Care Commissioning is enclosed.
- 8. Zero Carbon and Health** 45 - 64  
Report of GP Board Member, MHCC and Director of Population Health, MHCC is enclosed.
- 9. Annual Reports of the Safeguarding Children and Adults Boards** 65 - 132  
Report of Strategic Director of Children and Education Services and Executive Director of Adult Social Services is enclosed.

**10. Better Care Fund 2019/20**

133 - 150

Report of Executive Director of Strategy, MHCC is enclosed.

## Information about the Board

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

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

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

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Agenda, reports and minutes of all council committees can be found on the Council's website [www.manchester.gov.uk](http://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

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

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This agenda was issued on **Tuesday, 22 October 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

## Health and Wellbeing Board

### Minutes of the meeting held on Wednesday, 28 August 2019

#### Present:

Councillor Bev Craig, Executive Member for Adult Health and Wellbeing (Chair)  
Councillor Garry Bridges, Executive Member for Children and Schools  
Councillor Sue Murphy (Deputy Leader)  
Dr Ruth Bromley, Chair MHCC  
Dr Murugesan Raja, GP Member (North) MHCC  
Dr Claire Lake, GP Member (South) MHCC  
Kathy Cowell, Chair Manchester University NHS Foundation Trust  
Rupert Nichols, Chair GM Mental Health NHS Foundation Trust  
Mike Wild, Voluntary and Community Sector representative  
Vicky Szulist, Chair Healthwatch  
Bernadette Enright, Executive Director Adult Social Services (MCC)

#### Also present:

Barry Gillespie, Consultant in Public Health  
Sarah Doran, Consultant in Public Health  
Dr Manisha Kumar, Medical Director MHCC  
Dr Sohail Munshi, Chief Medical Officer, MLCO  
Julie Taylor, Director of Strategy, MHCC

#### Apologies:

Councillor Richard Leese, Leader  
Paul Marshall, Strategic Director of Children's Services  
David Regan, Director of Public Health  
Jim Potter, Chair Pennine Acute Hospital Trust

#### HWB/19/24 Appointment of a Chair

In the absence of Councillor Leese, a nomination was sought for the chair of the meeting.

#### Decision

That Councillor Craig is appointed as chair of the meeting.

#### HWB/19/25 Minutes

The minutes of the meeting held of 3 July 2019 were submitted for approval.

Councillor Craig and Councillor Bridges advised that their apologies for the meeting had not been recorded and asked that the minutes be amended to reflect this.

Dr Ruth Bromley advised that Dr Claire Lake represented MHCC Board and not South Manchester Board as recorded in the minutes and asked that this too be amended

## **Decision**

The minutes of the meeting were approved as a correct record subject to the above amendments.

### **HWB/19/26 Transformation Accountability Board – Priority Themes**

The Board considered a report from the Executive Director of Strategy, MHCC. The report was introduced by the Director of Strategy (MHCC), Julie Taylor, who provided an overview of the review undertaken by the Transformation Accountability Board (TAB) on the progress in the delivery of the Manchester Locality Plan (MLP).

It was reported that the TAB had concluded that more senior leadership focus was required on a number of key priorities and to address this, the format of TAB meetings had been refreshed to enable a clear focus on key priorities, actions and risks associated with the seven priority themes of the MLP. It was explained that each Priority Theme would now be sponsored by a Chief Executive/Accountable Officer and led by an Executive Director Lead. In addition, work had also been undertaken to identify a set of high level performance indicators that would provide a more quantitative view of the impact of the transformation programme

The Chair invited comments and questions from Board Members.

Board Members were in support of this new approach and the only query raised was to seek reassurance that in determining the seven priority themes, the TAB had not overlooked or omitted anything.

The Director of Strategy (MHCC) reassured the Board that there had been nothing overlooked or omitted from the seven priority themes identified and there had been a great deal of consensus on what these themes should be. What the review had helped with was identifying other programmes that would benefit from a higher level of focus and leadership, with reference around the population health agenda and prevention and health inequalities.

The Chair advised the Board that subject to the Board supporting the new arrangements, it would change some of the reporting to future meetings, resulting in thematic reporting around the system rather than just organisations presenting reports on their progress.

## **Decisions**

The Board

- (1) notes the report;
- (2) supports the new approach to be taken in the delivery of the Manchester Locality Plan (MLP)

## **HWB/19/27 Primary Care Networks – Implications for Manchester**

The Board considered a report from the Medical Director, Manchester Health and Care Commissioning and Chief Medical Officer, Manchester Local Care Organisation and a presentation which was introduced by the Medical Director (MHCC), Dr Manisha Kumar and the Chief Medical Officer (MLCO), Dr Sohail Munshi, who informed the Board of the introduction of Primary Care Networks (PCNs), and outlined progress on their establishment in Manchester, as well as wider implications for the City.

In particular, the report focused on how PCNs would fit into the development of integrated place-based care in neighbourhoods, and the Manchester Local Care Organisation (MLCO). It was reported that Manchester's focus in terms of the integration of health and social care at a local place-based level had been through the neighbourhood arrangements. In the context of Bringing Services Together, MLCO was working with a range of partners in neighbourhoods to enhance the approach to integrating health and social care and addressing the wider determinants of health. In this context, it was recognised that PCNs and neighbourhoods were not identical, but had very similar aims and in most cases, similar geographies.

It was noted that PCN's had been established with challenging timescales. The national guidance had only come out in January 2019, but they had been assisted locally by the fact that Manchester had a number of the building blocks in place to ensure the relatively smooth and effective implementation. Whilst there was general agreement in Manchester that the 12 Neighbourhoods should act where possible as the basis of Manchester's PCNs, it should be noted that the guidance reinforced the view that PCNs should develop 'bottom up' from the Practices themselves. It was also explained that broadly, neighbourhoods were focusing on the integration of health and social care, whilst PCNs were focusing on Primary Care service delivery, and how they deliver their requirements under the PCN Directed Enhanced Service (DES). It was explained that there were and would be growing links between PCNs and neighbourhoods, and the ambition was to align where possible. It was also recognised that not all PCNs would move forward at the same pace, and some may wish to approach delivery of their PCN DES requirements in different ways.

The Chair invited questions from Board Members.

A Board Member queried how would MHCC overcome the challenge of the different contractual obligations of the PCN and the priorities of the neighbourhood marrying together whilst achieving the asks of the neighbourhood.

Dr Kumar advised that as the guidance and proposed framework was national and not tailored towards Manchester, there was some scope within the system whereby if Manchester was fulfilling the vision of Networks integrated into communities and place based care, the delivery of this would be, to some degree, down to Manchester. It was also reported that with strong supporting leadership to the 14 Networks, it was hoped that there would be appropriate system support available. Dr Munshi advised that it was envisaged that by ensuring that the Clinical Director and Neighbourhood Lead worked together with Population Health colleagues, this would ensure plans were co-produced.

A Board Member acknowledged the hard work that had been undertaken and its pace of progress in establishing 14 PCN's across the city, which covered 88 practices. The Board Member also emphasised the power of having Primary Care in the position it was in in terms of longevity with patients and the ability to offer care in relation to the impact of social inequality and having a trauma informed approach. The Board Member asked if there were any bespoke examples of how a PCN was working at a neighbourhood level.

Dr Munshi provided an example of how his own neighbourhood Network had responded to developing a greater understanding of population health and JSNA data and the resulting work that had been developed.

The Executive Director of Adult Services welcomed the development of additional roles other than just GP's that patients would have access to but added that it would be important to fully consult with patients on these proposals to ensure that they were supportive of the direction of travel

A Board Member asked whether the national guidance for establishing PCN's was the way MHCC would have wanted to deliver these and commented on the need to acknowledge the need to ensure the flow through of investment to the voluntary sector as both the social prescribing model and commissioning of services from the voluntary and community sector grew, pushing demand onto the sector as a way of reducing need.

Dr Kumar advised that in terms of Manchester the guidance built on what was already being done but put it within a contractual framework. She reported that years 2 to 5 were not yet set in any detail so there was an opportunity to influence the contract through joint working between Clinical and Primary Care leadership. Dr Kumar advised that there had been heavy investment into pharmacy and social prescribing over the last five years. In order to support the offer, MHCC had tried to build on what already existed and give sustainability for funding over and above in year return on investment. The Chair added that there had been many discussions around the understanding of what social prescribing actually meant and that this was something that still needed development and how it linked into the Our Manchester voluntary and community sector grant funding.

A Board Member enquired about access to counselling services. Dr Munshi advised that all PCN's had identified the need to access suitable mental health services.

A Board Member asked how MHCC intended to capture and measure additional success above the contract requirements. Dr Kumar advised that this would depend on the capacity of the PCN's to embrace the momentum of change. There was also the opportunity to do many things differently in conjunction with the LCO as there had to be out of hospital based care, this included the delivery of standards in a collaborative neighbourhood based approach, primary care access and urgent primary care non-core access and nursing home care.



## Decision

The Board thanks the work of Dr Kumar, Dr Munshi and other GP's to date in establishing the 14 Primary Care Networks.

### **HWB/19/28 Draft Manchester Pharmacy Needs Assessment 2020-2023**

The Board received a report from the Director of Population Health/Public Health and Consultant in Public Health. The report was introduced by the Consultant in Public Health, Barry Gillespie, who provided an overview of the work undertaken by the Pharmaceutical Needs Assessment (PNA) Steering Group on the development of the next PNA for 2020/23 on behalf of the Board.

It was reported that regulations stated that the Board must undertake a minimum 60 day consultation on the content of the PNA. It was therefore proposed that the consultation period for the Manchester PNA ran from Monday 2 September until Friday 1 November 2019.

The Chair invited comments and questions from Board Members.

Councillor S Murphy proposed that in terms of the consultation, it needed to invite people to make responses to the proposals rather than assume that there would not be any responses that changed the content of the document as currently drafted. The Consultant in Public Health acknowledged this point and agreed to take this on board before issuing the document for consultation.

A Board Member asked that as part of the consultation, consideration be given to the challenge of delivering prescriptions to patients who were often house bound late in the day. The Consultant in Public Health acknowledged this point and agreed to take this on board as part of the consultation.

## Decisions

The Board:-

- (1) Agrees to the consultation starting on 2 September 2019; and
- (2) Agrees to receive the final version of the PNA at its meeting in January 2020.

### **HWB/19/29 Draft Manchester Public Health Annual Report 2019**

The Board received a report from the Director of Public Health/Population Health and Consultant in Public Health. The report was introduced by the Consultant in Public Health, Sarah Doran, who provided an overview of Manchester's Public Health Annual Report 2019. It was explained that the report could either be a broad overview of a wide range of public health programmes and activities or have a focus on a particular theme. The 2019 report had a focus on the first 1,000 days of a child's life, from conception through to the age of 2 years old.

It was explained that evidence had identified how the first 1000 days were critical to child development and that if a child's development fell behind the norm during the

first years of life, it was more likely to fall even further behind in subsequent years than to catch up with those who had had a better start. The report went on to outline five recommendations that were intended to improve the health outcomes in the first 1000 days and throughout a child's life.

Board Members were advised that progress was already being made against some of the recommendations.

The Chair invited comments and questions from Board Members

Councillor Bridges commented that the report was well written and presented in a good style. He suggested that there was a need to be conscious of the challenges within the system and that these could be more made clearer within the report. He also commented on the challenges of integration across multiple systems and governance structures.

## **Decisions**

The Board

- (1) Notes the final draft of the report; and
- (2) Supports the recommendations listed in the final section of the report.

## **HWB/19/30 Prevention Green Paper Consultation**

The Board received a report from the Director of Public Health/Population Health and Consultant in Public Health. The report provided a brief overview of the Prevention Green Paper, issued for consultation on 23 July 2019.

The Association of Directors of Public Health (ADPH) had given a cautious welcome to the publication of the Green Paper. The ADPH had acknowledged that there was a small window of opportunity to influence the prevention policy of the current Government and were encouraging every Local Authority area to provide a detailed response to the consultation

Board Members were encouraged to discuss the Green Paper in their respective meetings, forums and networks and send any responses to the Director of Public Health/Director of Population Health (DPH) who would then collate all of the responses and the Manchester submission to the Government would be signed off by the Chair of the Health and Wellbeing Board in advance of 14 October consultation.

The Chair recommended that a response should be sent from the Director of Public Health on behalf of the Board and also from individual organisations represented on the Health and Wellbeing Board

## **Decision**

The Board agrees that a response should be sent from the Director of Public Health on behalf of the Board and also from individual organisations represented on the Health and Wellbeing Board.

**Manchester Health and Wellbeing Board  
Report for Information**

**Report to:** Manchester Health and Wellbeing Board – 30 October 2019

**Subject:** Improving Adult Mental Health Services in Manchester

**Report of:** Greater Manchester Mental Health NHS Foundation Trust

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**Summary**

The presentation attached provides the Health and Wellbeing Board with a progress report on developments in Manchester mental health services following the acquisition of Manchester Mental Health and Social Care Trust on 1<sup>st</sup> January 2017. This presentation includes an update on the recent CQC Well Led Inspection of GMMH and provides an overview of progress across all service developments.

**Recommendation**

The Board is asked to note the contents of this report.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	This presentation outlines developments which will increase access to mental health services for people in the city
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	GMMH service transformation is being modelled in line with placed based care
Self-care	

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**Background documents (available for public inspection):**

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

- On 2<sup>nd</sup> March 2017, the Health Scrutiny Committee received a report on the plans and progress at that time regarding Manchester Mental Health Services; post acquisition.
- On 10<sup>th</sup> October 2017, the Health Scrutiny Committee received a report on 'Improving access to Psychological Therapies' (IAPT), the progress that had been made and plans moving forward.
- On 30<sup>th</sup> January 2018, the Health Scrutiny Committee received a report on 12 month progress of the transformation of services since the acquisition of services by Greater Manchester Mental Health NHS Foundation Trust.
- On 6<sup>th</sup> November 2018, the Health Scrutiny Committee received a report on progress of the transformation of services since January 2018, 22 months post acquisition of services by Greater Manchester Mental Health NHS Foundation Trust.
- On 20<sup>th</sup> March 2019, the Health Scrutiny Committee received a report on progress of the transformation of services since November 2018, 26 months since acquisition of services by Greater Manchester Mental Health NHS Foundation Trust.

## 1. Introduction

- 1.1 The intention of this presentation is to provide the Health and Wellbeing Board with a progress report at just over 32 months following the acquisition of Manchester Mental Health Services, on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH).
- 1.2 The presentation also includes an update on the recent CQC Well Led inspection of GMMH in July 2019 and outlines the initial summary feedback the Trust has received from the CQC visit. The final report is expected at the end of December 2019.
- 1.3 As in previous updates to members of the Manchester Health and Wellbeing Board, this presentation describes progress made against each of the clinical transformation priorities for mental health services in Manchester and also includes the wider developments and service improvements across GMMH which directly involve and benefit services across Manchester. The presentation covers an update and progress overview of the following:
  - Improving Access to Psychological Therapies (IAPT)
  - Reducing Out of Area Placements for Adult Acute Patients
  - Developing an Enhanced Community Mental Health Model
  - Mental Health Liaison in Acute Hospitals
  - Provision of a dedicated Section 136 Suite
  - Rehabilitation Pathway and Housing and Mental Health Strategy
  - Community Engagement and Manchester Wellbeing Fund
  - Improving our environments
  - Integrating with Manchester Local Care Organisation
  - Greater Manchester Transformation Programme
  - Update on CQC Well Led Inspection of GMMH – July 2019

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Greater Manchester  
Mental Health  
NHS Foundation Trust

# Improving Adult Mental Health Services in Manchester

Presentation to Manchester Health and Well-being Board  
30<sup>th</sup> October 2019

*Neil Thwaite, Chief Executive*  
*Deborah Partington, Director of Operations*  
*Greater Manchester Mental Health NHS Foundation Trust*



Improving Lives

## Greater Manchester Mental Health NHS Foundation Trust

- Improving Access to Psychological Therapies (IAPT)
- Reducing Out of Area Placements for Adult Acute Patients
- Developing an Enhanced Community Mental Health Model
- Mental Health Liaison in Acute Hospitals
- Provision of a dedicated Section 136 Suite
- Rehabilitation Pathway and Housing and Mental Health Strategy
- Community Engagement and Manchester Wellbeing Fund
- Improving our environments
- Integrating with Manchester Local Care Organisation
- Greater Manchester Transformation Programme
- Update on CQC Well Led Inspection – July 2019





# Improving access to psychological therapies (IAPT)

## IAPT KPI Report January 2019

### Recovery

Percent IAPT Recovery	Target	50%	34.6%
Percentage of clients Showing Reliable Improvement	Target	65%	59.2%

### RTT On Entry

Proportion entering treatment who waited 6 weeks or less to first therapy - IN MONTH	Target	75%	26.4%
Proportion entering treatment who waited 18 weeks or less to first therapy - IN MONTH	Target	95%	91.2%

### Prevalence (Year to Date)

Prevalence - Entering Therapy as a Percent of Monthly GMMH Target	Target	100%	64.0%
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## IAPT KPI Report August 2019

### Recovery

Percent IAPT Recovery	Target	50%	40.5%
Percentage of clients Showing Reliable Improvement	Target	65%	69.3%

### RTT On Entry

Proportion entering treatment who waited 6 weeks or less to first therapy - IN MONTH	Target	75%	77.6%
Proportion entering treatment who waited 18 weeks or less to first therapy - IN MONTH	Target	95%	99.2%

### Prevalence (Year to Date)

Prevalence - Entering Therapy as a Percent of Monthly GMMH Target	Target	100%	104%
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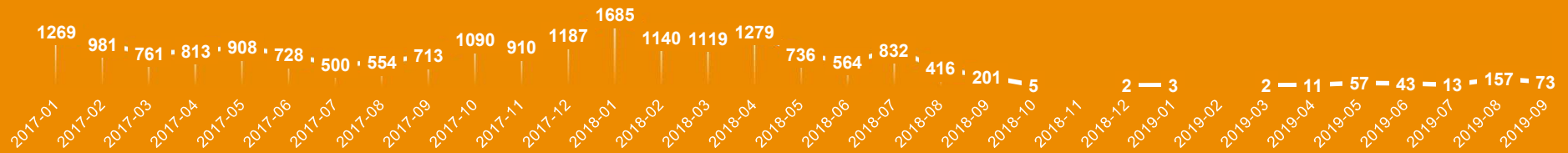
- Secured new sites in both North and South Manchester increasing access in modern therapeutic environments
- Successful delivery and engagement with the NESTA 100 project in South Manchester
- Pathway redesign significantly increasing referral rates by over 25% between Q4 2018 and Q3 2019
- Collaboration with 3<sup>rd</sup> sector to align all contributing partners (many with protected characteristics) within stepped care model
- Significant improvement in the timeliness of access for clients entering services in Q3 2019 with 75% of patients seen within 6 weeks and 95% within 18 weeks
- Recovery levels are starting to be sustained at the 41/42% level which has increasing from an average of 22% in early 2018
- Reliable improvement rate for clients currently being discharged is 65% complaint as at September 2019

## Reducing Out of Area Placements for Adult Acute Patients

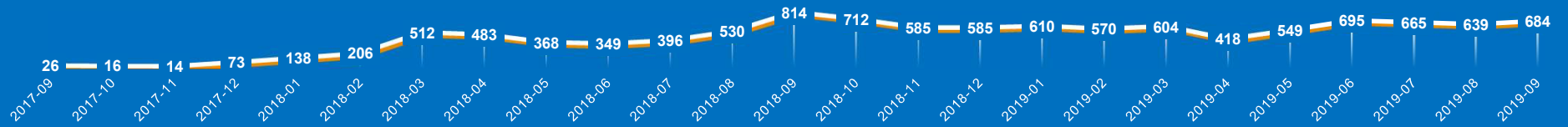
- Agreement of GM wide definition of an OAP with health commissioners and GMHSCP
- Bed bureau and flow and capacity teams established operating 24/7
- GM agreement and introduction of the application of the national Delayed Transfer of Care definition in collaboration with health and social care partners
- Additional beds opened to treat people closer to home (locally monitored OAPs)
- Development of innovative partnerships with the independent and voluntary, community and social enterprise sector
- Trust wide Housing Strategy developed with health and social care housing providers
- Introduction of Housing Adviser roles within inpatient units

# Reducing Out of Area Placements for Adult Acute Patients

## REPORTABLE OAP BEDNIGHTS - MANCHESTER



## LOCALLY MONITORED OAP BEDNIGHTS - MANCHESTER



## Developing an Enhanced Community Mental Health Model

- Alignment of the newly formed Community Mental Health Teams to the 12 neighbourhoods
- Commenced work on improving the interface between primary and secondary care systems including development of a Business Case for primary care mental health inclusion in High Impact Primary Care Teams (Case Management Service)
- Investment of £1m in the community estate, with CMHT, EI and HBT, provided locally and closer to home
- £350k investment in mobile working and flexible IM&T working solutions
- Additional clinicians embedded within teams to improve physical health outcomes
- Introduction of 24/7 Home Based Treatment options as a real alternative to hospital
- Work commenced on quality improvement programme to increase patient facing time
- Plans in place to introduce 7-day working from November 2019
- Continuing work with GP's to interface and engagement
- Introduction of 'Call Psych' a telephone advice and discussion service for referrers and GP's including direct immediate access to a local duty worker

## Mental Health Liaison in Acute Hospitals

- Established integrated Liaison Mental Health Teams across three sites (MRI, NMGH, Wythenshawe)
- Introduced clinical leads and experts in each of the Urgent Care departments
- Implemented Phase 1 of the GM Transformation Programme establishing Core 24 compliant Liaison Mental Health Service at Central Manchester (MRI)
- Plans ongoing for delivery of Phase 2 of the GM Transformation Programme with planned investment to develop Liaison Mental Health Teams at Wythenshawe and North Manchester
- Delivered all age mental health services across Manchester

## Provision of a dedicated Section 136 Suite



Opened a purpose built Section 136 suite with a capital investment of over £460k - activity from July 2018 to July 2019:

- **354** mental health assessment at S136 suite
- Team have assessed and diverted **114** admissions
- Saved **2090** hours (87 days) of police time
- **186** S136 assessments took place at A&E
- Of the 186 – **69** were appropriate for A&E and **117** could have been diverted to a second suite if available
- If the suite was not operational, A&E would have been used for **98%** of presentations

## Rehabilitation Pathway and Housing and Mental Health Strategy

- Rehabilitation established as a specialist division within GMMH; with clinical and operational leadership to drive forward innovation
- Development of 8 'step-down' beds for people discharged from hospital in partnership with Home Group Housing Association
- City wide patient flow process introduced to improve bed management and patient flow
- Partnership developed with Northwards Housing Association to support city wide access to housing and facilitate moves into independent tenancies
- Launched Trust Housing and Mental Health Strategy in June 2019 recognising appropriate housing as a central part of an effective recovery pathway with key ambitions

## Community Engagement



- Established No 93 wellbeing center as a key community resource agreed with the local community and community leaders
- Buzz Health and Wellbeing Service supporting a range of community projects such as 'Figure it Out' exhibition, gardening, arts activities, fitness groups and activities that challenge isolation and promote community cohesion
- Launch of the new Buzz Health and Wellbeing Service model planned for 13<sup>th</sup> December 2019
- The Trust Service User Engagement Strategy has been refreshed with input from service users in Manchester
- Manchester service users and carers are actively engaged in the GMMH Recovery Academy
- Strengthened our governance structures to include a role within our CAREhub for a person with lived experience
- In 2018/19, **1,197** service users and carers, including representatives from Manchester, were involved in meetings, away days, inspections, quality initiatives, recruiting staff, and delivering training

No.93, Health and Wellbeing Centre in North Manchester



## Manchester Wellbeing Fund

# Manchester Wellbeing Fund



**Café 5** – Café Diagnosis Graduation

- The Manchester Wellbeing Fund was launched on World Mental Health Day in October 2017
- £1.5 million has been committed for the three-year fund and this funding is aligned with levels of need across the 12 neighbourhoods in Manchester
- The Fund has three main objectives:
  - to develop community support around people's mental health needs
  - to promote mental health and wellbeing
  - to challenge the stigma around mental illness
- To date we have funded **194** projects to the value of **£664,113**. These include projects with a focus on creative arts, mental health awareness, social connectivity, peer support, horticulture and healthy eating, and physical activity
- Objective is to ensure Service Users have access to all these projects

# Investing in our environments



- Manchester's first ever Section 136 at Park House
- Roll-out of Paris in Manchester
- Refurbishment of Harpurhey Wellbeing Centre – No. 93
- Supporting the delivery of Trust Digital Strategy
- Enhanced Community Model – environmental improvements
- Award of 72.3m capital investment to replace Park House

## Manchester Local Care Organisation



- Embedded within the MLCO at various levels
- GMMH representation on the MLCO Exec Board
- Nesta 100 Day Challenge - Specific test of change identifying quick access to IAPT services for 50+ males with low mood and a further 4 projects include mental health participation
- Senior Practitioner Lead for each Neighbourhood within the CMHT's
- Joint work has been undertaken around Physical Health on the Winning Hearts and Minds initiative in North Manchester
- Both GMMH and the LCO working together in facilitating Later Life discharges from medical wards with our acute partners within the MRI
- GMMH's buzz and Be Well North services link in with the LCO GP Health Development Coordinators

## Greater Manchester Transformation Programme



**in Greater Manchester**

- **Development of 'Core 24' compliant Mental Health Liaison Services** in acute trusts
- Phased delivery of **Specialist Perinatal Community Mental Health Teams** for Greater Manchester
- **GM Student Mental Health Service**
- Delivery of improved services for homeless people and rough sleeps including a **homelessness trailblazer project**
- **GM Housing First** pilot with Great Places Housing
- Children and Young People and Adult **Crisis Pathways**

# Update on CQC Well Led Inspection – July 2019

## Trust CQC rating from last inspection - December 2017.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018
Long-stay or rehabilitation mental health wards for working age adults	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018
Forensic inpatient or secure wards	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Child and adolescent mental health wards	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Wards for older people with mental health problems	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018
Community-based mental health services for adults of working age	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Mental health crisis services and health-based places of safety	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Community-based mental health services for older people	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Substance misuse services	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018
<b>Overall</b>	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Outstanding ↑ Feb 2018	Good ↔ Feb 2018

## Update on CQC Well Led Inspection – July 2019      Summary of Initial feedback

- Leadership:**
- Trust Board / Council of Governors are actively involved in the right issues with understanding of challenges
  - Experienced leadership team with the skills, abilities, and commitment to provide high-quality services
  - Senior leaders are visible across the trust and feed back challenges to the board
- Vision and Strategy:**
- Clear vision and values embedded within the organisation with understanding of how it will fit with Greater Manchester Strategy
  - Trust strategy is underpinned by a culture that is patient centered
- Culture:**
- A positive culture that is very well embedded
  - High in reporting / low in concerns
- Governance:**
- Strong governance structure for overseeing performance, quality and risk with clear ownership across the organisation
- Risk and Performance:**
- Considered in the right places and escalated appropriately
  - Clear links between the electronic risk and clinical record systems
- Engagement:**
- Very positive feedback from all stakeholders
  - Regular inclusion and communication with patients, staff, the public, and local organisations
  - Evidence of collaborative work with external partners, such as involvement with sustainability and transformation plans
- Continuous Improvement:**
- Commitment to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation
  - Continue to spread the word, challenge to ourselves – tell more people how good we are



# Questions and Discussion



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**Manchester Health and Wellbeing Board  
Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 30 October 2019

**Subject:** North Manchester Strategy

**Report of:** Chair, Manchester Health and Care Commissioning

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**Summary**

Good progress is being made with regard to the North Manchester strategy. The paper, and accompanying presentation, sets out the proposition for the North Manchester General Hospital (NMGH) site and broader area.

Recent capital announcements made by Government are a massive boost to the vision for the site and local communities.

The vision for the site and the capital investment give the opportunity for a regeneration of the area bringing opportunity beyond new NHS infrastructure.

**Recommendations**

The Board is asked to:

1. Support the proposition for the North Manchester site and the wider vision for North Manchester.
  2. Welcome the commitment by Government to rebuild North Manchester General hospital; rebuild Park House on the NMGH site; invest in other community based health and care facilities; and invest in education and training infrastructure.
  3. Support next steps.
- 

**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	The North Manchester strategy applies to the full population and contributes to each of these strategic aims.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and	

Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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**Background documents (available for public inspection):**

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

- Manchester Locality Plan ‘Our Healthier Manchester’
- Single hospital service review stages one and two
- Manchester Local Care Organisation Prospectus
- Previous updates regarding the Manchester Locality Plan

## **1. Introduction**

- 1.1 Good progress has been made with regard to the North Manchester strategy. This strategy is a key contributor to the Our Healthier Manchester strategy (locality plan) for health and care in the City. This is part of a broader public sector reform and regeneration agenda for the North of the City. It will link with existing developments such as Abraham Moss and those planned for the future such as the Northern Gateway.
- 1.2 Two major capital announcements have been made by Government to invest in facilities at the North Manchester General Hospital (NMGH) site. These are welcome and will generate significant benefits.
- 1.3 The paper seeks support to the North Manchester Proposition; to welcome Government announcements of capital investment; and to note progress and next steps for the North Manchester strategy.

## **2. Background**

- 2.1 North Manchester has some of the most challenging health and economic statistics within the City and the country. For this reason it has become a strong focal point of the Manchester Locality Plan 'Our Healthier Manchester'. This aligns with the intended transfer of NMGH into MFT as part of the Pennine Acute NHS Trust (PAT) transaction. This will complete the Single Hospital Service recommendations agreed by HWB in June 2016.
- 2.2 NMGH is situated in the Crumpsall area of Manchester. It is a large District General Hospital, employing over 2,000 staff. It sees one hundred thousand A&E attendances each year and four thousand babies are delivered at its maternity unit. Due to its location close to the boundary of the City approximately half of the people using NMGH services reside in neighbouring boroughs including Salford, Bury, Rochdale and Oldham. It has some specialist services, such as Infectious diseases, which provide to a much larger geography. NMGH is currently part of the Northern Care Alliance Group (which is formed from Salford Royal FT and Pennine Acute NHST Trust). There is a dedicated and established leadership team at the site. This is led by the Chief Officer, Simon Featherstone.
- 2.3 A North Manchester strategy was developed, initially to develop the vision for NMGH in anticipation of it becoming part of MFT. However, it was clear from the outset that this strategy needed to extend far beyond acute hospital services if the health outcomes for the populations surrounding the hospital were to improve toward City and national levels. The strategy focussed upon development of stronger integrated and proactive care delivery out of hospital; promoting healthy lifestyle choices; and critically taking the opportunity to influence the root causes of ill health, including employment, education and social cohesion.
- 2.4 A significant backdrop of this has been the improvement journey of NMGH following an 'inadequate' rating by CQC (October 17). Through NCA/SRFT

governance, strong site leadership, and the efforts of staff, significant improvements have been made to services. The CQC reinspected and rated NMGH as 'Requires Improvement' (March 2018). CQC has recently concluded a further inspection. The inspection report has not been issued but an initial letter from CQC has recognised further improvements since the 2018 inspection. This improvement has been made against a backdrop of inadequate estate and IT, which is not fit for purpose, and will limit the site's services reaching their full potential.

### **3. Vision for the Site**

- 3.1 The opportunity to redevelop the NMGH site is significant. Reconfiguration of the healthcare buildings can create more efficient and effective delivery of care. It can also create a more efficient use of the land which will make significant portions of land available for other purposes without diminishing the level of capacity to meet health needs.
- 3.2. The site presents an opportunity for a broader integrated care offer. This will complement existing hospital and mental health services with the addition of primary/community care and educational and training facilities. This campus offer will enable more integrated and proactive care which can focus on prevention and early intervention as well as acute and long term care.
- 3.3 The health campus vision can be broadened still further to include a wider range of public services and will facilitate increased community activities. Surplus land can also be made available for affordable/supported housing as part of a coherent plan.
- 3.4 Provision of healthcare alone will not turn around the health of a population. Healthcare provision contributes less than 20% to population health outcomes. Other factors such as lifestyle choices, income, housing, employment, education, air quality, social networks etc. play a more significant part. This is consistent with broader population indicators placing North Manchester in the bottom decile nationally in a number of domains.
- 3.5 The vision, therefore, identifies NMGH as an anchor point for the community. It has significantly more employees and annual expenditure than any other organisation in the area. This gives the opportunity to target jobs and spend to local people and businesses. In addition, becoming part of MFT will bring a broader range of opportunities to this end. The strategy will seek to lever the potential from capital investment and the ongoing delivery from the site to generate local employment and business opportunities. The site will become a focal point for the area, beyond that of provision alone.
- 3.6 Working in partnership across the NHS and the City Council brings the opportunity for a health led infrastructure project to act as a catalyst for a Council led regeneration project. This will enable North Manchester to be an exemplar for the Manchester health system; the GMCA 'Our People Our Place' strategy and the NHS Long Term Plan. Most importantly it brings the opportunity to make positive impacts on residents' health and wellbeing.

#### 4. Commitment from Government

- 4.1 On 5<sup>th</sup> of August it was announced that that £72m would be awarded to Greater Manchester Mental Health NHS FT to rebuild Park House. This is part of a £1.8bn programme announced by Government. The proposals for this were developed by GMMH when they took responsibility for Manchester's mental health services. Park House is an inpatient mental health unit situated within the grounds of NMGH. It is in poor condition and has one of the highest rates of dormitory provision in the country. This proposal pre-dates the North Manchester proposition but has been aligned, strategically for some time. In addition to the benefits of much improved facilities GMMH are a key partner in the North Manchester strategy. This will give added opportunities such as closer working between mental and physical health services.

<https://www.england.nhs.uk/north-west/2019/08/05/north-west-nhs-organisations-set-to-benefit-from-national-capital-funding-investment/>

- 4.2 On 29<sup>th</sup> of September the Prime Minister, Boris Johnson, and Secretary of State for Health, Matt Hancock, committed to the rebuild of NMGH as part of a large scale Hospital Infrastructure Plan. The Prime Minister and Secretary of State launched this announcement from North Manchester General Hospital. The Prime Minister cited investment of £500m. The proposition put to Government included a hospital rebuild; a health and wellbeing centre and an education and learning centre within this capital envelope.

Describing the “amazing job” by staff, the Prime Minister recognised the challenge of doing this within buildings built in the 1870s. He confirmed that the money to rebuild would be “forthcoming”.

The Prime Minister included this commitment within his conference speech the following day. Extract:-

*“On Monday I went to the North Manchester General Hospital, and I saw the incredible work they are doing with maxillo-facial surgery, on people who only a decade ago would have been permanently disfigured by their traumas.*

*And for whom hope and confidence is so important.*

*I talked to the patients and every one of them was bursting with praise for the staff and their energy and devotion. But conference that fantastic hospital was built in 1876. To serve the workhouse. And we were walking down long narrow nightingale wards that were designed by the pioneer of nursing and as one of the managers told me that asking those professionals to work in that environment is like asking a premiership footballer to play on a ploughed field.*

*And so I was proud to tell them under this government we will totally rebuild that hospital”*

- 4.3 The proposition which led to this award has been the product of strong partnership working in the City and with other partners. The broad range of input to its development enabled a strong and innovative offer.

## **5. Next steps**

- 5.1 The process and timescales for the capital investment are under discussion. However, Manchester will develop the more detailed proposals, which will be required to draw down the capital investment, at pace. These will be ready and in place as when the specific funding window arises. Whilst the mental health capital and the NMGH capital are from separate funding streams, with separate timelines, the proposals will be developed as part of a coherent overall design.
- 5.2 The broader work relating to the vision will continue also. Plans for regeneration, wider public sector and transformed services will continue. Critical to this is the conclusion of the transfer of NMGH into MFT as well as the continued evolution of Manchester Local Care Organisation.
- 5.3 Such a programme attracts additional opportunities for investment and these are being explored. There are emerging partnerships with; wider public sector organisations; academia; commercial; and voluntary sector organisations. Due to the location of NMGH we will continue to work closely with CCG and Local Authority Partners in neighbouring boroughs and with the GM Health and Social Care Partnership and GMCA. Now that the Prime Minister has committed to the scheme we are in a stronger position to engage with staff and the public regarding the strategy for North Manchester.
- 5.4 Links are being made with broader strategy areas within the City Council including the Northern Gateway project, with which the NMGH catchment adjoins, and the Manchester Local Industrial Strategy. We will also form links with the Greater Manchester Industrial Strategy. The investment in North Manchester creates a stronger position to seek other investment. For example we are exploring opportunities from the Centre for healthy ageing challenge fund as part of the national industrial strategy.
- 5.5 A Strategic Board will be established to oversee the next stage of development. This will be Chaired by Sir Richard Leese. This will be established in the coming weeks.
- 5.6 It is important that this work connects and contributes to a GM estates and broader strategy. The benefits of this development will spread far beyond North Manchester.

## **6. Recommendations**

- 6.1 The Board is asked to support the proposition for the North Manchester site and the wider vision for North Manchester.

- 6.2 Welcome the commitment by Government to rebuild North Manchester General hospital; rebuild Park House on the NMGH site; invest in other community based health and care facilities; and invest in education and training infrastructure.
- 6.3 Support the proposed next steps.

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**Manchester Health and Wellbeing Board  
Report for Information**

**Report to:** Manchester Health and Wellbeing Board – 30 October 2019

**Subject:** Manchester Locality Plan Refresh

**Report of:** Executive Director of Strategy, MHCC

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**Summary**

This report sets out the requirement to produce a Refreshed Locality Plan for submission to the Greater Manchester Health and Social Care Partnership by 29<sup>th</sup> November 2019. It describes how the Manchester system is approaching the development of its 3<sup>rd</sup> Locality Plan Refresh and the proposed content.

**Recommendation**

To note the approach to developing the Manchester Locality Plan Refresh 2019.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	The Locality Plan: Our Healthier Manchester seeks to deliver a transformed and sustainable health and care system that improves the health and wellbeing of the people of Manchester.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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**Background documents (available for public inspection):**

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.

- The Locality Plan: Our Healthier Manchester (2016)
- The Locality Plan Refresh (2018)

## 1. Introduction

- 1.1 The ten localities that make up the Greater Manchester Health and Social Care Partnership (GMHSCP) all produced detailed Locality Plans in 2015/16, which have been updated to varying degrees in the intervening period. Manchester produced its first Locality Plan Refresh in April 2018.
- 1.2 Since those original locality plans, a number of new pan-Greater Manchester strategies have been developed. These include:
- The Greater Manchester Strategy – *Our People Our Place*;
  - The Health & Social Care Prospectus;
  - The Unified Model of Public Services;
  - The Local Industrial Strategy – drawing on the Independent Prosperity Review.
- 1.3 In addition, the NHS Long Term Plan has been published along with the Long Term Plan Implementation Framework, which gives a detailed breakdown of the national requirements to 2023/4.
- 1.4 In order to take account of the above pan-GM and national strategies, localities have been requested to refresh their Locality Plans by the end of November 2019. These Refreshed Locality Plans will underpin the Greater Manchester Delivery Plan, the GMHSCP implementation plan for the Prospectus, the Unified Model of Public Service and the NHS Long Term Plan.

## 2. Background

- 2.1 The original Locality Plan: Our Healthier Manchester, produced in 2016, set out the ambition to improve health and care outcomes for the people of Manchester, within a financially sustainable health and social care system. The initial focus led to rationalisation of the Manchester system and created a single commissioning function (SCF); a single hospital service (SHS) and a local care organisation (LCO).
- 2.2 The refreshed Locality Plan (April 2018), set within the strategic context of Our Manchester, shifted the emphasis away from structural change to a focus on Our People, Our Services and Our Outcomes.
- 2.3 This Locality Plan Refresh (November 2019) is being produced within the context of a maturing health and social care system, responding to both the Greater Manchester Health and Social Care Partnership's (GMHSCP) Prospectus (March 2019) and the requirements of the NHS Long Term Plan.
- 2.4 It will showcase the progress that has been made in Manchester over the last 3 years, including the achievement of key milestones, the difference that new care models have made to people's lives and the impact on health and care outcomes. It will reaffirm our ambition to create a population health system that puts health at the heart of every policy across the full spectrum of public

services, improving health and care outcomes for the people of Manchester, whilst ensuring financial sustainability.

### **3. Process and content**

- 3.1 The process of developing the Locality Plan Refresh 2019 is being managed through the Locality Plan governance structure, involving key system partners from across the Manchester system.
- 3.2 In line with the governance structure for the Manchester Locality Plan, the Transformation Accountability Board (TAB) will be responsible for agreeing the Locality Plan Refresh for submission at the end of November, in advance of formal approval from HWB at its January meeting.
- 3.3 The Manchester Directors of Strategy are acting as the editorial panel for the Locality Plan Refresh and will ensure that the Refresh reflects the ambition for health and social care transformation in the Manchester system.
- 3.4 The Locality Plan Refresh 2019 will include content relating to the following key areas:
- The vision for a population health system, reaffirming our strategic aims and setting out future strategic intent/objectives;
  - Progress to date on the ambition and milestones set out in the original Locality Plan 2016 and the Locality Plan refresh 2018;
  - Our approach to delivering at a Neighbourhood level, set within the context of Bringing Services Together for People in Places;
  - The Manchester system architecture, including the Local Care Organisation (MLCO), the single commissioning function (MHCC) and the single hospital service (MFT);
  - A section on workforce and how it will support our system architecture and strategic intent;
  - Our approach to developing a sustainable health and care system, with a 'read across' to the Long Term Plan Implementation Framework.

### **4. Next steps**

- 4.1 The GMHSP has requested submission of Refreshed Locality Plans by 29<sup>th</sup> November 2019. In order to achieve that date, the following timeline is being worked to:
- First draft to be considered by TAB – 30<sup>th</sup> October 2019;
  - Submission to GMHSCP – by 29<sup>th</sup> November 2019;
  - Final Locality Plan Refresh submitted to HWB for formal approval – 22<sup>nd</sup> January 2020.

**Manchester Health and Wellbeing Board  
Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 30 October 2019

**Subject:** Zero Carbon and Health

**Report of:** GP Board Member (Central), Manchester Health and Care  
Commissioning  
Director of Population Health

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### **Summary**

In March 2019 the Board received a report on Manchester’s climate change targets and agreed the nomination for Dr Murugesan Raja to join the Manchester Climate Change Board.

Over the past six months the focus on climate change internationally, nationally and locally has been unprecedented. The City Council and the Greater Manchester Health and Social Care Partnership have all declared a climate emergency.

Furthermore, the 2018 Public Health Annual Report on Air Quality was recognised nationally and work on Clean Air across the city has made significant progress.

These developments are important in themselves but the need for urgent action becomes even more compelling when we consider the poor health status of many of our residents. In this report we focus on respiratory disease to highlight the interdependencies between our environment and health across the life course.

This report provides the Board with an update on:

- 1) Zero Carbon Framework (2020-38)
  - 2) Air Quality
  - 3) Respiratory Disease
- 

### **Recommendations**

The Board is asked to:

1. Note the report.
  2. Encourage the respective partner agencies on the Board to declare and deliver their own climate emergency response.
  3. Request that all public sector partners represented on the Board develop their Sustainable Development Management Plans (SDMPs) and Climate Change Action Plans by March 2020.
-

**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	Improving air quality will benefit babies and young children by avoiding the developmental and respiratory issues currently caused by poor air quality across Manchester. Energy efficiency measures will provide warm and comfortable homes, removing this as a contributory factor in low educational attainment.
Improving people's mental health and wellbeing	Walking, cycling and local food growing will improve mental health and reduce CO <sub>2</sub> emissions.
Bringing people into employment and ensuring good work for all	The transition to a zero carbon city will help the city's economy become more sustainable and will generate jobs within the low carbon energy and goods sector. This will support the implementation of Manchester's emerging Local Industrial Strategy.
Enabling people to keep well and live independently as they grow older	Older people will have warm and comfortable homes by delivering domestic energy efficiency measures, including to the 34,000 Manchester households living in fuel poverty.
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	Reducing energy bills through domestic energy efficiency measures will help address financial pressures, including for the 34,000 Manchester households living in fuel poverty.
One health and care system – right care, right place, right time	Social prescribing for physical activities as alternatives to cars will improve health outcomes and reduce CO <sub>2</sub> emissions. Improving domestic energy efficiency for those living in cold and damp homes will save the NHS an estimated £17m per year.
Self-care	Increased walking and cycling will increase health outcomes and reduce CO <sub>2</sub> emissions.

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**Background documents (available for public inspection):**

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

Climate Change Board Nomination - Report to Manchester Health and Wellbeing Board, 20 March 2019

## 1. Introduction

- 1.1 In November 2018, Manchester City Council adopted new climate change targets for the city, based on work by Manchester Climate Change Agency and the Tyndall Centre for Climate Change Research at the University of Manchester. The targets commit Manchester to:
- Limit its CO<sub>2</sub> emissions to 15 million tonnes during the period 2018-2100, our 'carbon budget' (recognising that the city currently emits 2 million tonnes per year);
  - Rapidly reduce CO<sub>2</sub> emissions, by an average of at least 13% year-on-year and;
  - Become a zero carbon city by 2038 at the latest.
- 1.2 On 10 July 2019 the City Council declared a climate emergency and the details of the Council Motion are provided in Appendix 1.
- 1.3 Following this, at the end of August 2019 all Manchester NHS organisations represented on the Greater Manchester Health and Social Care Partnership also declared a climate emergency. They committed to far ranging actions to "slash carbon emissions and avert predicted illness and disease". Pressure on the NHS to deliver an effective response to the climate change agenda has increased, with Simon Stevens (Chief Executive of NHS England) recently stating that 'climate change is a health emergency' and that the NHS needs to 'generate a more robust and concerted effort than is currently on the cards'.
- 1.4 The declarations share a number of important commitments including:
- Cutting carbon emissions from energy use by improving efficiency and using low-carbon sources
  - More efficient use of workplaces and buildings
  - Encouraging staff to use low carbon travel and for all organisations to have healthy travel plans in place
  - Reducing waste, managing waste better and recycling
- 1.5 Manchester Climate Change Partnership and Agency are currently developing the 'Manchester Zero Carbon Framework 2010-25' for publication before the end of 2019. This builds on the Draft Framework published in February 2019 and endorsed by the City Council in March 2019.
- 1.6 Partnership members are currently developing bespoke plans for their organisations and sectors, setting out how they will contribute to the city's climate change targets.
- 1.7 For example, the City Council is developing a new 5 year Climate Change Action Plan and have established a senior officer Zero Carbon Co-ordination Group to oversee progress. The plan will be presented to the Council Executive in March 2020 and 4 key workstreams have been identified which respond to the climate emergency motion. They are:
- Decision making, policies and standards



- Investment and delivery
- Catalyst for change
- External influence

1.8 Similarly, NHS organisations in Manchester are required to produce and implement their Sustainability Development Plans and examples of good practice are provided in section 3 of this report.

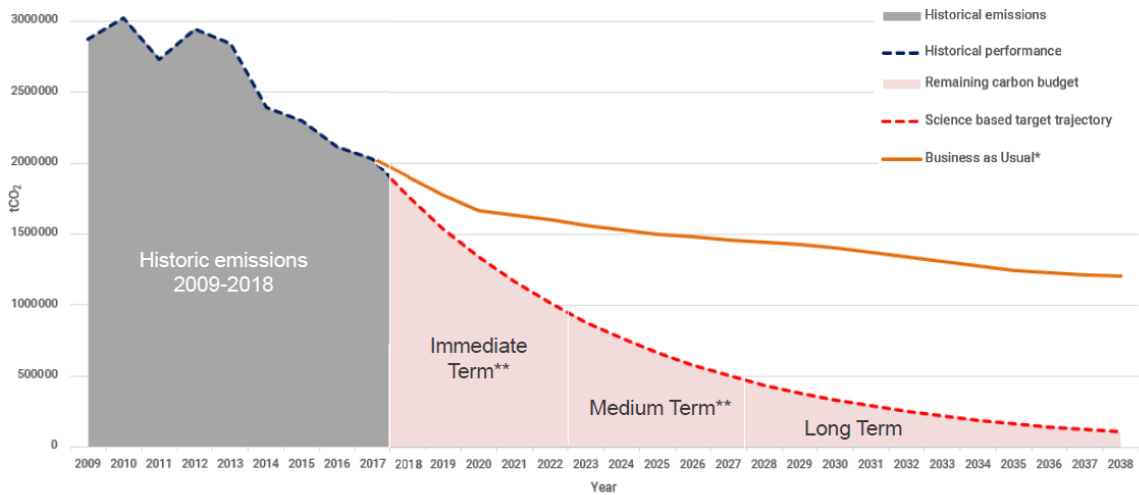
## 2 Background – Zero Carbon Manchester

2.1 Manchester's first ever climate change strategy, for the period 2010-20, was published in late-2009, and refreshed in 2013. The refreshed strategy set out the links between health and wellbeing and climate in terms of both the negative health impacts of climate change on population health, and the opportunity to deliver actions that can achieve positive health and climate change outcomes. For example:

- Improving the energy efficiency of homes can help to arrest respiratory and other problems caused by the city's cold and damp homes (including for the 34,000 households living in fuel poverty), and reduce CO<sub>2</sub> emissions.
- Replacing petrol and diesel vehicles with zero emission alternatives improves air quality at the same time as reducing CO<sub>2</sub> emissions, helping to address the 10 early deaths per day that currently occur in Greater Manchester due to poor air quality.
- Walking and cycling as an alternative to vehicular journeys improves health and reduces CO<sub>2</sub> emissions.

2.2 The Health and Wellbeing Board were informed about the production of the draft Zero Carbon Framework agreed by the Manchester Climate Change Board. However, it is important to note that work will be undertaken to see if an earlier date for the city to become carbon neutral can be achieved.

2.3 The following graph, taken from the Draft Manchester Zero Carbon Framework 2020-38, sets out a trajectory the city needs to follow to meet its targets (dotted line), versus the current trajectory (solid). In 2018 the city achieved an estimated 5% reduction in emissions, versus the 13% required to stay on budget.

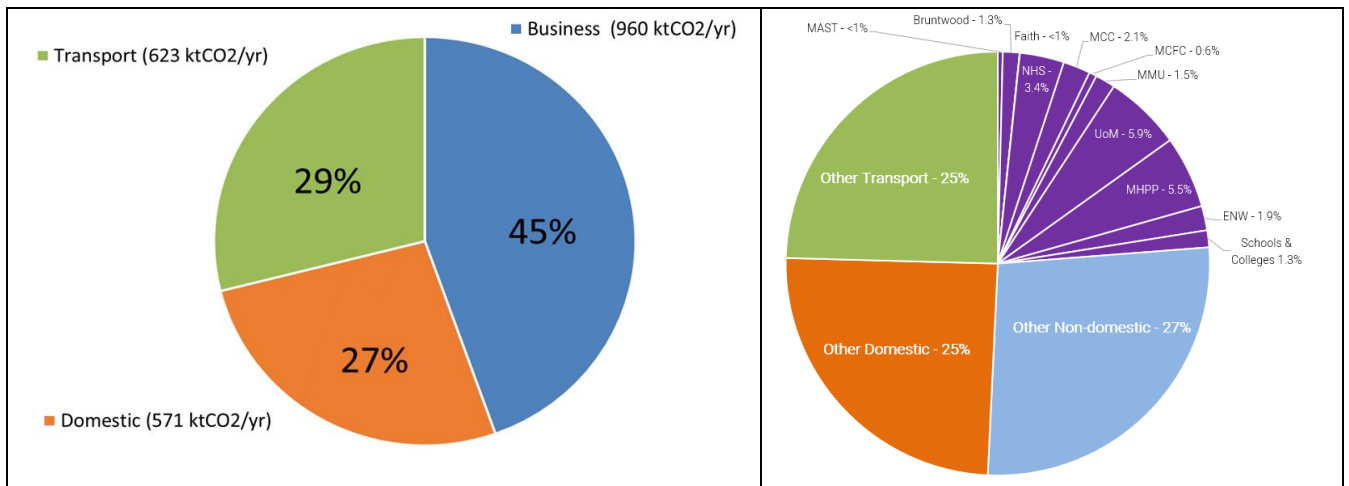


Total budget (2018-2100) tCO <sub>2</sub>	Immediate term (2018-2022) tCO <sub>2</sub>	Medium term (2023-2027) tCO <sub>2</sub>	Long term (2028-2037) tCO <sub>2</sub>
15,187,610	6,928,620	3,593,560	3,046,920

\* Business as usual as defined by Level 1 ambition thresholds within the Anthesis' SCATTER model.  
 \*\* Immediate Term & Medium Term periods align with the 3<sup>rd</sup> and 4<sup>th</sup> nationally legislated carbon budget periods (respectively) under the UK Climate Change Act (2008).

2.4 Manchester currently emits 2 million tonnes CO<sub>2</sub> per year. At this current rate the city will have expended its 15 million tonne budget by 2025, well short of the 2018-2100 period it needs to cover. If Manchester fails to stay within this budget, the city will not meet its commitment to 'play its full part in limiting the impacts of climate change', as set out in the Our Manchester Strategy 2016-25.

2.5 Furthermore, the following infographics highlight the shared responsibility to tackle climate change in Manchester. The pie chart on the left shows the breakdown of the city's 'direct' CO<sub>2</sub> emissions, from buildings, transport and energy used within the city. On the right is a further breakdown of emissions according to the members of the Manchester Climate Change Partnership. The figures are currently in draft but provide an indication of members' direct responsibilities. 3.4% of Manchester's direct emissions are the responsibility of the the city's health sector, although it is important to note that this is likely to higher once additional data has been analysed.



### Indirect / consumption-based emissions

- 2.6 It should be noted that the above figures relate to direct emissions only, from the health sector's buildings and transport activities within the city. The sector is also responsible for 'indirect' or 'consumption-based' emissions that are generated outside of the city but in order to provide a product or service required locally. Food, clothing, electronics, construction materials, and vehicle manufacturing are among the highest emitting sources.
- 2.7 According to the C40 Cities Climate Leadership Group, consumption-based emissions are an estimated 60% higher than direct emissions. For Manchester that would mean a direct carbon footprint of 2m tonnes CO<sub>2</sub> per year, and a consumption-based footprint of 3.2m tonnes per year (noting some overlap between the two).
- 2.8 Further work is needed to establish a detailed consumption-based footprint for Manchester, across health and other sectors. However, such work should not delay action in the areas where progress will be needed, including working with and influencing supply chains to rapidly reduce the emissions associated with health sector products and services. These areas will also be highlighted for action in the final Manchester Zero Carbon Framework 2020-38, when published before the end of this year.

### Health risks from carbon-based activities and the changing climate

- 2.9 As well as contributing to global climate change, carbon-based activities in Manchester also exacerbate the city's air quality and associated respiratory problems covered later in this report. Transport is the main source of such emissions in Manchester. In addition action also needed to address the risks to Manchester residents from the changing climate: extreme heat (doubling in heat stress incidents over the last 50 years), heavy rainfall and potential flooding (doubling in the number of surface water flooding incidents over the last 50 years), and other local risks are expected due to climate change. Work is needed to understand these risks in detail and put in place plans for their mitigation.

## **3. Contribution of NHS Organisations**

- 3.1 Manchester University NHS Foundation Trust (MFT)

### **3.1.1 Strategy**

- MFT have had a Sustainable Development Management Plan (SDMP) in place since November 2018, with legacy plans in place prior to that time. The plan is due for its first annual refresh before the end of 2019 and will be updated to better reflect the latest GM policy and requirements of the Manchester Local Care Organisation (MLCO). The plan will be updated again following the North Manchester General Hospital merger.

### 3.1.2 Healthy Travel Planning

- MFT are currently developing a new healthy travel plan covering the whole of the organisation including MLCO. The aim of the plan is to outline the strategic approach to reducing carbon and air quality impacts of travel and transport activities. To inform the plan a joint staff travel survey was carried out in the summer, with around 2,000 responses being submitted.
- MFT have assessed organisational performance against the Clean Air Hospital Framework (CAHF), which was created by Great Ormond Street Hospital and Global Action Plan earlier in the year. This tool offers support and guidance to hospitals and Trusts on how to create action plans to improve air quality on and around their site
  - The tool covers 7 different areas: travel, procurement, building design, energy generation, communications & training, and hospital outreach & leadership
  - The Trust achieved an overall score of 16% ('starting out' phase) and have prioritised areas for improvement.
  - These will be fully embedded into the new Health Travel Strategy and expanded to the MLCO.
- MFT recently undertook a Green Fleet Review and ULEV (Ultra Low Emitting Vehicle) review. This work assessed the efficiency of the vehicle fleet in terms of energy consumption, and the feasibility of incorporating ULEV's into the van fleet. Recommendations will be incorporated into the new healthy travel strategy.
- The Trust have also been offering free bikes and equipment for hire to staff through the TfGM 'Bikes for Business' scheme. This provides a range of hybrid, folding and electric bikes and the Trust are working with GM partners and Transport for Greater Manchester (TfGM) to improve public transport discounts and offers to staff.

### 3.1.3 Green Rewards

- Green Rewards is a fun and engaging platform to encourage a range of positive sustainability and wellbeing behaviours from staff. The programme was launched across all 9 hospitals and MLCO in May 2019 and is shortly to be launched at MHCC as a joint initiative. Employees earn Green Points for participating in a range of activities and those that earn the most points in a month are rewarded with a voucher. Every 6 months the top performing departments can nominate Trust charities to receive donations. There are currently 658 members and new activities are added every month.

### 3.1.4 Other developments

- A substantial investment (£10.9M) in the energy infrastructure at Wythenshawe and Withington sites is underway, with combined heat and power, new high efficiency boilers, LED lighting and control systems and an updated energy distribution system. The project will reduce annual carbon emissions on these sites by 25%, the equivalent of taking 780 cars off the road.

- MLCO have agreed to work closely with NHS Property Services (NHSPS) to improve the energy efficiency of their Estate, of which 43% comprises NHSPS properties.
- MFT joined Healthcare Without Harm (HCWH) Europe in September, a global network of health organisations all focused on reducing the healthcare sectors impact on the environment and being a leader in the global movement for environmental health and justice.
- MFT have also signed up to the HCWH Health Care Climate Challenge – making a public pledge of commitment to climate-smart healthcare. Involves setting, monitoring and achieving carbon reduction targets
- Anaesthesia represents around 4% of the Trust's carbon footprint and they have established a clinician led sustainable anaesthesia forum, with the aim to reduce use of volatile agents with high global warming potential (desflurane), and the Clinical Group are also looking more widely at reducing the other environmental impacts of anaesthesia.
- Whilst discussions surrounding the process for North Manchester General Hospital joining MFT are still ongoing, embedding social value and environmental sustainability is central to the future plans for this site.

### **3.2 Greater Manchester Mental Health NHS Foundation Trust (GMMH)**

#### **3.2.1 Engagement**

GMMH have launched a volunteer network, called The Hive Collective, with over 100 champions for sustainability in all its forms (behaviour, recycling, clean air and active travel); and have become members of Manchester Chamber of Commerce to enhance community involvement and partnerships. In early October GMMH had their first Sustainability Steering Group meeting with representatives from clinical and corporate services, the estates function and union representatives. They discussed what sustainability means for the Trust and the priorities the Trust should consider. GMMH are also developing online training and an awards programme to encourage innovation and sharing of good practice.

#### **3.2.2 Measurement**

The Trust will work with the Carbon Trust, the Energy Saving Trust (Green Fleet Review) and a specialist consultant to create a Sustainable Travel Plan with emission reduction targets. The Trust are also working to reconfigure energy budgets to ensure all utility use is accurately recorded, and formulating new waste contracts with access to complex data.

#### **3.2.3 Compliance**

Following the acquisition of Manchester Mental Health and Social Care Trust there has been a comprehensive and ongoing programme to harmonise policy and contracts and centralise documentation on buildings and environmental compliance. From an Assurance Framework perspective the Trust has a Sustainable Development Management Plan which will be revised and

updated in the next year to support the Sustainability Strategy, which is currently going through the Trust governance processes.

### **3.3 Manchester Local Care Organisation**

- 3.3.1 Manchester Local Care Organisation is primarily comprised of staff deployed from Manchester City Council and Manchester University Foundation Trust, operating out of a broad ranging community estate managed through a number of different landlords and organisations.
- 3.3.2 The estate that its community health services operates out of, is principally managed by a combination of MCC (10 properties), NHS Property Services (19), and Community Health Partnerships (19). MLCO teams also operate out of estate managed directly by MFT and through commercial landlords.
- 3.3.3 The staff of MLCO are not directly employed, rather deployed into the organisation. As a result there are a range of employing organisation staff initiatives and policies that have been adopted by MLCO.
- 3.3.4 The delivery model for MLCO is built on 12 Integrated Neighbourhood Teams operating out of 12 neighbourhoods. Each of these neighbourhoods have developed neighbourhood plans and the teams (which have only recently become operational) are beginning to undertake more bespoke activity based in their neighbourhoods that begins to address the climate change agenda.

### **3.4 Manchester Health and Care Commissioning (MHCC)**

- 3.4.1 MHCC are now members of the Greater Manchester Health and Social Care Partnership Sustainability Network. This network will facilitate the sharing of best practice in relation to commissioning levers (e.g. procurement and social value) and other developments relating to the wider estate (e.g. primary care). The network also includes all Manchester based NHS Trusts including The Christie. MHCC as part of their system leadership role, will collate information to ensure the Manchester Climate Change Board has a comprehensive overview of Manchester specific programmes and impacts.
- 3.4.2 MHCC are also being supported by MFT in relation to the Green Rewards scheme described in section 3.1.3.

## **1. Manchester Public Health Annual Report 2018 on Air Quality – Update on recommendations**

### **4.1 Health and social care partners to further develop and implement policies for Active Travel to enable shifts to healthier modes of travel for staff, patients and users of services.**

- 4.1.1 As set out in section 3.1, MFT has developed a number of activities to encourage active travel amongst, including the introduction of personalised travel plans for all staff. The cycling scheme, 'Bikes for business', in conjunction with TfGM has resulted in additional investment in bicycle storage

across the estate and an introduction of monthly bicycle maintenance sessions. MFT are also part of a collaborative network of Trusts to share ideas on best practice.

- 4.1.2 Work is also underway to assess the travel behaviour impact of night time workers who make up a significant amount of NHS staff but who have much reduced public transport options.

**4.2 NHS organisations working with Public Health England to actively promote clean air campaigns and positive public health messages on cycling and walking.**

- 4.2.1 MFT have adopted the 'Clean Air Hospital Framework' as a method of improvement and this will be rolled out across all of their hospital sites.

- 4.2.2 The 'Green Rewards' programme adopted first by MFT which actively incentivises sustainable and environmentally-friendly behaviour is now being rolled out across partner organisations in Manchester.

- 4.2.3 Manchester organisations were active participants in the Clean Air Day Campaign work on 20<sup>th</sup> June 2019.

**4.3 Wellbeing services in Manchester to incorporate key messages on reducing air pollution into 'making every contact count' when providing 1 to 1 lifestyle advice to residents.**

- 4.3.1 The Be Well Social Prescribing Service is providing 1:1 advice to individuals who need tailored messages on air quality in relation to their health condition. All wellbeing services are promoting physical activity messages and shifts to healthier forms of transport.

- 4.3.2 Mcr Active are leading a number of innovative programmes of work including the pre-rehabilitation programme with people who have had a cancer diagnosis.

**4.4 Systems to be developed to help GPs and primary care staff provide bespoke advice to patients with Chronic Obstructive Pulmonary Disease (COPD) and asthma on how to manage their conditions when air quality is poor (e.g. text alerts).**

- 4.4.1 MHCC are supporting a pilot project 'Providing Advice for Primary Care Patients During Air Pollution Events', to launch in October. This pilot project will aim to improve the awareness and response to air pollution events for patients with chronic obstructive pulmonary disease (COPD) and asthma, and primary care staff. This will involve implementation of evidence-based NICE guidelines on outdoor air quality and increasing the use of the Greater Manchester air pollution alert system at four GP practices located in Wythenshawe.

**4.5 The Manchester Healthy Schools Programme and the School Health Service to work with schools on education programmes that raise**

**awareness about the risks of poor air quality and how to reduce the negative health impacts on children and young people.**

- 4.5.1 The Population Health Team (PHT) are exploring with Healthy Schools whether air quality and associated risks can be incorporated into the new Health Education Curriculum, mandatory for schools as of September 2020.
- 4.5.2 The PHT are working with MCC Neighbourhood teams to support their anti-idling scheme, with school children acting as Junior “Community Support Officers”, and ‘Tredge’ (trees and hedges as natural particulate matter filters) pilot projects for schools identified in the Air Quality Management Areas (AQMA). Connected to this is the ‘Air Quality Officers’ programme with schools. This is part of the Skills for Life Curriculum whereby students will complete a course that includes understanding about clean air issues and how they want to implement what they have learned at their school.
- 4.5.3 Neighbourhood officers in Hulme and Ardwick are developing plans to improve how people travel and experience their neighbourhoods in terms of nature and the built environment, reduce road traffic issues and to make the neighbourhoods more friendly and safer for cycling and walking.

**4.6 The City Council to lead work in taking forward recommendations from Greater Manchester Making Smoking History Programme in relation to smoke free spaces, which has the support of 80% of residents across Greater Manchester.**

- 4.6.1 Denormalising smoking is still a crucial part of the whole system tobacco control programme. Manchester City Council enforces the Health Act rigorously where breaches are witnessed. For example, there are ongoing enforcement operations in shisha cafes if smoking occurs indoors.
- 4.6.2 As part of the Smoke Free Manchester plan there is a Smoke Free Homes workstream and the Tobacco Control lead for Manchester is part of a Greater Manchester tobacco regulatory group which is exploring opportunities to expand opportunities for NHS smoke-free sites and smoke free outdoor spaces.

**4.7 Other key actions relating to the recommendations**

- Raise awareness of the link between air quality and the Green Infrastructure to explore the potential impact on a range of health outcomes by working with Neighbourhood and Green Infrastructure teams to coordinate projects with residents across the city.
- Further strengthening research links with the Universities to ensure that local work is evidence based.
- Work with School Nursing service to give air quality guidance (including managing conditions such as asthma) to children and staff

**2. Respiratory Disease**



## 5.1 Introduction

5.1.1 MHCC continues to focus on respiratory disease as one of the key long term conditions to address poor health outcomes in Manchester. It is recognised that in order to address respiratory inequalities we need to have a system wide approach to change. MHCC are therefore working in partnership with primary care, community care, secondary care, patient engagement and RightCare.

5.1.2 A number of work streams are now in place that will hopefully lead to improved health outcomes, reduce inequality and improve patient's experience of care. A summary of the key population cohorts is provided below:

Manchester total registered population	658,453
Manchester COPD registered population	13,349
Manchester asthma registered population	39,457

## 5.2 Primary Care Respiratory Standards

5.2.1 MHCC developed a set of Manchester wide standards, based on the Greater Manchester Standards for primary care. The current respiratory standards will run to 2020; it should be noted that work up of the Standard for 2020/21 is currently underway. The Manchester Respiratory Primary Care Standards focus on:

1. Chronic Obstructive Pulmonary Disease (COPD) patient reviews
2. Review of COPD patients following an exacerbation
3. Asthma reviews in adults
4. Asthma reviews in children
5. COPD Virtual Clinic for 2019/20
6. Pharmacotherapy for smoking cessation 2019/20

5.2.2 Impact:

- Reduce variation of respiratory disease management in primary care.
- Improved patient experience of care.
- Enable patients to manage their disease more confidently, including what to do when in crisis.

<b>Standard</b>	<b>Current Achievement 1.9.2019</b>	<b>Increase in Achievement from 1.9.2018</b>
COPD patient reviews	61%	55%
Review of COPD patients following an exacerbation	84%	36%
Asthma reviews in adults	58%	10%
Asthma reviews in children	67%	9%

5.2.3 It should be noted that the above activity will increase significantly for this patient cohort as pre winter reviews are carried out.

### **5.3 Chronic Obstructive Pulmonary Disease (COPD) Virtual Clinic**

- 5.3.1 The COPD Virtual Clinic model is a multi-disciplinary approach to respiratory care targeting specific cohorts of patients. Primary and secondary care clinicians work together to ensure that patients receive optimal management and proactively manage those patients identified. The model supports and mentors practice respiratory prescribing and active management of patients, as well as a focus on education and relationship building.
- 5.3.2 A COPD Virtual Clinic involves case discussions between respiratory consultants, senior pharmacists and primary care clinicians. It is regarded as a clinical session with a focus on patient management and education.
- 5.3.3 This year MHCC has worked with consultant colleagues to rollout this model across Manchester. A booking process has been tested and sessions carried out in south Manchester. The aim is for each practice in Manchester to have hosted a COPD Virtual Clinic by 31<sup>st</sup> March 2020.
- 5.3.4 Impact:
- Reduce respiratory management variation in primary care.
  - Upskilling of primary care clinicians.
  - Improved management of patient.
  - Most difficult to manage patients are prioritised.
  - Prescribing cost savings.

### **5.4 Spirometry**

- 5.4.1 Spirometry is one of the main investigations used for diagnosing respiratory diseases such as COPD and asthma. Quality assured spirometry is an important tool in preventing the misdiagnosis or late diagnosis of COPD, which can result in unnecessary complications, disease progression, late presentation, avoidable acute admissions and premature mortality. Delayed diagnosis or wrong diagnosis, is a significant burden to the health economy as well as the quality of life and care for patients.
- 5.4.2 Manchester is currently working with colleagues across Greater Manchester to develop a model for quality assured spirometry in primary/community care.
- 5.4.3 Impact:
- Early and accurate diagnosis of lung disease is absolutely vital in improving respiratory health.
  - Improving the quality of diagnostic spirometry will improve clinical diagnosis and the long term monitoring of those affected by respiratory disease.

### **5.5 Manchester Integrated Lung Service**

- 5.5.1 Respiratory colleagues across primary, community and secondary care collaboratively developed and produced the service specification for the Manchester Integrated Lung Service (MILS).
- 5.5.2 The service is run by the community respiratory teams across the city. The service will manage COPD and home oxygen as well as other long term respiratory conditions bronchiectasis and interstitial lung disease.
- 5.5.3 The service currently provides the COPD element of the specification and contract discussions continue with the aim of the specification being delivered by the Manchester Local Care Organisation (MLCO)
- 5.5.4 Impact:

Moving to community based models of care from a hospital-centric model:

- Team-based community care from doctor led out-patient clinics.
- Continuous community support from episodic management of crisis.
- Integrated seamless pathways of care from current disjointed care between providers.
- Proactive / preventative care from reactive care.
- 'Patients as partners' from 'patients as recipients'.
- Carers being valued and supported from carers being unsupported.
- High-tech integrated data systems and use of technology from low-tech paper based systems.

## **5.6 Pulmonary Rehabilitation (PR)**

- 5.6.1 Following the update provided to the Health Scrutiny Committee in December 2018, MHCC Communications and Engagement Team are currently developing a patient focused video to promote attendance at PR as well as using the opportunity to highlight health messages (e.g. the importance of flu vaccination). Posters have been produced and shared with primary care to encourage patients to seek a referral to PR and patient information leaflets are being developed. This work should be concluded by the end of this year and all products produced will be shared with all Manchester practices.

### 5.6.2 Impact

- Increased awareness of PR by clinicians and patients.
- Increased referrals to PR.
- Improved patient understanding of COPD.
- Increased attendance and completion rates for PR programme.

## **5.7 Health Innovation Manchester**

### **5.7.1 MyCOPD app**

The app is currently in the early stages of implementation and training has taken place across primary and community care and clinicians are now starting to issue the app with patients.

### 5.7.2 Virtual Learning Hub

This is a COPD virtual online learning hub which has been promoted to Manchester practices. This includes videos of specialist COPD clinicians speaking alongside primary care clinicians, using example consultations with pharmacist input into inhaler optimisation.

### 5.8 Breathe Better – Community Respiratory Model

5.8.1 This proposed model is community based where patients would attend for social activities (e.g. bingo, quizzes) but receive Respiratory Consultant / other Health Care Practitioner (HCP) reviews at the same time. Over the last year the model has been tested in south Manchester and north Manchester and the aim will be to establish a sustainable programme in 2020.

#### 5.8.2 Impact

- Improving quality of life for people with breathing conditions.
- Improving knowledge and confidence of patients in managing their respiratory disease through better understanding of the disease.
- Improving health outcomes in people with respiratory disease.
- Improving mental health and reducing social isolation in people with respiratory disease.

### 5.9 RightCare

5.9.1 The Manchester RightCare Delivery partners regularly attend the Manchester Adult Respiratory Steering Group for deep dive data analysis and discussion. A presentation from RightCare colleagues to the Manchester Adult Respiratory Steering Group in June 2019 showed that Manchester is:

- Below national average for asthma Quality Outcomes Framework (QOF) exception reporting.
- Better than peers at identifying patients with COPD.
- Pneumococcal vaccine - higher than national average and second best amongst peers (also second best across Greater Manchester).
- Flu vaccine - uptake did improve in 2017/18 but in line with the national trend dipped slightly in 2018/19.
- Lung Cancer - One of the best in the country at early detection of lung cancer. High number of urgent referrals which links closely to success in early diagnosis and above national average for 1 year survival rates for lung cancer

### 5.10 The CURE Programme

5.10.1 This comprehensive hospital wide pilot Tobacco Addiction Service, covering the Wythenshawe Hospital site at MFT, has been successfully implemented over the past two years. The evaluation of the pilot shows that approximately 66% of patients eligible for the programme were abstinent from tobacco three

months after discharge. The programme will now be rolled out across Greater Manchester including other MFT sites.

### **5.11 Manchester Community Tobacco Addiction Service**

5.11.1 A new city wide Tobacco Addiction Service (TAS) is currently being procured and will be operational from 1<sup>st</sup> April 2020. This will ensure that there is a less fragmented approach across the city and the links between primary and secondary care (e.g. CURE) will be strengthened.

### **5.12 Lung Health Checks (North Manchester)**

5.12.1 This programme has been delivered across north and east Manchester from 1<sup>st</sup> April 2019, utilising a 'state of the art' mobile facility. The programme targets people at the greatest risk of developing lung cancer and through early detection and treatment will improve outcomes in cancer survival rates. The north Manchester programme is supported by secondary and tertiary capacity at both the Wythenshawe hospital site and The Christie. As part of a national network lung health checks will also be implemented across Tameside and Salford over the next year and MHCC will consider options for local roll out across south and central Manchester.

## **3. Summary**

6.1 A number of recent reports from the Kings College London and others have highlighted the direct relationship between climate change and health outcomes. Indeed the negative effects on urban populations such as Manchester and other core cities are significantly worse. Given the poor health status of many Manchester residents, there is a real risk that failure to tackle climate change will widen health inequalities and limit the progress of prevention programmes in the city.

## Appendix 1

### Climate Emergency Motions

Text of 10 July 2019 Council Motion

This Council notes:

- The serious risks to Manchester's people, of climate change/global heating affecting economic, social and environmental well-being, supply chains – including food security, financial systems and local weather, among many others;
- That in 2008 the 'Principles of Tackling Climate Change in Manchester' were agreed as a call to action to engage people from all walks of life in climate change action and, build support for a new way of thinking about climate change;
- That Manchester leads the way, with an agreed Paris compliant carbon budget set in December 2018 and an acceleration of the target for becoming a zero-carbon city by 12 years, setting 2038 as the new target for the city, based on research from the world-renowned Tyndall Centre for Climate Change;
- The recent and welcome upsurge of action by the young people of Manchester, exemplifying the radical traditions of which Manchester is proud.

This Council agrees (or to the extent that the below concern executive functions, recommends to the Executive) to:

- Declare a Climate Emergency;
- Continue working with partners across Manchester and GMCA to deliver the 2038 target, and determine if an earlier target can be possible, through a transparent and open review. Become carbon neutral by the earliest possible date;
- Encourage involvement in all wards by April 2020 through meetings as part of the Our Manchester strategy, to identify residents and partners who want to be actively involved in achieving the target, with provision for those who cannot attend. Ensure ward plans contain specific, measurable, achievable steps;
- Review all policies, processes and procedures to ensure the council can become carbon neutral. Present an action plan by March 2020 detailing how the city can stay within its carbon budget. Report back regularly to the NESC. Review the corporate plan;
- Work with the Tyndall Centre to review the actual emissions from aviation. Investigate the best way to include aviation in our overall carbon reduction programme in the long term;
- Make climate breakdown and the environment, an integral part of activity throughout the Council, including all decision making, ensuring key decisions take into account the impact on achieving the zero-carbon target and including an environmental impact assessment in all relevant committee reports;
- Ensure that everyone in the council receives carbon literacy training by the end of 2020. Make attendance easier by varying times and length of sessions;
- Encourage all staff on council business to use the lowest carbon, appropriate, travel;

- Investigate measures to ensure future procurement is carbon neutral. Increase the percentage of social value with an additional environmental element;
- Work with suppliers to green their supply chains, and support local production;
- Work with training providers to ensure Manchester residents can take on green jobs;
- Investigate and introduce measures to help reach domestic zero carbon levels including addressing fuel poverty and retrofitting existing homes;
- Investigate ways to ensure that future local plans place a mandatory requirement for all new development to be net zero carbon by the earliest possible date;
- Push GMCA to decarbonise public transport, heat and energy as early as possible;
- Through our role on GMPF, encourage divestment in fossil fuels as early as possible;
- Explore the possibility of introducing a 2030 target in line with the IPCC report; and request that a report on its viability be brought back to the Executive before the end of the year.

Call on the government to:

- provide powers and resources to make the zero-carbon target possible including funding for big capital projects
- accelerate the reduction of carbon emissions from aviation;
- accelerate the decarbonisation of the electricity grid, funding low carbon energy generation;
- ensure that the UK prosperity fund focuses on enable the transition to a low carbon economy.

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**Manchester Health and Wellbeing Board  
Report for Resolution**

<b>Report to:</b>	Manchester Health and Wellbeing Board – 30th October 2019
<b>Subject:</b>	Annual reports of the Manchester Safeguarding Children and Adults Boards
<b>Report of:</b>	Julia Stephens-Row, Former Independent Chair of the Manchester Safeguarding Boards, Strategic Director of Children and Education, Executive Director of Adult Services

### Summary

Attached to this report are the Annual reports of the Manchester Safeguarding Adults Board and the Manchester Safeguarding Children's Board covering the period from April 2018 to March 2019. There is a statutory requirement to produce these annual reports and to share them with Strategic leaders including the Leader and Chief Executive of Manchester City Council; the Police and Crime Commissioner and the Chief Constable; and the Health and Wellbeing Board. The reports were considered by Health and Children and Young Peoples Scrutiny committees on 3rd and 4<sup>th</sup> September. An extract of the minutes from these meetings are included in the report. The MHCC Board will consider the reports on 27<sup>th</sup> November.

These documents report on the work of the partnership. Information regarding trends and issues arising from Serious Case Reviews and Safeguarding Adults Reviews is also included.

### Recommendations

The Board is asked to:

1. Note the annual reports of the two safeguarding boards.
2. Request that each constituent member promote the importance of safeguarding across their organisation. Ensuring that safeguarding is at the heart of all commissioned and delivered services; with particular emphasis on learning from reviews and changing policies and practices accordingly.

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	Ensuring children and young people are safeguarded supports this priority
Educating, informing and involving the community in improving their own health and wellbeing	Ensuring that safeguarding is everyone's business and empowerment and making safeguarding personal supports this priority.

Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	Ensuring that safeguarding issues are addressed and professionals provided with the tools to have difficult conversations to work effectively supports this priority.
Improving people's mental health and wellbeing	Mental health linked to safeguarding is a new priority for the partnership this year.
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	Improving awareness of self-neglect helps with this priority

### Links to the Manchester Health and Social Care Locality Plan

<b>The three pillars to deliver the Manchester Health and Social Care Locality Plan</b>	<b>Summary of Contribution or link to the Plan</b>
A single commissioning system ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services	
'One Team' delivering integrated and accessible out of hospital community based health, primary and social care services	
A 'Single Manchester Hospital Service' delivering consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the city	

#### **Lead board member:**

Councillor Craig - Executive Member for Adults Health and Wellbeing

**Contact Officers:**

Name: Heather Clarkson  
Position: Manchester Safeguarding Partnership Coordinator  
Telephone: 07976910296  
E-mail: heather.clarkson@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.

Links to both reports can be found on the Manchester Safeguarding Partnership website here:

<https://www.manchestersafeguardingpartnership.co.uk/resource/msab-annual-reports/>

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

## Introduction

1. The Manchester Safeguarding Boards annual reports covers the period from April 2018 - March 2019. These reports demonstrate the significant amount of work undertaken across a range of organisations and in partnership to safeguard Adults and Children in Manchester.

These reports contain a variety of information detailing the work of the partners and some of key pieces of work undertaken by the Manchester Safeguarding Adults Board (MSAB) and Manchester Safeguarding Children Board (MSCB). They also provide information on the work of the various sub groups which report to the Boards, four of which are integrated across both Boards.

Safeguarding Adults and Children's Boards are a statutory requirement and are in place across the country. Their role is to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and to seek assurance. The Boards have a role in monitoring and evaluating the effectiveness of what is undertaken by the Board partners individually and collectively and advising them on ways to improve is an important function of the Safeguarding Boards. In addition to the various assurance activities carried out throughout the year, such as self-assessments and multi-agency case audits, each Board partner has provided an assurance statement setting out the work they have undertaken to meet the Board priorities and the safeguarding work that is ongoing in their agencies.

## 2.0 Background

2.1 These reports detail the progress we have made around all of our priorities set out in the 2018/19 Business Plan, along with the areas identified as future challenges. It is put together along with contribution from partners and sub groups and includes information regarding the progress of the Board over the last year.

2.2 The Boards meet regularly and are supported by a number of subgroups, detailed in the report.

## 2.3 Business Priorities

The Boards have joint priorities and rolled forward the priorities from 2017/18 into 2018/19.

- Engagement and Involvement – listening and learning, hearing the voice of adults, and making safeguarding personal.
- Complex Safeguarding - Domestic Violence and Abuse; Female Genital Mutilation; Sexual Exploitation; Radicalisation; Missing from care; Organised Crime; Trafficking and Modern Slavery; Honour Based Violence
- Transitions – moving from child to adulthood in a safe and positive way
- Neglect - safeguarding and supporting adults at risk of wilful neglect, acts of omission and self-neglect.

These themes whilst shared across both Boards have 'adult' and 'child' specific pieces of work which are being delivered. Details of the activities undertaken to work

towards achieving these priorities is contained within the annual reports supported by some case studies.

2.4 Key activities in 2018/19 included the publication of one safeguarding adult review and five serious case reviews; launched a Modern Slavery and Human Trafficking strategy; held a Complex Safeguarding Conference; and received regular updates on the Domestic Violence and Abuse strategy.

With regard to the Adult Board we held a half day event with a focus on having difficult conversations in the context of Making Safeguarding Personal and developed a Self-Neglect and Hoarding strategy.

With regard to the Children Board we have established a multi-agency Neglect strategy implementation group and Graded Care Profile 2 - our chosen Neglect assessment tool which continues to be implemented across agencies. We have, along with Children's Social Care commissioned a review of the Front door arrangements with a focus on increasing conversations between professionals and Early Help and reducing the unnecessary referrals that do not require social work intervention. The new ways of working were introduced in March 2019 and are proving very successful. In October 2018 a conference took place focusing on raising awareness of potential risks which contribute to the vulnerability, ill health or death across the city embedding learning from reviews of child deaths that take place.

2.5 Nearly 1400 people have attended face to face learning events and nearly 5,000 e learning courses have been completed by both adults and children's workforces.

2.6 The Boards held joint meetings in January and March 2019 in order to agree the priorities for 2019/20. These have been determined to be Adverse Childhood Experiences; Complex Safeguarding; Transitions; Neglect and Mental Health.

## **2.7 Future Challenges and Improvement**

In addition to the areas identified as priorities in the 2019/ 2020 Business Plan which are summarised above, other areas of challenge have been identified as follows:

2.8 There is still a need to ensure that Making Safeguarding Personal is embedded and that the Safeguarding partnership has a greater understanding of the issues faced by citizens. A task and finish group is in place looking at how to promote Making Safeguarding Personal and there is a specific area on the new business plan regarding hearing the voice of citizens in terms of Safeguarding.

2.9 A further challenge to the system is the number of adults who need care and support and as safeguarding awareness is increased, this is likely to have a knock on effect.

2.10 There is still a need to increase the awareness of the MSCB Neglect Strategy or familiarity of the tools to identify neglect. This should be aided by the multi-agency Neglect implementation steering group and the refresh of the existing strategy which will be promoted widely.

2.11 There is a need to review the Levels of Need framework to make it more accessible to practitioners and consistent with Signs of Safety and the iThrive framework used in mental health. A subgroup has been set up to develop this further.

2.12 The number of serious case reviews and safeguarding adults reviews which are to be completed presents both a challenge in terms of resources required to complete these very complex pieces of work, and also in terms of ensuring the learning across such a large number of agencies is shared and embedded to make sure that changes in practice are made and sustained. Further detail on this is later in the report.

2.13 Following a legislative change there was a requirement for the Local Safeguarding Children Board to be replaced. Manchester now has a new multi-agency safeguarding partnership which has also brought the Children and Adults Boards together. As required the three statutory partners of the Local Authority, Police and the Clinical Commissioning Group published their plan at the end of June 2019 and have been in a transitional period until end of September. The development of one board for children and adults reflects the direction of travel over the last two to three years. However retaining two separate executive groups for Adults and Children ensures that the focus on single issues is not lost.

### **3.0 Extract of minutes from Health Scrutiny Committee 3rd September 2019**

3.1 "The Committee considered the report of the Executive Director of Adult Services and the former Independent Chair of Manchester Safeguarding Adults Board. It provided Members with an overview of the work of the Board for the period from April 2018 - March 2019.

3.2 The Independent Chair of Manchester Safeguarding Adults Board referred to the main points of the report which were: -

- Noting the priorities of the Board that were rolled forward from 2017/18 into 2018/19;
- Noting the key activities described in 2018/19; and
- Future challenges and improvement.

3.3 The Executive Director of Adult Services paid tribute to the former Independent Chair of the Manchester Safeguarding Adults Board for her commitment and diligence in safeguarding adults in Manchester.

3.4 The Executive Director of Adult Services stated that in recognition of the reconfiguration of services in Manchester new safeguarding arrangements were due to be announced in September and information on these would be shared with the Health Scrutiny Committee.

3.5 A Member commented that the use of the word 'customer' in the context of Domestic Violence was inappropriate. The Independent Chair of Manchester

Safeguarding Adults Board acknowledged this comment and stated that this would be corrected prior to the reports formal publication.

3.6 A Member commented that the report referred to the Learning from Reviews Subgroup and noted that it stated 'It had been a challenge to secure regular and consistent attendance from all agencies and the subgroup had three different Chairs which had led to some inconsistency and slow progress at times.' and asked what was being done to address this. The Independent Chair of Manchester Safeguarding Adults Board informed the Committee that the new Chair of the Subgroup was addressing this issue and Learning from Reviews would continue within the new arrangements. She said this would be aligned with the Learning and Improvement Subgroup, and she was confident that this new arrangement would improve this situation.

3.7 The Executive Director of Adult Services commented that the new safeguarding arrangements would strengthen learning reviews and ensure that the right action was taken at the right time by the right partner.

3.8 In response to a question regarding the number of, and costs of legal challenges and how this was monitored and reported, the Independent Chair of Manchester Safeguarding Adults Board stated that it was not the role of the Board to consider any legal challenge and responsibility for that rested with the relevant partner. She further stated that the Board were satisfied with the approach taken to The Deprivation of Liberty Safeguards (DoLS). The Executive Director of Adult Services informed Members that she met with legal officers on a monthly basis to review and monitor any challenges.

3.9 The Executive Director of Adult Services responded to a comment from the Chair who noted that the membership list of the Board was predominantly statutory health providers and there appeared to be little or no representation from the Voluntary and Community Sector, and asked if this was typical. She advised that the levels of representation would be reviewed and workshops around this had been delivered with the intention to include both statutory and non-statutory bodies represented on the Board. She further stated that the recently appointed Director of Homelessness would be joining the Board.

### **3.10 Decisions**

The Board: -

1. Note the publication of the Manchester Safeguarding Adults Board Annual report 2018–2019.
2. Recommend that the word customer is removed and replaced with a more appropriate term when referring to Domestic Violence. “

### **4.0 Extract of minutes from Children and Young People Scrutiny Committee 4th September 2019**

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

- That this was a good, comprehensive report;
- To ask whether there had been any prosecutions in Manchester in relation to Female Genital Mutilation (FGM);
- Work to address neglect and child obesity;
- The importance of partnership working, particularly in relation to tackling "county lines" (where vulnerable young people from the city were exploited by criminal gangs to transport and sell drugs in other areas), given the way this crossed borders into other local authority and police areas;
- The importance of consistent, effective training for teachers and other professionals on recognising signs of neglect or other safeguarding concerns; and
- The work of the Local Authority Designated Officer (LADO), who managed allegations against adults who worked with children.

4.2 Julia Stephens-Row informed Members that there had only been one successful prosecution for FGM in the country, which had not been in Manchester. She reported that she had attended a conference on FGM where the North West Chief Crown Prosecutor had outlined the challenges in pursuing prosecutions for FGM but that she had been reassured that the Crown Prosecution Service would pursue prosecutions as necessary. She advised Members that, in her view, the key focus of work in this area, was to encourage women and girls to come forward and ensure that they were supported and protected.

4.3 Julia Stephens-Row reported that the MSCB had refreshed the Neglect Strategy and was continuing to fully roll-out the use of the neglect tool, which had already been used in a number of cases. She informed Members about a range of work to address child obesity, primarily lead by the Population Health Team. She advised Members that this included a refresh of the Obesity Strategy which linked into the MSCB's Neglect Strategy. The Strategic Head of Early Help reported that early intervention was the best approach to tackling obesity so, in addition to learning from serious cases, work was taking place to reduce obesity through the Early Help Offer.

4.4 Julia Stephens-Row reported that work to address county lines required good links between organisations across the country as young people were being moved across borders. The Strategic Head of Early Help informed Members about the 'Trapped' campaign against child criminal exploitation and outlined some of the work taking place to address this problem through policies, training and complex safeguarding operations. She reported that it had been recognised that young people going missing from home was a significant risk factor so the established processes for dealing with children who went missing from home were now being used to enable early identification and intervention. The Executive Member for Children and Schools recommended that the 'Trapped' video be circulated to Members of the Committee, to which the Chair agreed.

4.5 The Strategic Director of Children and Education Services informed Members about the work of the Education Safeguarding Team and how they worked with clusters of schools. He offered to provide further information on this in a future



report. The Executive Member for Children and Education Services commented that partnership working and a change of culture were central to a lot of the issues raised during this item and suggested that, when the Committee received future reports on locality working and safeguarding arrangements, officers should include more information on these aspects.

4.6 Julia Stephens-Row reported that work had been done to raise the profile of the LADO role, although some organisations were better than others at referring cases. She informed Members that the LADO provided advice to organisations on dealing with allegations and that not all cases progressed to investigations.

4.7 The Executive Member for Children and Schools and the Chair thanked Julia Stephens-Row for her work as the Independent Chair of the MSCB.

#### **4.8 Decisions**

1. To note the publication of the Manchester Safeguarding Children Board (MSCB) Annual report 2018–2019.
2. To recognise the need to promote the importance of safeguarding of children and young people across the Council and in the services that are commissioned ensuring that safeguarding is at the heart of all that is delivered.
3. To request that the ‘Trapped’ video be circulated to Members of the Board.
4. To request that an extract of the minutes for this item be provided to the Health and Wellbeing Board when they discuss this report.”

#### **5. Trends and themes from Serious Case Reviews and Safeguarding Adults Reviews**

5.1 Both annual reports refer to the Serious Case Reviews and the Safeguarding Adults Reviews which have been published in the last year. Reference is also made to the recommendations and learning from these reviews. A small piece of analysis undertaken looking at the period April 2015 - June 2019 has provided some useful information which can be summarised as follows. The numbers are quite small and this needs to be borne in mind when drawing too many conclusions.

5.2 With regard to Serious Case Reviews the number of referrals has started to show a reduction from 12 in 2015/16 to 9 in 2018/19. However not all of these then become a serious case review; there will be some cases where no further action is taken; and some where a learning review, which is a more focused piece of work takes place. In 2015/16 5 Serious Case Reviews were commenced and no learning reviews, compared to 2018/19 with 3 Serious Case Reviews being commenced and 5 learning reviews. In 2015/16 the referrals were for neglect (4), physical abuse (4), sexual abuse (3) and emotional abuse (1). Of these those that progressed to a Serious Case Review the categories were neglect (3), physical abuse (1) and sexual abuse (1).

5.3 In 2018/19 the referrals were spread across all the categories including neglect, physical abuse, abusive head trauma, sexual abuse, emotional abuse, and suicide. Of those that progressed to a Serious Case Review the categories were emotional abuse(1), sexual abuse (1) and abusive head trauma (1). Up to the end of June 2019 4 referrals have been made, 1 of which has resulted in a Serious Case Review being started in the category of physical abuse.

5.4 A tentative conclusion that can be drawn is that there is a greater awareness of neglect although it is recognised that there is much more to do. In addition the reduction in referrals, if it continues for the remainder of the year, it may indicate practice improvements and early interventions are having an impact on reducing the overall number of referrals for Serious Case Reviews.

5.5 With regard to Safeguarding Adult Reviews (SAR) the picture is very different, showing a significant increase in referrals from 5 in 2015/16 to 28 in 2018/19.

5.6 The figures were similar in 2016/17 (5), and 2017/18 (7). In 2015/16 of the 5 referrals 3 led to an SAR and, 1 learning review and 1 was a single agency review, compared to 2018/19 where 28 referrals led to 5 SAR's, 8 learning reviews and 1 single agency review.

5.7 In 2015/16 the referrals were in the categories of self-neglect (1) and neglect / acts of omission (4). The SARs which were carried out were all in the category of neglect /acts of omission. In 2018/19 the referrals were in the categories of self-neglect (9); self-neglect with homelessness / rough sleeping as an issue (10); neglect/ acts of omission (3); physical abuse (2) and suicide / attempt suicide (4).

5.8 The SARs which were carried out were in the category of neglect/ acts of omission (1); self-neglect (4). Learning reviews in the categories of suicide / attempt (1) and self-neglect (1) and self-neglect with homelessness / rough sleeping (10). Up to the end of June 2019 4 referrals have been made, 1 of which has resulted in a Safeguarding Adult Review being started in the category of self-neglect.

5.9 The spike in referrals for reasons of self-neglect and homelessness in 2018/19 correlates to the publication of the Government Rough Sleeping Strategy in August 2018, which recommends that "a Safeguarding Adult Review takes place when a person who sleeps rough dies or is seriously harmed as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult." A learning review has been commissioned using a national expert in this field which is shortly due to be completed the findings of which will be shared widely to ensure that any necessary changes in practice are communicated.

5.10 A further reason for the increase in referrals has been the overall raising of awareness of safeguarding in the past four years. There has also been a considerable amount of work done by the MSAB to raise awareness about the issue of self-neglect within the 2018/19 period which is likely to account for the increase in self-neglect referrals overall.

5.11 The main learning areas from both SCR's and SAR's are in relation to the need to improve multi agency working; change or promote awareness of policies and procedures; training; and development of professional expertise. More specific details are contained within the annual reports.

## **6.0 Recommendations**

6.1 The Board is asked to:

1. Note the annual reports of the two safeguarding boards.
2. Request that each constituent member promote the importance of safeguarding across their organisation. Ensuring that safeguarding is at the heart of all commissioned and delivered services; with particular emphasis on learning from reviews and changing policies and practices accordingly.

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MANCHESTER SAFEGUARDING  
CHILDREN BOARD

# MANCHESTER SAFEGUARDING CHILDREN BOARD

## 2018/19 Annual Report



*“Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.”*

Published: September 2019



@McrSafeguarding

[www.manchestersafeguardingboards.co.uk/](http://www.manchestersafeguardingboards.co.uk/)



This Annual Report was endorsed at a meeting of the Manchester Safeguarding Children Board and Adults Joint Board on 15<sup>th</sup> July 2019

The report is produced by Manchester Safeguarding Children Board (MSCB). It reports on matters relating to 2018/19.

The purpose of the Annual Report, as stated in Working Together to Safeguarding Children 2015, is to provide a rigorous and transparent assessment of the performance and effectiveness of local safeguarding arrangements for children. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.

The report includes lessons from reviews undertaken within the reporting period.

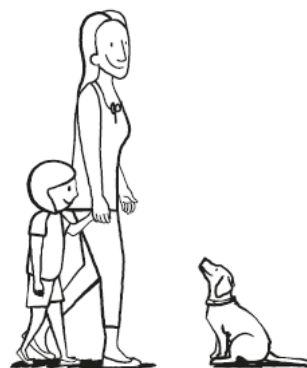
In addition to being made available to the public, this report will be submitted to the Chief Executive of Manchester City Council, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

If you have any comments about the Board's work or wish to find out more you can contact the Manchester Safeguarding Children Board on tele: 0161 234 3330  
or email: [manchestersafeguardingboards@manchester.gov.uk](mailto:manchestersafeguardingboards@manchester.gov.uk)

Large print, interpretations, text only and audio formats of this publication can be produced on request; please call on 0161 234 3330.

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## 1. Chair's Foreword

Welcome to the Manchester Safeguarding Children's Board (MSCB) Annual Report for 2018/19. This annual report provides local people with an account of the MSCB's work from April 2018 until March 2019 to improve the safeguarding and wellbeing of children and young people across the city of Manchester.

In 2017 we developed a strategic plan and priorities which was undertaken jointly with the Manchester Safeguarding Adults Board. This has rolled forward into 2018/19. This report provides an update of the work that has taken place through the MSCB and its sub groups to support the delivery of the strategic plan and priorities. It is important to note that a number of the subgroups are shared with the Manchester Safeguarding Adults Board and we have held several meetings whereby the areas in common to the two Boards could be explored.

This report contains information on the Serious Case Reviews undertaken, strategies developed, training delivered and findings from audits. This has included the launching of the modern slavery and human trafficking strategy; a complex safeguarding conference exploring the different aspects of complex safeguarding and the sharing of information on the new complex safeguarding hub; and the sharing of communications tools to highlight different aspects of neglect.

This will be the last annual report of the Manchester Safeguarding Children's Board as legislation requires that new multi-agency safeguarding arrangements have to be established by September 2019. Arrangements are in place to ensure that there is a smooth transition. The development of one board for children and adults reflects the direction of travel over the last two to three years of an ever more joined up agenda however retaining two separate "executive groups " for Adults and Children ensures that the focus on single issues is not lost.

Finally I would like to thank the many partner agencies for their hard work and dedication, particularly to those who are directly involved in the work of the Board, helping to achieve our overarching vision and priorities. The focus across the system is to ensure that children and young people are safeguarded and those working within it adequately supported to deliver high quality services. Safeguarding is a very difficult and challenging area and I have been impressed by the commitment and dedication of colleagues and I wish them well in the future.

*J. B. Stephens-Row*

**Julia Stephens-Row**

**Independent Chair of Manchester Safeguarding Adults and Children Boards**

**June 2019**





## 2. Executive Summary

The Board focuses on specific areas where children and young people are in need of help and protection. This report details the progress we have made around all of our priorities set out in the 2018/19 Business Plan and in safeguarding prevention so as to keep children safe from harm, along with the areas identified as future challenges relating to multi-agency safeguarding arrangements. It is put together along with contribution from partners and sub groups and includes information regarding the progress of the Board over the last year.

An important function of the Board is to monitor and evaluate the effectiveness of what is done by all Board safeguarding partners both individually and collectively to safeguard and promote the welfare of children, including advising them on ways to improve.

The Board meets regularly and is supported by a number of subgroups, detailed later in this report.

The 2018/19 priorities were as follows:

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <b>1. Engagement and Involvement</b> | <b>3. Transitions</b>              |
| <b>2. Complex Safeguarding</b>       | <b>4. Neglect and self-neglect</b> |

Key activities in 2018/19 include:

- During the period 2018/19, MSCB published five Serious Case Reviews: SCR F1 / G1 / L1 / M1 and N1. These are summarised in Section 7.
- The [MSB Manchester Modern Slavery and Human Trafficking Strategy \(2018-2020\)](#) was launched in May 2018, alongside three launch events held in the localities to promote the strategy. The impact of this strategy is due for review but an early review shows evidence of improvement in awareness and responses to Modern Slavery and Human Trafficking both within the workforce and our community.
- In February 2019, the Manchester Safeguarding Board (MSB) held its first Complex Safeguarding Conference – ‘New Thinking and Best Practice in Relation to Complex Safeguarding’. The conference was delivered to over 100 front line practitioners and their managers from both children’s and adult’s backgrounds. Speakers included the University of Bedfordshire on Contextual Safeguarding, a presentation from an exploitation and trauma consultant regarding Child Sexual Exploitation (CSE) and Adult Sexual Exploitation (ASE) and background information regarding the work of the Complex Safeguarding Hub. This was followed by six afternoon workshops from the Children’s Society (Disrupting Exploitation), Youth Justice (Mapping Exercise), GM Dovetail Team (Radicalisation and Prevent), AFRUCA (Modern Slavery and Human Trafficking), Independent Child Trafficking Advocacy Service (ICTA) and Deconstructing Vulnerability and Consent. Feedback on the conference was widely positive and shows an appetite for similar training opportunities.
- The MSB has implemented a multi-agency steering group to ensure the neglect strategy and our tool – Graded Care Profile 2 (GCP2) is embedded in across all agencies. We have trained 16 multi-agency staff in GCP2 so they can go out and train their own staff and so far, 93 multi-agency staff have now been trained in GCP2. A neglect communications strategy and toolkit has also been launched.
- Protecting Vulnerable Babies and Preventing Child Deaths Conference in October 2018 took place to embed the learning from child deaths within Manchester.

The Board has not received any complaints during the 2018/19 period.

### 3. About Manchester

In recent years, Manchester has experienced significant population and economic growth and a vastly improved physical infrastructure. The population of the City has increased by nearly a third since 2001 and local forecasts indicate that this growth is likely to continue in the future. By 2028, there are forecast to be over 662,000 people living in the city, up from 503,000 at the time of the 2011 Census.

The population of Manchester has some particular characteristics that set it apart from other major cities outside of London (the so called 'Core Cities' group of authorities comprising Birmingham, Bristol, Leeds, Liverpool, Newcastle-upon-Tyne, Nottingham and Sheffield). Compared with these cities, Manchester has a higher than average proportion of younger working age adults and a smaller, but more vulnerable, population of older people. The scale of population growth in Manchester has also outstripped that of other major cities. Between the 2001 and 2011 Census Manchester experienced the highest rate of population growth of any local authority in England.

Manchester has a long history of being multi-ethnic and multicultural city and migration into and out of the city (both to/from other parts of the UK and internationally) continues to be the major driver of population change in Manchester.

Manchester also has one of the highest rates of child poverty in England with around 27% of children under the age of 16 living in poverty. This equates to roughly 29,500 children aged under 16 living in poverty in Manchester. Levels of fuel poverty in Manchester are also significantly higher than the England average.

Manchester's State of the City report provides further data and statistics for Manchester and can be found at [manchester.gov.uk/state\\_of\\_the\\_city\\_report\\_2018](http://manchester.gov.uk/state_of_the_city_report_2018)

There are more specific areas of concern where children and young people are in need of safeguarding support and protection and these are the areas where the MSCB focuses much of its work.

### 4. Statutory Framework and how we deliver

The Children's Act 2004 requires all Local Authority areas to establish a Local Safeguarding Children Board (LSCB). LSCBs are inter-agency partnerships with statutory responsibility to coordinate local safeguarding arrangements which promote the welfare of children and make sure they are working effectively. Manchester Safeguarding Children Board includes representation from the Local Authority, Greater Manchester Police, Health Services, Housing, Probation and the Voluntary sector.

The functions of the LSCB are set out in Working Together to Safeguard Children 2015 and further details can be found on our website at [www.manchestersafeguardingboards.co.uk/working-together](http://www.manchestersafeguardingboards.co.uk/working-together)

Our statutory functions and objectives are to:

- coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area
- ensure the effectiveness of what is done by each person or body for those purposes
- develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority
- raise awareness within communities of the need to safeguard and promote the welfare of children, how this can best be done, and encourage them to do so
- monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve
- participate in the planning of services for children in the area of the authority
- undertake Serious Case Reviews and advise the authority and their Board partners on lessons to be learned.

Manchester Safeguarding Children Board meets every two months and focuses on a range of activity including how we are implementing our Business Plan, the priorities within it and the impact our action is making towards safeguarding outcomes for children. Board members are required to commit to 80% attendance at meetings over the year. Those members who do not meet this attendance rate are contacted by the Independent Chair. A full list of membership as of March 2018 can be found at [Appendix 1](#).

The Board has statutory responsibility for completing Serious Case Reviews (SCRs) by overseeing the screening, conduct and publication of SCRs and other learning reviews. This work is supported by the Serious Case Review Subgroup, Learning from Reviews Subgroup, Learning and Development Subgroup and the Safeguarding Practice Development Group and its three Safeguarding Fora.

Other subgroups that support the Board are the Quality Assurance and Performance Improvement Subgroup (QAPI), Communications and Engagement Subgroup and the Complex Safeguarding Subgroup.

The MSCB Leadership Group manages the Board's business, co-ordinating the work programme and overseeing key business functions on behalf of the Board. This includes overseeing the risk register and the budget, and performance. The Group also, where necessary, commissions 'task and finish' groups to look at specific pieces of work in greater depth.

The Governance Structure for Manchester Safeguarding Board can be found at [Appendix 2](#).

The Board is supported by the Manchester Safeguarding Boards Business Unit (MSB BU).



## 5. Our Priorities for 2018/19

The 2018/19 MSAB Business and Strategic Plan sets out priorities and actions for 2018/19. The 2018/19 strategic plan can be found at [Appendix 3](#).

We chose four main priority areas, listed below along with progress against our intentions:

### Engagement and Involvement - Listening & learning; hearing the voice of children

#### We will:

- listen to the views of children
- make sure their voices are heard and are at the centre of what we do
- put children in control of decisions about their care and support
- be proactive in making children aware of emerging issues and how we will deal with them

#### We have:

- Undertaken Voice of the Child self-assessments within Section 11 audit
- Embedded the Voice of the Child in our multi-agency audits
- Developed our website to have an area for children and young people
- Engaged children and young people in the development of our board priorities

#### What will change?

- we will know what children think and take account of it when we make plans
- we will know those views are taken account of when agencies set up and make changes to services

#### PRACTICE EXAMPLE:

**Manchester Youth Justice** - Youth Justice workers listen carefully to all children and young people and ensure that they are interviewed away from parents and carers as part of any assessment process. We ask young people to give their views on our service through a self-assessment form which is integral to the Youth Justice assessment and planning framework and is completed every time an assessment is completed and reviewed. This allows us to report on the collated views of the young people we work with. We use this information to improve the way we engage with young people and improve effectiveness.

### Complex Safeguarding - Domestic Violence & Abuse, Female Genital Mutilation (FGM), Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

#### We will:

- ensure that the complex safeguarding issues listed are tackled effectively and that children at risk are protected
- seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them

#### We have:

- Supported the development of the Complex Safeguarding Hub
- Delivered a series of awareness multi-agency awareness raising events including a Complex Safeguarding Conference in February 2019.
- Developed a series of seven minute briefings including Criminal Exploitation and Coercion and Control.
- Heard from Community Safety Partners who provide the Complex Subgroup with thematic updates re Domestic Violence & Abuse, Female Genital Mutilation etc., raising any concerns to the Board.

#### What will change?

- We will be assured that children at risk are effectively and consistently protected from harm, or supported it if it does occur.

**PRACTICE EXAMPLE:**

**Greater Manchester Police (GMP)** - Complex Safeguarding is a term used to describe criminal activity - often organised - involving vulnerable people, where there is exploitation and can include child sexual exploitation; modern slavery and trafficking; violent extremism or honour based abuse.

*Working with our partners, we have launched the Complex Safeguarding Hub, located at Greenheys Police Station. The Hub will change the way public services understand and respond to complex safeguarding risks. We will improve our ability to protect children and safeguard adults, and will reduce the impact of repeated abuse on children, adults, and families.*

## Transitions - moving from childhood to adulthood in a safe and positive way

### We will:

- agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- facilitate the development of a Transitions Strategy that ensures individuals' engagement with services as they transition is consistent, seamless and safe; no-one 'slips through the net'

### We have:

- Been given assurance from the Transitions Planning Team that all relevant partner agencies are working together to achieve smooth transition from childhood to adulthood.
- A multi-agency Transitions Board has been established, which first met in March 2019.

### What will change?

- We will be assured that individuals who need care and support benefit from a simple, effective and safe response as they make the change from child to adulthood

**PRACTICE EXAMPLE:**

**Children's Social Care (CSC)** - Children's Social Care and Adults Social Care worked together so that an appropriate and experienced adult provider could be identified for a young person who was living in a family home, where younger siblings were frightened of him. A positive move took place out of the family home prior to his 18th birthday and the young person now engages in 1:1 sessions with support staff. The work of the Transitions Team will continue to aim towards smooth transition for those who need it.

## Neglect - ensuring the basic needs of every child are met

### We will:

- ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- communicate and embed the neglect strategy across partner organisations
- seek assurance that early help is sought where there is a risk of abuse

### We have:

- Implemented a multi-agency steering group to ensure the neglect strategy and our tool – Graded Care Profile 2 (GCP2) is embedded in across all agencies.
- Trained 16 multi-agency staff in GCP2 so they can go out and train their own staff.
- 93 multi-agency staff have now been trained in GCP2.
- Launched the MSCB Neglect Communications package <https://www.manchestersafeguardingboards.co.uk/resource/neglect-campaign-materials-information-for-all/>
- Developed obesity safeguarding tools for practitioners to identify safeguarding concerns in relation to obese children and work together to protect the child and other support to the family

**What will change?**

- we will be assured that children at risk of neglect will be safeguarded and protected

*PRACTICE EXAMPLE:*

**Education** - The Neglect Strategy has been highlighted to Education staff and to partners through circular letters, the Safeguarding Newsletter and networks.

Education staff from the Safeguarding in Education and Education Casework Teams have been part of the pilot group and the team delivering training on Grade Care Profile 2.

Schools are involved in the North pilot of Graded Care Profile 2

Awareness of the signs of Neglect is incorporated into all Safeguarding training delivered by Education teams, and highlighted particularly to staff who work directly with children and families.

## 6. What have we done?

### Voice of the Child

We are committed to listening to the voice of the child and improving engagement with children and young people in all aspects of our work.

Prior to the Board reviewing and setting our priorities for 2018/19, we asked children and young people what they wanted us to focus on via a Survey Monkey survey and the results of the Manchester Youth Council Make Your Mark Survey 2018 were also considered.

Every MSCB multi-agency audit contains questions regarding Voice of the Child, for example:

*'Is there sufficient evidence of the Voice of the Child and the child's wishes and feelings in the assessment?' and 'If the child has communication difficulties is there evidence that alternative methods have been used to capture the child's wishes and feelings? Please explain the methods.'*

The MSB multi-agency Section 11 self-assessment audit also asks agencies to assess what standards they meet regarding Voice of The Child by the following measures:

- 1) A culture of listening to children and taking account of their wishes and feelings both in individual decisions and development of services
- 2) A culture of listening to parents/public and taking account of their wishes and feelings both in individual decisions and development of services
- 3) A culture of listening to staff and taking account of their wishes and feelings both in individual decisions and development of services

All reports coming to the Board and subgroups continue to detail information as to how the work described will impact the lives of children and young people. The Board also has three lay members who attend at Board and other subgroups to provide a grass roots perspective to our work. Their attendance and contribution is highly valued.



### Neglect

The Manchester Safeguarding Children Board Neglect Strategy 2017-19 and the Graded Care Profile 2 (GCP2) - our chosen Neglect assessment tool, continues to be implemented across all agencies.

The Neglect Strategy sets out the strategic direction and priorities and outlines how partners will work together to offer a coherent, effective and well-co-ordinated multi-agency response to cases where neglect is an issue.



A multi-agency Neglect Strategy Implementation Steering Group has been set up to ensure this continues to be driven forward. The group includes strategic leads from Children's Social Care, Police and Health services and will continue to meet to ensure full roll out of the MSCB Neglect Strategy across all partners.

The MSCB Neglect communications strategy and toolkit has been devised and published and is available here: [www.manchestersafeguardingboards.co.uk/resource/neglect-campaign-materials-information-for-all/](http://www.manchestersafeguardingboards.co.uk/resource/neglect-campaign-materials-information-for-all/)

The MSCB Neglect Strategy is due for review in April 2019 and this will be completed by the Implementation Steering Group, along with input from leads from the MSCB and Leadership Group.

## Complex Safeguarding Conference

In February 2019, the Manchester Safeguarding Board held its first Complex Safeguarding Conference – 'New Thinking and Best Practice in Relation to Complex Safeguarding'.

The conference was aimed at front line practitioners and their managers from both children's and adult's backgrounds.

Over one hundred practitioners attended the conference, which included a speaker from the University of Bedfordshire on Contextual Safeguarding, a presentation from an exploitation and trauma consultant regarding CSE and ASE and background information regarding the work of the Complex Safeguarding Hub.

This was followed by six afternoon workshops from the Children's Society (Disrupting Exploitation), Youth Justice (Mapping Exercise), GM Dovetail Team (Radicalisation and Prevent), AFRUCA (Modern Slavery and Human Trafficking), Independent Child Trafficking Advocacy Service (ICTA) and Deconstructing Vulnerability and Consent.

66 people provided feedback regarding the conference – which included the below:

*'I have come away from the course feeling a lot more confidence about challenging such issues professionally. I could relate a lot of the content of the course to my work at the current time which helped me to understand what is or could be going on around a couple of my families. I will be tackling such issues very differently following this meeting, for example, making sure the context to any safeguarding issue is considered and mapped out as appropriate. I would like to be able to shadow the complex safeguarding hub in order to help me understand more of how they operate.'*

*'All parts were very useful and relevant for me in my practice. I have delivered safeguarding children training within my agency (health) today and been able to refer to some of the information shared in the conference. Many parts were really useful: the presentation on contextual safeguarding made me really think and I enjoyed and benefitted from the workshops I attended on Afruca's current campaign to raise awareness of modern slavery and from Channel/ Operation Dovetail.'*

## Child Sexual Exploitation (CSE)

Child Sexual Exploitation forms part of the Complex Safeguarding Hub which was officially launched in October 2018, where the Achieving Change Together (ACT) model has been successfully implemented, clinical psychology support is also available under the Trusted Relationships Project and therapeutic intervention is delivered by dedicated mental health practitioners.

Following the identification of a gap as regards to the amount of identified cases of CSE and ASE held for boys and young men the Sexual Exploitation Group commissioned some training from Survivors Manchester to train a range of partners engaged in work on sexual exploitation. This was arranged by the Manchester safeguarding Board and funded by the Community Safety Partnership and took place on 19th March 2019. The evaluations were positive and there is scope to consider further sessions for partnership workers.

The MSCB has also commissioned The Local Government Association (LGA) to complete a peer review of our response to CSE, which will commence in April 2019.

## Disrupting Exploitation Programme

The Children's Society Disrupting Exploitation programme is funded by The National Lottery Community Fund for three years in Greater Manchester, London and Birmingham. The programme commenced in October 2018 and is focussed on driving long-term, sustainable systems change that better responds to exploitation and provides the best possible outcomes for young people.

In Greater Manchester the team are focussing on disrupting Child Criminal Exploitation and recognise that this is a complex safeguarding issue that cannot be tackled in isolation and that it is also difficult to address solely by working with young people on an individual basis.

The programme therefore allows the team to work systemically and contextually, in partnership with professionals, young people and the community to challenge and adapt the 'systems' that we work in to ensure they are set up in the best way to effectively safeguard young people.

The systems change work consists of completing 'tasks' which fall under four different categories;

- Contextual
- Culture and training
- Policy and practice
- Information and intelligence.

The Disrupting Exploitation Team are in the process of developing approaches to understand and respond to young people who are in debt due to their exploitation, ensuring young people's experience is recognised and understood by professionals to improve safeguarding responses, and ensuring children and young people's needs are met in school, in order to reduce school exclusions and are also completing investigative work around good practise and innovations to how we capture and improve 'intelligence' to support safeguarding interventions as well as community responses to Anti-Social Behaviour across several local authorities.

The team also work directly with young people 'at risk' of exploitation providing an early intervention approach. Wythenshawe was identified as the first pilot area, and the team have been working intensively with young people in this area since January 2019. In March 2019, this expanded to reach to North Manchester due to additional funding received through Early Intervention Youth Fund (EIYF). This allowed the team to work with young people at escalating risk of exploitation who were not meeting thresholds for complex safeguarding.

The project workers have a reduced caseload due to working intensively with young people and to allow capacity for 'systems change tasks'. The team have worked with a combined number of nine young people so far.

For more information please contact [ManchesterDE@childrenssociety.org.uk](mailto:ManchesterDE@childrenssociety.org.uk)

## Private Fostering

The oversight of private fostering arrangements has increased significantly with monthly reports to all children's services managers and cyclical independent audit activity. Close scrutiny is paid to progressing legal permanence for this cohort of children and a number have now secure legal permanence within the private fostering arrangement by virtue of a private law order.

The Private Fostering Team has been in development and is expected to launch in April 2019 and will comprise of two full time social workers and one team manager. This will mean that all children who are privately fostered in Manchester are supported and monitored by one centralised team, which will ensure that the children and their private foster carers receive a quality and consistent service from Manchester City Council as well as ensuring that the monitoring and quality assurance of all practice is consistent.



Timeliness of Private Fostering visits has previously been a concern within Manchester Children's Services, however it is expected that the creation of the Private Fostering Team this should be improved. All Children who are privately fostered will receive visits within statutory timeframes and more as necessary which will be discussed in a case by case basis between the social worker and team manager.

There is a duty placed on the Local Authority, introduced by The Children Act 2004, to promote public awareness within their communities of the notification requirement. In order to fulfil this duty Manchester is set to launch a redeveloped communications strategy reaching out to staff across agencies, partners, residents and the general public. There also continues to be half day briefings being delivered as part of the Safeguarding Board multi-agency training programme. In addition, within the Level 3 safeguarding training an awareness of private fostering is incorporated, highlighting the vulnerability of privately fostered children and the duties of professionals when they are made aware of children who are privately fostered. Practice standards and expectations are part of the induction programme for all new social workers joining the Manchester social work service.

## Designated Officer

The Designated Officer role is to manage allegations against adults who work with children. The role is pivotal in ensuring that children are safeguarded from adults in positions of trust, who may pose a risk to them. During the reporting year, there has been significant work coming into the Designated Officer Service. 275 referrals have been received.

Source of Referrals	Number of Referrals
Social Care	108
Education	79
Police	37
Early Years	19
Health	9
Other	6
Sports / Leisure	5
Ofsted	4
Transport	3
Voluntary Organisations	3
Faith Groups	2

The Designated Officers continue to respond to a high volume of contacts from employers seeking advice and guidance. Out of the 275 referrals received, 180 were not progressed to a Designated Officer meeting but were given a combination of advice and guidance as they did not meet the criteria as outlined in Working Together. The Designated Officers also have increasing involvement with Subject Access Requests (SAR), responding to requests from the Disclosure and Barring Service (DBS) asking for information about allegations and outcomes, Freedom of Information requests (FOI) and providing information about adults who have worked in Manchester in the past as part of historical abuse enquiries, for example, the Independent Inquiry into Child Sexual Abuse (IICSA).

The high volume of work means that there is limited capacity for the Designated Officer to develop initiatives across other teams and services e.g. Safe After School. The Designated Officer does however, regularly attend the North West Designated Officer regional forum and contributes to regional and national learning in respect of the Designated Officer role. It is hoped that a combination of the new electronic system - Liquid Logic and the Designated Officer contacts being processed via the MASH will provide a more consistent approach to referrals that come to the Designated Officer.

## Front Door Arrangements

The MSCB and Children's Social Care (CSC) have commissioned Professor David Thorpe to review our Front Door Arrangements and look at new ways of working. The aim is to reduce referrals to CSC and promote collaboration and partnership working at a local level, with a focus on embedding Early Help as everyone's business.

Research undertaken by Professor Thorpe, showed that many referrals could have been resolved with a telephone call or further work such as an early help offer that does not require a social worker.

Following on from this, Professor Thorpe offered training to MASH staff and from the last week of March 2019, all referrals into the Multi Agency Safeguarding Hub must be made by a telephone call. Partners then have the opportunity to discuss the case with a social worker who can provide advice and agree with the caller the right response and resources.

The impact will be monitored by scrutiny of weekly data, weekly referral meetings and audit. Feedback will also be gained from families and partners. Early indications are that this is working well - where people have had conversations, they have felt that it was positive and a reduced number of cases being passed to a social worker for further action. Some areas for further focus have also been highlighted, which include out of hours contact.

*'I rang up gave some details and could speak to a MASH social worker straight away and was told what would happen next, then I was updated on the case progress. This was my first experience of the new way of working and I found it much better than the previous way'*

## Health Achievements

MHCC Safeguarding Children's Designated Team are undertaking an ICPC improvement programme with the 82 GP practices in Manchester to better the quality and return rate of Child Protection reports for conference. A user friendly electronic ICPC GP report template has been designed highlighting essential GP information required, and includes a signs of safety approach. A quarter of practices have so far been visited and advised how to improve report quality. GP's have shown a strong desire to support the programme. A deep dive audit will be undertaken to review changes as the programme progresses. Long term it is planned that findings will be shared with social care to improve information sharing from primary care further.

The ICON programme supports new parents with key messages about coping with crying and keeping infants safe from harm associated with shaking. This is through strength based conversations at key touch points with Health Visitors, midwives and early years outreach workers.

The programme was piloted in South Manchester during 2018 and the evaluation findings were presented to the MSCB in January 2019.

The programme is now being extended city wide and resources and communications are being enhanced. The plan is for training for all midwives and health visitors to start in July 2019.

The Population Health and Wellbeing Team within Manchester Health and Care Commissioning (MHCC) have led the development of the collaborative [Reducing Infant Mortality Strategy](#) which plans to take action to address the rise in Manchester's infant mortality rate. The strategy reflects the relationship between the causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions.



## 7. Serious Case Reviews and Lessons Learned

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1)(e) and (2) set out an LSCB's function in relation to serious case reviews, namely: 5(1)(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. (2) For the purposes of paragraph (1) (e) a serious case is one where: (a) abuse or neglect of a child is known or suspected; and (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

An SCR is not an investigation intended to attribute blame, but rather to identify strengths and weaknesses of the safeguarding systems.

During the period 2018/19, MSCB published 5 Serious Case Reviews: SCR F1 / G1 / L1 / M1 and N1. The Board screened 8 Serious Case Reviews; 3 were found to meet SCR criteria and reviews are underway; 4 were found not to meet SCR criteria and a Learning Review was conducted and 1 was found not to meet SCR criteria and required no further action.

### Published Reviews:

Full reports and learning packs can be found on our website at:

[www.manchestersafeguardingboards.co.uk/serious-case-reviews](http://www.manchestersafeguardingboards.co.uk/serious-case-reviews)

#### SCR F1: Published May 2018

Child F1 was thirteen years old when they died from a heart condition exacerbated by morbid obesity in April 2014. Child F1 had been obese for many years.

#### SCR G1: Published May 2018

Child G1 suffered injuries caused by adults who should have been nurturing and caring and who deliberately, over a long period, put barriers in the way of services which should have intervened to provide protection.

#### SCR L1: Published May 2018

Child L1 was born prematurely. Whilst pregnant with L1, mother disclosed her husband physically assaulted her and the sibling of L1. She later denied making the allegation. Following concerns over a mark on the abdomen of L1, both children were considered to be children in need (CiN). L1 sustained significant head injuries consistent with being severely shaken.

#### SCR M1: Published August 2018

M1 suffered a non-accidental injury and there was evidence of ineffective care planning, monitoring, supervision and oversight of multi-agency care planning and assessment processes.

#### SCR N1: Published November 2018

Child N1 was three years old at the time of death in March 2017. Child N1 was found unresponsive in the bath; the cause of death remains unascertained.

An analysis has been completed of the top four most common themes in Serious Case Reviews and Safeguarding Adult Reviews recommendations and these are as follows:

#### 1. Multi-agency working:

- Child Protection medicals
- Health staff being present at multi agency meetings or providing info if not present
- GP involvement in child protection process
- Partner engagement in strategy discussions / Improved strategy discussions
- Partner info for assessment (housing)

- Continuity of healthcare for LAC & notification to GP of change of placement
- All relevant services involved in CP conference / planning
- Think family / joined up approach
- Involvement of faith & community groups
- Information sharing (data protection)
- More joined up working / silo working

## 2. Policies and procedures

- New issues
  - Child / young person not brought to appointments by parents / carers
  - Challenging behaviour
  - Neglect strategy
  - Asthma management and smoking guidance
  - Domestic Violence – retraction of allegations
  - Multi-agency referral process for Adults
  - Obesity and neglect
- Raising awareness of existing policies
  - Escalation / Challenge
  - Concealed pregnancy awareness
  - Sudden Unexplained Death in Childhood guidance
  - Shared understanding of legislation

## 3. Training

- Professional curiosity & difficult conversations:
  - Hidden males / Transgender and sexuality / Self-neglect / Smoking / Obesity
- Specific Training:
  - Neglect and Graded Care profile / Risk management in legal planning

## 4. Professional expertise

- Importance of engaging the father in all assessments and decision making
- Identification of young carers
- Identification of risks from males in households, mobile isolated families, immigration status and BME
- Waiting list management of psychological therapy referrals
- Expertise in working with children with disabilities and complex needs to ensure that their views, needs and daily lived experience are fully understood
- Practice issues highlighted with reference to completion of domestic abuse section of contact screening (child) form.
- Paediatric consultants being provided with insufficient information about safeguarding concerns ahead of child protection medicals in order to consider what action to take.
- Understanding that all professionals need to be aware of children not being brought for health appointments and safeguarding issues that maybe linked to this.

## 8. Progress from our Subgroups

### Child Death Overview Panel (CDOP)

Purpose of the group - To review the deaths of all children aged 0 – 17 years (excluding stillbirths and legal terminations of pregnancy) normally resident in the City of Manchester to identify lessons learnt or issues of concern and make recommendations on effective inter-agency working to safeguard and promote the welfare of children. This multidisciplinary panel conducts a comprehensive review, with the aim to better understand how and why children in Manchester die and use the findings to recommend actions to prevent deaths and improve the health and safety of our children.

There was a total of 56 child death notifications reported to the Manchester Child Death Overview Panel (CDOP) from 1st April 2018 to 31st March 2019. Owing to the CDOP review process, there is a time lapse between a death being reported and the case being discussed and closed at panel. This depends heavily upon the circumstances leading to death and the death being subject to investigations.

There was a total of 47 cases discussed and closed by the CDOP from 1st April 2018 to 31st March 2019. For deaths that occurred during April 2018 – March 2019, it would appear that there has been an increase in the number of cases subject to coronial investigations, criminal proceedings and other reviews such as Serious Case Reviews. Depending on the circumstances leading to death and the nature of the death, this impacts on the number of cases closed by the CDOP. To undertake a comprehensive review of the death, the CDOP will not review a case until all investigations have concluded and the necessary reports have been submitted to panel for consideration. Cases that are subject to investigations may remain open for a number of years thus impacting on the timescale of which the CDOP closes the case.

In line with statutory guidance, the CDOP has a requirement to produce a local annual report. Detailed statistical analysis is performed to provide an overview of the potential risk factors that are likely to contribute to Manchester's child death rate and suggest action that could be taken to address this. The 2018/2019 Manchester CDOP Annual Report is due for publication in November 2019 and will be made available via the MSB website.

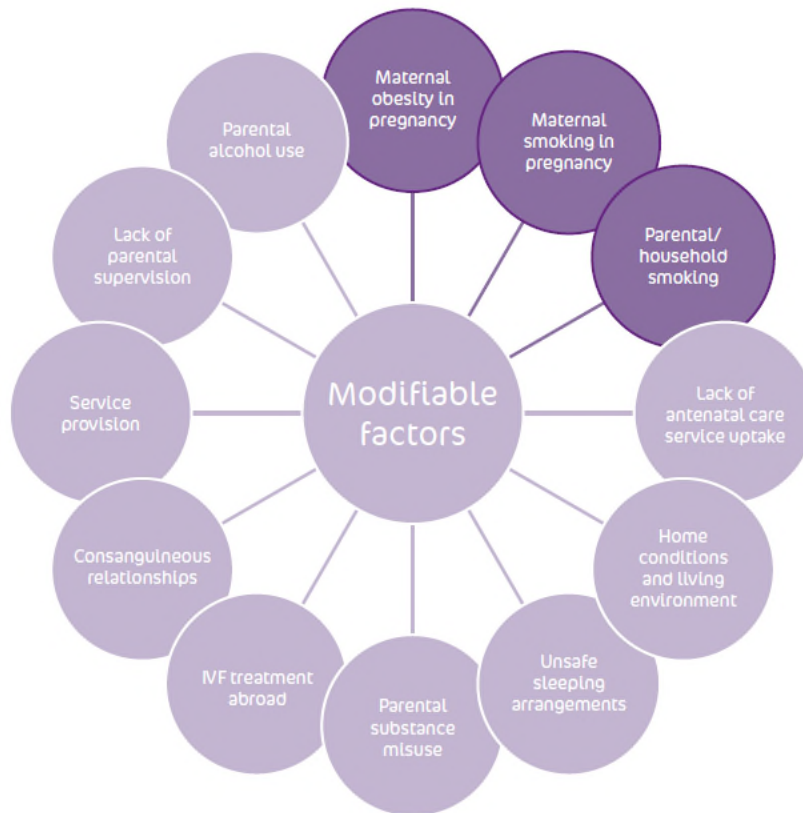
The CDOP continues to publish the quarterly [newsletter/poster](#) containing seasonal messages. The newsletter is aimed at parents, carers and the general public to raise awareness of trends in child deaths and provides advice and information regarding services available to families with the aim of preventing future deaths of children and young people.

Following the 2017/2018 CDOP recommendation for the MSCB to develop a training event to disseminate CDOP themes and learning, the MSB delivered the Protecting Vulnerable Babies and Preventing Child Death Conference in October 2018, to coincide with Baby Loss Awareness Week. There was a total of 90 multi-agency professionals in attendance with a range of frontline practitioners and senior managers such as GPs, Social Workers, Health Visitors, Midwives, Clinical Psychologists, Nursery Managers, Detective Inspectors etc. The event included presentations from Dr Elizabeth Dierckx, Greater Manchester Sudden and Unexpected Death in Childhood (SUDC) Lead and Dr Juliet Court, Consultant Paediatrician Community Child Health. The aim of the event was to raise awareness of the CDOPs key modifiable factors and potential risks which contribute to the vulnerability, ill-health or death of children across the City. Participants were able to demonstrate impact and provided positive comments such as:

*"Having been on the course, I was able to intervene when I witnessed a baby sleeping in an unsafe place whilst out visiting a family on my case load. I felt informed enough and confident enough to address the issue immediately. I was able to work with other agencies to help inform and support the family with their knowledge and subsequent improvement to this particular vulnerable baby's safe sleeping"*

*"I fed back at our team meeting some of the information from this course, I made a file from the slides and gave my colleagues leaflets. Our team was very interested in this. I have since, with families with new-borns, been able to relay the information and I have recognised through my visits when there are worries in safer sleeping and been able to challenge and record this."*

The Population Health and Wellbeing Team within Manchester Health and Care Commissioning (MHCC) have led the development of the collaborative [Reducing Infant Mortality Strategy](#) which plans to take action to address the rise in Manchester's infant mortality rate. The strategy reflects the relationship between the causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Reducing the infant mortality rate is a key priority within Manchester's Population Health Plan and encompasses the CDOPs key modifiable factors and contributing risk factors that increase the vulnerability of mother and baby both ante-natally and postnatally:



Three launch events were held across the City (North, South and Central) from 11th – 13th March 2019 to coincide with The Lullaby Trust Safer Sleep Week. The launches had a range of speakers with Councillor Garry Bridges, Councillor Sarah Judge and Barry Gillespie, CDOP Chair, opening the events which were well attended by 150 multi-agency practitioners. The strategy has been agreed by the Children and Young Peoples Scrutiny Committee, Health and Wellbeing Board and MSCB. It is a 5-year strategy from 2019 - 2024 and the steering group will continue to meet to discuss the implementation of the strategy and the delivery of the priority themes, objectives and actions.

An overview of the emerging themes, trends and modifiable factors are documented in the 2018/2019 CDOP Annual Report which is published each autumn on the MSB website at [www.manchestersafeguardingboards.co.uk/child-death-overview-panel-information-practitioners](http://www.manchestersafeguardingboards.co.uk/child-death-overview-panel-information-practitioners)

### Serious Case Review Subgroup (SCRSG)

The primary purpose of the SCR subgroup is to screen incoming referrals to assess whether they meet SCR criteria or not, and to recommend to the Independent Chair whether a SCR should be conducted. If SCR criteria is not met, the SCR subgroup can also recommend another type of learning review or activity, including single agency reviews. The SCR subgroup also monitors the progress of SCRs and considers first drafts of completed reviews, providing feedback to the independent reviewer prior to the review being considered by Board.

Once reviews are completed and signed off by the Board, Learning & Development subgroup are charged with conducting case specific learning events and publication of learning materials, and Learning from Reviews subgroup are charged with monitoring any actions agreed as a result of the review findings.

The subgroup continues to be well attended, is responsive and has robust systems in place for agencies referring/screening new cases within timescales. There is a good level of discussion and challenge from partner agencies when screening cases.

The group is able to consider and contribute to cross-area reviews (including recently those from Trafford and Blackpool, Rochdale and Tameside) as well as cross/border links for specific reviews (Stoke on Trent, Stockport, Sussex).

Rapid Review pack and process work well and although national requirements for timetable is challenging, the SCRSB have successfully met the timescales for the first three rapid reviews.

### **Safeguarding Practice Development Group (SPDG and Fora)**

The purpose of this group is to support the strategic priorities of the Board by gathering practice evidence, information and articulating practice challenges.

During 2018/19 the group has continued to evolve and grow, with a wide range of practitioners and services around the table.

The group have disseminated learning from a range of SCR and DHR's that have been published by the MSB over the period. Learning from the reviews has been demonstrated by examples of good practice identified by members from within their locality and reported back to the group.

An MSB priority area is discussed at each SPDG meeting and the subsequent Fora, meaning that MSB priorities remain a focus and ensuring that up to date information, learning and challenges are shared.

The group has also identified local trends and upcoming risks which has been further discussed at SPDG, with learning being and providing an excellent multi agency learning arena.

The group intends to work on evidencing impact as we move forward into the new reporting period

### **Quality Assurance and Performance Improvement Subgroup (QAPI)**

This subgroup has responsibility for the quality assurance of multi-agency safeguarding arrangements via the multi-agency case file audit programme, the multi-agency performance dataset; the annual Section 11 Safeguarding Self-Assessment and single agency audit reports.

The MSCB QAPI Subgroup have been able to evidence improvements in Children Missing Education (CME) and an increased number of responses to the Schools Safeguarding Self Evaluation as a direct result of QAPI scrutiny and challenge.

There was a good response to the Section 11 Safeguarding Self-Assessment – a total of 45 separate responses were received, including from 18 individual Registered Housing Providers and three Public Health commissioned organisations.

Two multi-agency case file audits were undertaken in the period. One was on the theme of Pre-Birth Assessments, and one was on the theme of Children with Disabilities (CWD) on a Child Protection plan for Neglect. The findings from the CWD & Neglect audit have shown evidence of improved safeguarding practice across the partnership, specifically around professional challenge and escalation, use of Signs of Safety, and recording of the Voice of the Child.

The multi-agency quarterly performance dataset had some missing data in the latter two quarters due to children's social care being unable to commit to supplying the requested Performance Indicators due to



competing demands on their resources. Some subgroup members feel that the dataset in its present form is too large and needs to be refined and refreshed. This will be reviewed during the next period as we move into the new arrangements.

### Learning from Reviews Subgroup (LfR)

This subgroup has the responsibility for monitoring the implementation of recommendations and actions arising from completed Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR), other Learning Reviews and also specific recommendations for MSCB or MSAB arising from Domestic Homicide Reviews (DHR).

The group has made some progress this year on the backlog of recommendations from previous reviews and a substantial amount of the actions on the Tracker have been marked as Green or Complete.

Some progress has been made in terms of thematic analysis of SCR recommendations which has been used to inform the MSB Business Plan.

A representative for Domestic Violence & Abuse is now part of the group which has proved very useful.

As a result of outcomes from SCR findings around abusive head trauma, the Manchester ICON Steering Group was established in March 2018. The ICON programme supports new parents with key messages about coping with crying and keeping infants safe from harm associated with shaking. This is through strength based conversations at key touch points. The steering group has tested the ICON approach through a pilot in South Manchester which has demonstrated that the programme is effective in getting across key messages to carers and can be easily implemented within our local health care system. The evaluation findings were presented to MSCB in January 2019 and the model was endorsed. The programme is now being extended city wide and resources and communications are being enhanced. The plan is for training for all Midwives, Health Visitors and GPs to start in quarter 2 of 2019/2010 with the view of expanding the programme to reach all agencies.

It has been a challenge to secure regular and consistent attendance from all agencies and the subgroup has had three different Chairs which has led to some inconsistency and slow progress at times

### Communication and Engagement Subgroup

This subgroup has the responsibility for facilitating the development and dissemination of accessible information in a variety of formats to raise awareness about safeguarding children and adults; targeting a range of stakeholders including citizens, professionals, service users and carers.

In 2018/19 the group the Communication and Engagement focussed on three priorities – MSCB Neglect, Modern Slavery and Trafficking, MSAB service user engagement.

The group successfully launched the MSCB Neglect Communications materials, in collaboration with Cheshire East LSCB, which includes social media messages along with a toolkit for use.

The toolkit is designed to:

- Raise awareness of Neglect
- Promote the Neglect campaign
- Help agencies across Manchester create their own campaign by utilising our materials.

The campaign key messages are:

- What is neglect?
- How do we spot it?
- Who do I contact for help?
- Where do I find more information (who do I contact)?





With regards to Modern Slavery and trafficking, the group have promoted the Manchester Modern slavery and Human Trafficking Strategy, including twitter updates and featuring the Modern Slavery seven minute briefing on the website.

## **Learning and Development Subgroup (L&D)**

This subgroup has the responsibility for supporting, analysing and assessing the delivery and impact on practice of a targeted multi-agency training programme that incorporates learning from SCRs and other reviews.

### **MSB Face to Face Training Courses**

A total of 1397 people attended face to face learning events in 2018/19 which is a decrease on the previous year (1612). (This data is based on both adults and children's courses)

Several new courses were added to the training programme: - GCP2, Awareness of Signs of Safety, Working with Male Survivors of sexual abuse and sexual exploitation (commissioned), and Safeguarding Children in whom illness is fabricated or induced. In addition to 2 x DHR events, 5 x SCR events and a non-SCR Multi Agency Concise Review on Fabricated and Induced Illness event. Large learning events included: - Complex Safeguarding Conference and Protecting Vulnerable Babies and Preventing Child Deaths.

### **Attendance and Non-attendance on Face to Face Training by Agency**

The largest number of attendees were from Manchester City Council Children's Services and the NHS. The spread of agencies and job roles attending training remains good. Non-attendance has increased slightly this year to 16.3% up from 15.3% last year and may be linked to the reduced business support as maintenance and reminders for courses was reduced.

### **Post Course Feedback from face to face MSB courses**

Attendees provide immediate post course feedback by completing a short online survey. The survey includes asking them to assess if learning outcomes were achieved and to outline any part of the course that was useful as well as any recommendations for improvement. The majority of courses achieve a response rate of at least 70% or higher. Trainee feedback is used to regularly update and amend courses and trainee satisfaction levels are also high.

### **Impact Evaluation of face to face Training**

The Learning & Development sub group selected 3 learning events to be impact evaluated for 2018/19 – 1) Graded Care Profile2, 2) Safeguarding Adults Conference 3) Awareness of Signs of Safety. All 3 reports will be considered by L&D.

Overall, feedback for all of the learning events was positive, with many examples of improved impact on practice. However, the response rate on all IE surveys was less than 50% despite several reminders being sent to attendees to complete the survey.

### **Online Learning**

The MSB has retained its contract with the online learning provider Virtual College which includes access to over 50 children and adult safeguarding training courses via a self-registration portal.

Online learning remains a popular and accessible source of safeguarding training. In 2018/19 a total of 5452 courses were accessed and 4,822 e-learning courses were completed, which is a slight decrease from 2017/18 when 5475 courses were accessed and 4924 were completed. The course completion rate was 88% compared to 90% in 2017/18.

The above data relates to both adults and children's training courses.

### Impact Evaluation of Online Learning

A total of 569 online learners responded to an impact evaluation survey which equates to 12% of all completed courses. The largest agency response rate was from Education/Schools and Nurseries which reflects that they are also the largest users of online courses.

Online learning remains a popular option for agencies and practitioners and satisfaction rates appear high. However, the impact evaluation questionnaire reminders are sent manually and due to reduced business support in the business unit this may have contributed to a low response rate. It may also be worth considering reducing the number of questions on the survey to improve a response rate.

### Conclusion

MSB learning events remain very popular and in high demand with most face to face courses having waiting lists. Courses are regularly reviewed and learning is embedded into training where requested and appropriate. Work is ongoing to ensure we recruit multi-agency subject specialists to join and deliver face to face training and review our online courses to ensure they match our priorities for 2019-20.

### Complex Safeguarding Subgroup

The purpose of this group is to receive thematic strategies/plans, research/policy developments (statutory/practice) and provide a challenge and support role within the context of strategic and operational delivery in the following strands of Complex Safeguarding: Modern Day Slavery and Trafficking; Child Sexual Exploitation (CSE) and Adult Sexual Exploitation (ASE); Domestic Violence and Abuse, including Female Genital Mutilation and so called Honour Based Violence; Vulnerability and organised Crime; Radicalisation and Extremism and Missing from home, care & education.

A work plan focussing on actions for the strands of Complex Safeguarding was set for 2018/19 - through this, actions and activities were tracked and supported. The work plan evolved constantly as work was completed and actions achieved. Thematic priorities were discussed at every meeting, on a rolling basis.

**Modern Day Slavery and Trafficking** - The [MSB Manchester Modern Slavery and Human Trafficking Strategy \(2018-2020\)](#) was launched in May 2018, alongside three launch events held in the localities to promote the strategy.

The Modern Slavery and Human Trafficking Subgroup continues to meet regularly to ensure communication and implementation of the strategy.

A joint project has been established with AFRUCA (Africans Unite Against Child Abuse) to establish 25 community champions and to run a joint campaign on exploitation.

**Sexual Exploitation** – Child Sexual Exploitation forms part of the Complex Safeguarding Hub which was officially launched in October 2018.

The MSCB commissioned The LGA to complete a peer review of our response to CSE, which will commence in April 2019.

### **Domestic Violence and Abuse, including Female Genital Mutilation and ‘so called Honour Based Violence’**

**Domestic Violence and Abuse-** Greater Manchester Police and Council colleagues have continued and further rolled-out Operation Encompass across the city, including to PRUs and Early Years settings. Over 500 notifications were received by schools during autumn and Spring terms of 2018-19. Numerous instances have been recorded in which the information shared has helped schools put a range of overt and silent support measures in place for pupils affected by domestic abuse in their household

Further progress has been made on the roll-out and embedding of the Safe and Together approach to working with families where domestic abuse is an issue, training over 100 staff in the approach and recently piloting a further related training package for staff on working with perpetrators

Colleagues in Community Safety have developed, promoted and launched, in conjunction with the MSB, a programme of learning from Domestic Homicide Reviews, along with related packages of learning materials and publications

Funding has been secured for continued provision of the Lesbian Gay Bisexual and Transsexual (LGBT) Emergency Accommodation Project, and the LGBT Independent Domestic Violence Advocate (IDVA) service, both of which have proved to be successful and highly regarded by those who have accessed them over the past two years.

### **Female Genital Mutilation (FGM)**

Awareness raising of FGM has significantly increased during 18/19 with events in November, December and February with increased recognition at a local, Greater Manchester (GM) and National level.

These events have showcased the wide ranging work being done by NESTAC (New Step for African Community – a non-profit organisation), AFRUCA and other local organisations to raise awareness and provide support to victims. Grant awards have enabled the extension of working with women in the community to deliver the peer mentor and health advocate programme.

This work has also supported the Guardian project which provides direct support to girls and young women directly affected or at risk of FGM.

### **Forced Marriage/Honour Based Violence and Abuse (FM / HBVA)**

Colleagues in Manchester have been working collaboratively with their counterparts across GM on development of a co-ordinated multi-agency action plan to deliver work under each of the four key themes of the 'So called' Honour Based Violence and Abuse Strategy.

The HBVA grant programme has enabled funding for Independent Choices to extend their Domestic Abuse helpline hours and for the delivery of community outreach to provide one to one support at the earliest opportunity. Work on HBVA has a focus on younger people, includes work with schools colleges and universities and involves participation in a community radio programme.

This work has also delivered drop in sessions in the localities and a conference focusing on coercion and control.

### **Missing From Home, Care and Education**

The Missing from Home Operational Group has been meeting bi-monthly over the last 12 months. The partners have worked together to ensure a more focussed approach to Manchester Missing by creating an Impact Map for the Manchester Missing Strategy.

This detailed: Rationale; Inputs; Activities; Outputs; Intended Outcomes and Intended Impacts and allowed the group to identify not only the good work being done in the City to support missing young people but also to identify the gaps.

Meetings also included performance updates from commissioned services and feedback on service audits across both missing teams, as well as information sharing and partner updates.

Gaps still remain in the link with Missing and Education, however this is acknowledged and we are working to review this.

### Vulnerability and Organised crime

A seven minute briefing was developed about [Criminal Exploitation](#).

Criminal Exploitation now an element of the multi-agency Complex Safeguarding Hub, where several successful proactive targeted operations are currently ongoing.

### Radicalisation and Extremism

Successful development and launch of the Home Office GM Dovetail Pilot, with Manchester as the GM Hub (shifting key functions of Channel from Police to the Local Authority)

Delivery of six Prevent / Channel workshops to social care staff (approx. 80 staff)

A refresh of the Manchester Channel Panel was completed.

Home Office funding was secured for 2019/20 to deliver Mock Channel Panels in the community to raise confidence in reporting concerns.

## 9. Budget

The Manchester Safeguarding Adults and Children Board budget is combined for 18/19. The total budget during that period was £ **740,148.58**. A full breakdown of the budget can be found at [Appendix 5](#).



## 10. Future Challenges and Priorities

The MSCB held a joint Board meeting with the MSAB in January and March 2019 in order to agree priorities for 2019/20.

Decisions were made by reviewing the 2018/19 business plan and gaps identified within, data collated by the QAPI subgroups and information from the themes and learning gained from our SCR and SARs. Responses to the MSB Priorities Service User Survey was also used to assist in the process.

It was agreed that the MSCB vision would remain the same:

*“Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.”*

The 18/19 overarching strategic priority ‘To be assured that safeguarding is effective across Manchester’, was changed to ‘To support agencies and seek assurance that safeguarding is effective across Manchester’.

The following priorities were agreed for 2019/20.

### Priority Areas

- Adverse Childhood Experiences (ACEs)
- Complex Safeguarding
- Transitions
- Neglect – Child and self and wilful neglect for adults
- Mental Health.

It was also agreed that there would be underpinning principles, which include – ‘Think Family’, Communication, Engagement and Involvement including Voice of the Adult and Child and Making Safeguarding Personal (MSP), alongside early recognition and intervention and prevention and protection (of neglect – physical, sexual, emotional and financial abuse and DV&A)

The Joint Strategic Plan for 2019/20 can be found at [Appendix 4](#).

The MSCB and MSAB also agreed that there would be one joint slim lined business plan, with priorities having aligned strategic leads who will report back to relevant Boards.

This report has demonstrated the progress made thus far on the priorities for 2018/19 and referenced the priorities for 2019/20. However as indicated a number of challenges still remain. The risk register for MSCB highlights a lack of awareness of the Neglect strategy, or familiarity with tools to identify neglect, impairs partners from early and supportive identification of safeguarding need, and awareness of levels of need across partnership is limited or not fully embedded, resulting in inappropriate levels of intervention.

Regarding neglect, a multi-agency Neglect Strategy Implementation Steering Group has been established to ensure this continues to be driven forward and to design and track a robust implementation plan. The neglect strategy will be refreshed for 19/20 to include additional identifying factors such as obesity.

With regard to the Levels of Need concerns, the MSB Levels of Need Framework will be reviewed at a newly established multi agency Working Group to review adapting the iThrive model for the Levels of Need Framework.

Whilst the number of referrals for Serious Case Reviews, which are now called Rapid Reviews has reduced. There are still a number of Serious Case Reviews to be completed. This presents both a challenge in terms of resources required to complete these very complex pieces of work; and also in terms of ensuring the learning across such a large number of agencies is shared and embedded to ensure that changes in practice are made and sustained.

As referred to in the last annual report there is a system wide challenge as to the number of children and young people and families who are needing support and contact from a range of services. As referred to in section 6, a piece of work has taken place from September 2018 to March 2019, looking at the front door arrangements. This has resulted in changes to referral processes and an increase in professional conversations which has shown early signs of a reduction in the need for social work assessments. The challenge is to ensure that the focus on locality working and early interventions continues to take place and that intensive casework services are focussed on the most vulnerable children and families and reducing the number of children looked after.

By September 2019 the MSCB will be replaced by one joint partnership board with adults, supported by two "executive" groups focusing on Adults and Children's issues and joint sub groups. It is intended to retain the Safeguarding children's sub group which will focus on the Child Safeguarding referrals and Rapid Reviews. Working Together July 2018 is very clear that a child centred approach is fundamental to safeguarding and promoting the welfare of every child. It seeks to emphasise that effective safeguarding is achieved by every individual and agency playing their full part. These new arrangements are building on the achievements over the last few years of the MSCB and the strengthened partnership needs to ensure that the focus on safeguarding children in Manchester continues.

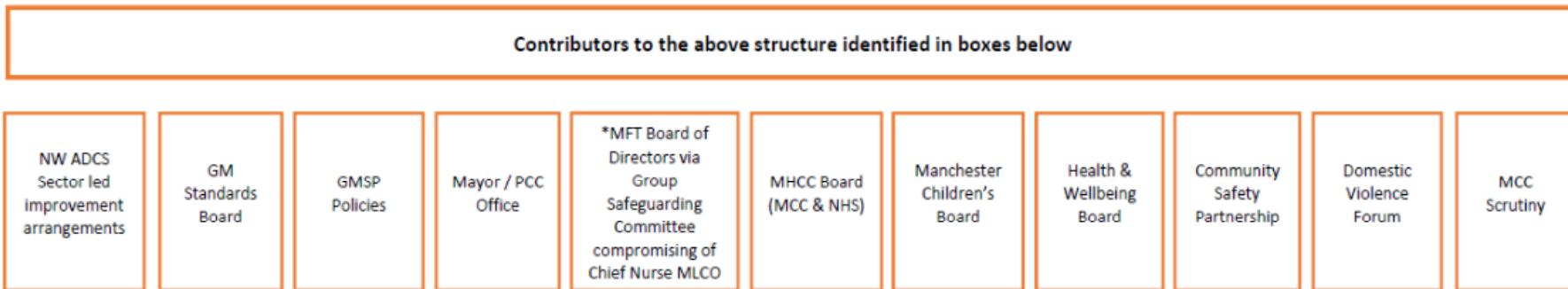
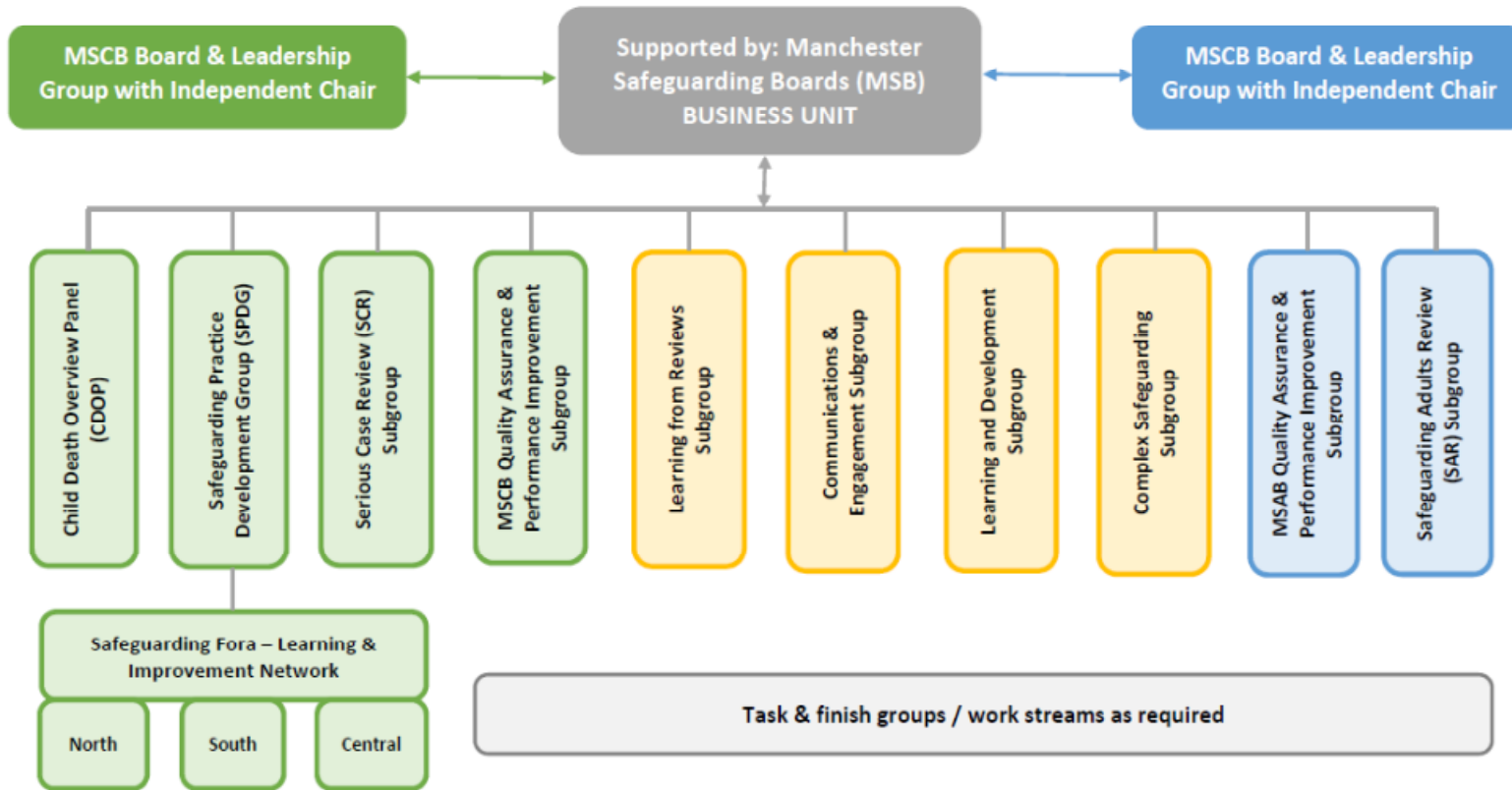


## 11. Appendices

### Appendix 1

<b>MSCB MEMBERSHIP LIST 2018/19 AS AT MARCH 2019</b>	
Barnardo's	Manchester Health and Care Commissioning Population Health and Wellbeing Team
Children and Family Court Advisory and Support Service (CAFCASS)	Manchester City Council Community Safety Partnership
Career Connect	Manchester Grammar School
Cheshire and Greater Manchester Community Rehabilitation Company (CRC)	Manchester Local Care Organisation (MLCO)
Clinical Commissioning Group (CCG)	National Probation Service (NPS)
Greater Manchester Fire and Rescue Service (GMFRS)	NHS England
Greater Manchester Mental Health NHS Foundation Trust (GMMH)	North West Ambulance Service (NWAS)
Greater Manchester Police (GMP)	Northern Care Alliance (formerly Pennine Acute NHS Trust)
Manchester Alliance for Community Care (MACC)	The Christie NHS Foundation Trust
Manchester City Council Children's Services	The Manchester College
Manchester City Council Education	Manchester Foundation Trust (MFT)
Manchester City Council Elected Member Portfolio Holder	Youth Justice

## Appendix 2 – Governance Structure





# Appendix 3



## SHARED STRATEGIC PLAN 2018/19



April 2018

### MSAB Vision:

Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.

### MSAB Objectives:

- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that adults at risk are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

### MSCB Vision:

Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.

### MSCB Objectives:

- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCRs and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

### Our overarching strategic priority:

- To be assured that safeguarding is effective across Manchester

### Achieving our priorities for 2018/19:

- Engagement and Involvement, Complex Safeguarding, Transitions and Neglect are our key priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

### Our key functions:

- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

### ENGAGEMENT and INVOLVEMENT

Listening & learning; hearing the voice of children & adults; Making Safeguarding Personal

#### We will:

- Ensure the views of children and adults are listened to
- Ensure their voices are heard and are at the centre of the decisions we make
- Ensure children and adults are in control of decisions about their care and support
- Be proactive in making children and adults aware of emerging issues and how we'll deal with them.

#### What will change?

- We will take the views of children and adults into account when the Board makes decisions.
- We will see greater involvement of children and adults in decisions about their future.

### COMPLEX SAFEGUARDING

Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

#### We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

#### What will change?

- We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported if it does occur.

### TRANSITIONS

Moving from child to adulthood in a safe and positive way

#### We will:

- Ensure partners are aware of the agreed transitions definition, as it relates to our member agencies and services.
- Ensure support is provided at all the points where individuals transitioning from child to adulthood may need care and support and provide any safeguarding requirements.

#### What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

### CHILD NEGLECT

Ensuring the basic needs of every child are met

#### We will:

- Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- Communicate and embed the neglect strategy across partner organisations
- Seek assurance that early help is sought where there is a risk of abuse

#### What will change?

- We will be assured that children at risk of neglect will be safeguarded and protected.

### ADULT NEGLECT

Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

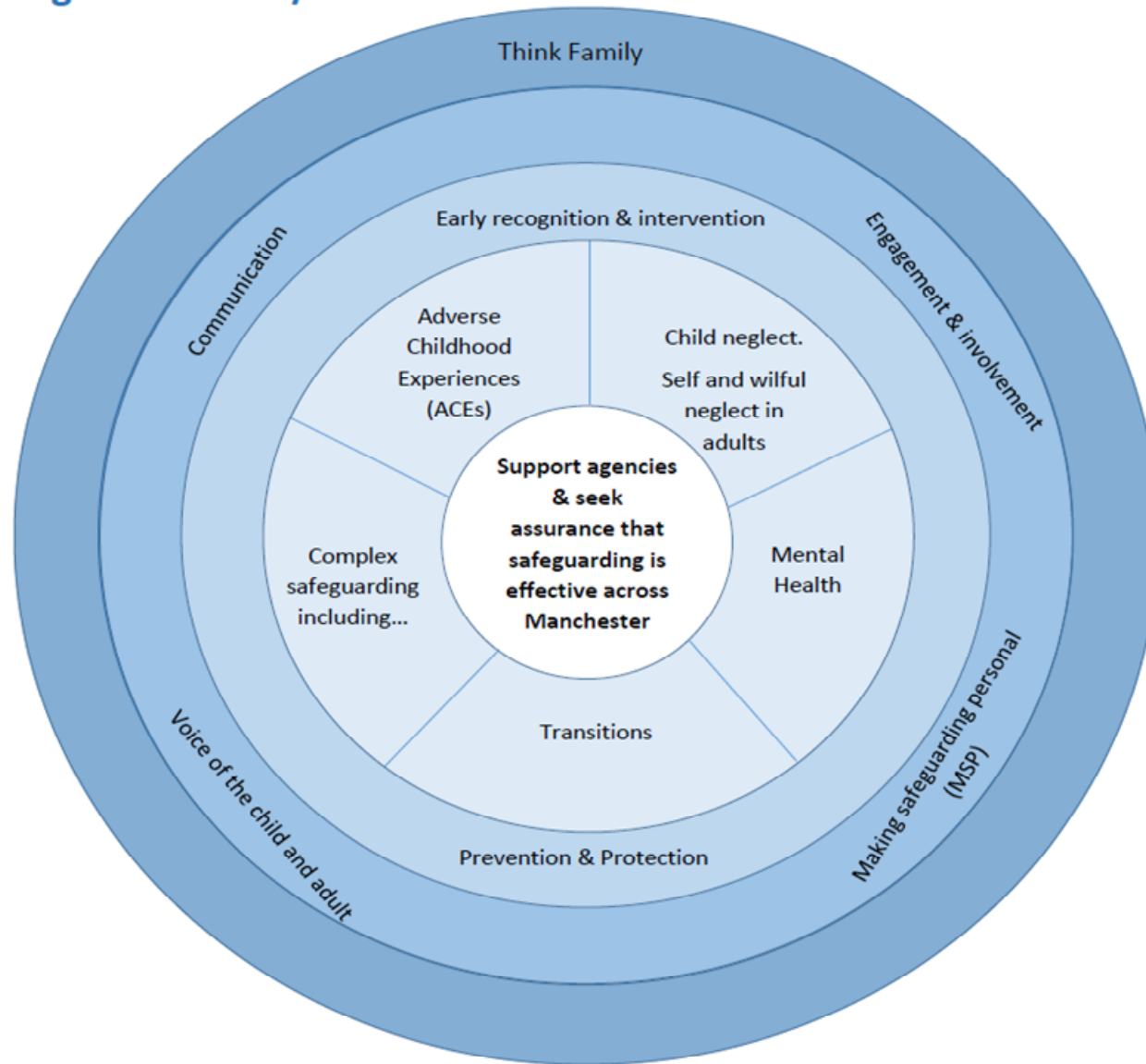
#### We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

#### What will change?

- We will be assured that adults at risk of neglect are being safeguarded.

# MSB Joint Strategic Plan 2019/20



## Appendix 5

MSB Combined Budget - April 2018 – March 2019.

For the 12 Months ending 31.03.2019				
Manchester Safeguarding Boards				
Cost Elements	Annual Budget	Budget to Date	Actual YTD	Var.YTD
<b>PAY Costs</b>				
Total Pay Costs	475,028.84	475,028.84	420,644.08	-54,384.76
<b>Non-Pay</b>				
* Premises	7,000.00	7,000.00	12,832.68	5,832.68
* Transport	2,300.00	2,300.00	1,911.53	-388.47
* Supplies & Services	148,419.74	148,419.74	219,842.94	71,423.20
* Third Party Payments	101,000.00	101,000.00	0.00	-101,000.00
* Internal Charges	6,400.00	6,400.00	17,402.32	11,002.32
* Onwards Internal Trading	0.00	0.00	-366.00	-366.00
Non-Pay Expenditure Childrens	265,119.74	265,119.74	251,623.47	-13,496.27
<b>TOTAL EXPENDITURE Board</b>	<b>740,148.58</b>	<b>740,148.58</b>	<b>672,267.55</b>	<b>-67,881.03</b>
<b>INCOME</b>				
Miscellaneous Income	0.00	0.00	0.00	0.00
Total Contribution from MCC	-174,735.00	-174,735.00	-80,450.00	94,285.00
External Income	-91,750.00	-91,750.00	-122,662.86	-30,912.86
Interest	0.00	0.00	126.54	126.54
Contribution from MCC General Fund	-473,663.58	-473,663.58	-473,663.58	0.00
<b>Total Revenue Income</b>	<b>-740,148.58</b>	<b>-740,148.58</b>	<b>-676,649.90</b>	<b>63,498.68</b>
<b>Over/Underspend</b>	<b>0.00</b>	<b>0.00</b>	<b>-4,382.35</b>	<b>-4,382.35</b>
Note Reserves are £68,704				

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MANCHESTER SAFEGUARDING  
ADULTS BOARD

# MANCHESTER SAFEGUARDING ADULTS BOARD 2018/19 Annual Report



*'Ensuring every citizen in Manchester is able to live in safety,  
free from abuse and neglect.  
Everyone who lives and works in the City has a role to play.'*

Published September 2019



@McrSafeguarding

[www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)



This Annual Report was endorsed at a meeting of the Manchester Safeguarding Children Board and Adults Joint Board on 15<sup>th</sup> July 2019.

The report is produced by Manchester Safeguarding Adults Board (MSAB) relating to activities during 2018/19.

The report includes lessons from reviews undertaken within the reporting period.

In addition to being made available to the public, this report will be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

If you have any comments about the work of the Board or wish to find out more you can contact Manchester Safeguarding Adults Board on tele: 0161 234 3330 or email: [manchestersafeguardingboards@manchester.gov.uk](mailto:manchestersafeguardingboards@manchester.gov.uk)

Large print, interpretations, text only and audio formats of this publication can be produced on request. Please call on 0161 234 3330.



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## 1. Chair's Foreword

Welcome to the annual report of Manchester Safeguarding Adults Board (MSAB) which covers the period April 2018 to March 2019.

Manchester Safeguarding Adults Board brings together a number of agencies across the city to ensure that there is a joined up approach to Adult Safeguarding. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives, and protecting those who lack the mental capacity to make these decisions

In 2017 we developed a strategic plan and priorities which was undertaken jointly with the Manchester Safeguarding Children's Board. This has rolled forward into 2018/19. This report provides an update of the work that has taken place through the MSAB and its sub groups to support the delivery of the strategic plan and priorities. It is important to note that a number of the subgroups are shared with the Manchester Safeguarding Children's Board and we have held several meetings in which the areas in common to the two Boards have been explored.

This report contains information on the learning from a Safeguarding Adults Review and details on strategies developed, training delivered and findings from audits. We have launched a modern slavery and human trafficking strategy; held a complex safeguarding conference exploring the different aspects of complex safeguarding and the sharing of information on the new complex safeguarding hub; engaged a theatre group to facilitate a conference which was aimed at practitioners and managers exploring having difficult conversations in the context of making safeguarding personal; and the completion of a self-neglect strategy and toolkit.

Because of the close agendas of both the Boards and the opportunity presented through legislation which requires that new multi-agency safeguarding arrangements have to be established by September 2019 for Children it is intended to have one overall safeguarding board by September 2019. The development of one board for adults and children reflects the direction of travel over the last two to three years of an ever more joined up agenda, however retaining two separate "executive groups " for Adults and Children ensures that the focus on single issues is not lost. Within the new arrangements a decision has been made to no longer have an independent chair and for the three statutory partners of police, Local authority and Clinical Commissioning Group to each take on a chairing or a representative role.

The vision of the Manchester Safeguarding Adults Board is "ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play". I would like to thank the many partner agencies for their hard work and dedication, particularly to those who are directly involved in the work of the board helping to achieve our overarching vision and priorities. Safeguarding is a very difficult and challenging area and I have been impressed by the commitment and dedication of colleagues and I wish them well in the future.



**Julia Stephens-Row**

**Independent Chair of Manchester Safeguarding Adults and Children Boards**

**June 2019**



## 2. Executive Summary

This report details the progress we have made around all of our priorities set out in the 2018/19 Business Plan, along with the areas identified as future challenges relating to multi-agency safeguarding arrangements. It is put together along with contribution from partners and sub groups and includes information regarding the progress of the Board over the last year.

This report provides the Safeguarding Adults Board with assurance regarding safeguarding arrangements in Manchester.

An important function of the Board is to monitor and evaluate the effectiveness of what is done by all Board safeguarding partners both individually and collectively to safeguard and promote the welfare of adults, including advising them on ways to improve.

The Board meets regularly and is supported by a number of subgroups, detailed later within this report.

The 2018/19 priorities were as follows:

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <b>1. Engagement and Involvement</b> | <b>3. Transitions</b>              |
| <b>2. Complex Safeguarding</b>       | <b>4. Neglect and self-neglect</b> |

### Key activities in 2018/19 include:

- Publication of one Safeguarding Adult Review: SAR AB, which is summarised at section 7.
- A Making Safeguarding Personal (MSP) task and finish group was established to ensure that as a Partnership we understand Making Safeguarding Personal and that it is embedded in everything we do (linked to Priority 1).
- The MSB held a half day learning event in June 2018, with the focus on having difficult conversations in the context of Making Safeguarding Personal, utilising a drama company – Afta Thought. The event provided an opportunity for front line practitioners, managers and support staff to discuss the challenges that professionals meet when working with and supporting adults and or their families (linked to Priorities 1 and 4).
- A multi-agency task and finish group was established to look at our response to self-neglect, attended by colleagues from health services, adults social care, housing, the Police and fire service. This resulted in the Manchester Self Neglect and Hoarding Strategy and Toolkit (linked to priority 4).
- Launch of the MSB Manchester Modern Slavery and Human Trafficking Strategy (2018/20) in May 2018. The impact of this strategy is due for review but early feedback shows evidence of improvement in awareness and responses to Modern Slavery and Human Trafficking both within the workforce and our community (linked to priority 3).

The Board has not received any complaints during the 2018/19 period.

### 3. About Manchester

In recent years, Manchester has experienced significant population and economic growth and a vastly improved physical infrastructure. The population of the City has increased by nearly a third since 2001 and local forecasts indicate that this growth is likely to continue in the future. By 2028, there are forecast to be over 662,000 people living in the city, up from 503,000 at the time of the 2011 Census.

The population of Manchester has some particular characteristics that set it apart from other major cities outside of London (the so called 'Core Cities' group of authorities comprising Birmingham, Bristol, Leeds, Liverpool, Newcastle-upon-Tyne, Nottingham and Sheffield).

Compared with these cities, Manchester has:

- a higher than average proportion of younger working age adults
- a smaller, but more vulnerable, population of older people
- the population growth in Manchester has outstripped that of other major cities; between the 2001 and 2011 Census Manchester experienced the highest rate of population growth of any local authority in England.

Manchester has a long history of being a multi-ethnic and multicultural city and migration into and out of the city (both to/from other parts of the UK and internationally) continues to be the major driver of population change in Manchester.

Although the Manchester population contains a smaller proportion of older people than other parts of the country, the older people that do live in the city tend to have poorer health and experience poorer health earlier in their lives, placing greater demands on health and social care services.

In 2015/17, life expectancy at age 65 in Manchester was the lowest in England and Wales for both men and women.

Data gained from Manchester City Council shows the below.

#### **Section 42 and safeguarding enquiries**

(SOURCE: Manchester City Council Safeguarding Adults Collection (SAC) 2018/19)

- *Section 42 enquiries - these are defined as where a concern (alert) results in a full safeguarding investigation*
- *Completed section 42 enquiries – these are defined as where an investigation has been concluded and outcomes agreed*
- *Safeguarding Concerns – defined as a concern for the safety of an individual.*

During 2018/19 there were:

- 8884 safeguarding adult concerns raised, 1751 of which progressed to enquiry (Section 42 or other)
- 2972 DoLs (Deprivation of Liberty Safeguards) were requested, 1112 of those were granted.

Manchester's State of the City report provides further data and statistics for Manchester and can be found at [manchester.gov.uk/state\\_of\\_the\\_city\\_report\\_2018](http://manchester.gov.uk/state_of_the_city_report_2018)

There are more specific areas of concern where adults at risk are in need of safeguarding support and these are the areas where the MSAB focuses much of its work.

## 4. Statutory Framework and how we deliver

This annual report is compiled in line with the Care Act 2014 and details achievements and progress made and considers forward planning to address emerging themes and any developing risks and challenges.

The Care Act 2014 says:

- Each local authority must establish a Safeguarding Adults Board (a “SAB”) for its area.
- The objective of an SAB is to help and protect adults in its area in cases of the kind described in section 42(1).
- The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.
- An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

Manchester Safeguarding Adults Board meets every two months and focuses on how we are implementing the Business Plan, the priorities within it and the impact our action is making towards safeguarding outcomes for our adults.

Board members are required to commit to 80% attendance at meetings over the year period. Those members who do not meet this attendance rate are contacted by the Independent Chair. A full list of membership as of March 2019 can be found at [Appendix 1](#).

The Board has statutory responsibility for completing Safeguarding Adults Reviews (SAR) by overseeing the screening, conduct and publication of SARs and other learning reviews. This work is supported by the Safeguarding Adult Review Subgroup, Learning from Reviews Subgroup and the Learning and Development Subgroup.

Other subgroups that support the Board are the Quality Assurance and Performance Improvement Subgroup (QAPI), Communications and Engagement Subgroup and the Complex Safeguarding Subgroup.

The MSAB Executive Group manages the Boards business, co-ordinating the work programme and overseeing key business functions on behalf of the Board. This includes overseeing the Risk Register and the budget, along with any reports that will be presented to the Board.

The Risk Register details actions taken to mitigate specific safeguarding risks to ensure the Board is properly managing strategic safeguarding risks throughout the year.

The group also, where necessary, commissions policy or practice task and finish groups to examine specific cases or areas of practice more fully.

The Governance Structure for Manchester Safeguarding Board can be found at [Appendix 2](#).

The Board and Subgroups are supported by the Manchester Safeguarding Boards Business Unit.



## 5. Our Priorities for 2018/19

The 2018/19 MSAB Business and Strategic Plan details priorities and actions for the forthcoming year. The 2018/19 strategic plan can be found at [Appendix 3](#). We chose four main priority areas, listed below along with our progress:

### Engagement and Involvement - Listening & learning; hearing the voice of adults; Making Safeguarding Personal

#### We will:

- Listen to the views of adults
- Make sure their voices are heard and are at the centre of what we do
- Put adults in control of decisions about their care and support
- Be proactive in making adults aware of emerging issues and how we'll deal with them

#### We have:

- Set up a multi-agency Making Safeguarding Personal (MSP) Task & Finish group
- Engaged with citizens when reviewing our priorities for 2019/20
- Delivered an Adults Conference with focus on MSP
- We have listened to service user feedback

#### What will change?

- We will know what adults think and take account of it when we make plans
- We will know those views are taken account of when agencies set up and make changes to services.

#### PRACTICE EXAMPLE:

**Greater Manchester Fire and Rescue Services (GMFRS)** Safe and Well offer is heavily person centred and the wishes of the individual themselves is a key factor. Whenever a person is identified as being at risk of harm/abuse/neglect actions are always taken with consent where this is possible. Where consent has not been obtained but concerns are such that a safeguarding action is deemed to be necessary, this is always done sensibly and sensitively.

### Complex Safeguarding - Domestic Violence & Abuse (DV&A), Female Genital Mutilation (FGM), Sexual Exploitation, Radicalisation, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

#### We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

#### We have:

- Published Manchester Modern Slavery and Trafficking Strategy
- Supported the development of the Adult MASH and Complex Safeguarding Hub
- Developed a series of seven minute briefings including Criminal Exploitation and Coercion and Control
- Heard from Community Safety Partners who provide the Complex Subgroup with thematic updates re Domestic Violence & Abuse, Female Genital Mutilation etc., raising any concerns to the Board
- Commissioned services to identify issues earlier and increase safety of victims / survivors

#### What will change?

- We will be assured that adults at risk are effectively and consistently protected from harm, or supported if it does occur.

#### PRACTICE EXAMPLE:

**The Guinness Partnership (Housing Association)** - Staff routinely complete a Domestic Abuse, Stalking and Harassment (DASH) risk assessment with every Domestic Abuse Anti-Social Behaviour case and referrals to Multi Agency Risk Assessment Conference has been completed as a direct result of the DASH scoring. Guinness are working across the business to improve our domestic abuse service offer to both service users and staff. Guinness signed a 'Making a Stand' pledge committing us to taking action to support people experiencing domestic abuse.

**Transitions** - Moving from child to adulthood in a safe and positive way**We will:**

- Agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- Map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- Facilitate the development of a Transitions Strategy that ensures individuals' engagement with services as they transition is consistent, seamless and safe; no-one 'slips through the net'.

**We have:**

- Heard from the Transitions Planning Team to ensure that all relevant partner agencies are working together to achieve smooth transition from childhood to adulthood.
- A multi-agency Transitions Board has been established, which first met in March 2019.

**What will change?**

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

*PRACTICE EXAMPLE:*

**Adult Social Care (ASC)** - Children's Social Care and Adults Social Care worked together so that an appropriate and experienced adult provider could be identified for a young person who was living in a family home, where younger siblings were frightened of him. A positive move out of the family home took place prior to his 18th birthday and the young person (now an adult) now enjoys access to the countryside and engages in 1:1 sessions with support staff. The work of the Transitions Team will continue to aim towards smooth transition for those who need it.

**Neglect** - Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported**We will:**

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

**We have:**

- Completed a self-neglect multi-agency audit
- Completed an MSB Self Neglect and Hoarding Strategy and Toolkit to launch in 2019.

**What will change?**

- We will have greater understanding that adults at risk of neglect are being safeguarded.

*PRACTICE EXAMPLE:*

**Manchester Foundation Trust (MFT):** In line with key priorities of the Safeguarding Adults and Children Boards, it is proposed that a cross-cutting audit about Making Safeguarding Personal is undertaken this year alongside the audits carried forward.

*This audit will span all services and give MFT a clearer picture on gaps and areas for development as well as areas of good practice. This will allow alignment with MSAB/MSCB key priority areas.*

*We completed the MSAB neglect audit and through our Early Help and Neglect Safeguarding group we are using the learning from this and a Manchester SAR to influence advice, training and practice in the trust and to implement the Self Neglect Strategy and Toolkit.*

## 6. What have we done?

### Making Safeguarding Personal (MSP)

The MSAB Executive Group set up a multi-agency task and finish group to ensure that as a Partnership we understand Making Safeguarding Personal and that it is embedded in everything we do.

The group have reviewed the Making Safeguarding Personal agency responses to a specific MSP question posed in the 18/19 self-assessments and as a result, requested the Learning & Development Subgroup design and deliver training in this area. The group will continue to meet until we are assured that face to face training is adequate in this area and a positive impact is noted for our citizens and workforce.

### Adult Safeguarding Conference

In June 2018 the Manchester Safeguarding Board held a half day learning event focussing on having difficult conversations in the context of Making Safeguarding Personal. The event provided an opportunity for front line practitioners, managers and support staff to discuss the challenges that professionals meet when working with and supporting Adults and or their families. The training was attended by 81 people, the majority of whom were from MCC and NHS with a large spread of services and roles represented.

The conference was a success, with the use of a drama company receiving excellent feedback from the majority of participants. The data indicates that there was a high level of engagement between managers and attendees both before and after the conference. The majority of those who attended found the conference useful and had applied their learning to practice since the conference.

Here are some of the comments left on our Twitter:

- *'Absolutely amazing and inspiring conference. Thank you'*
- *'The best training I have ever been on. Great content acting and facilitation. The attendees were captivated'*

### Self-Neglect and Hoarding Strategy and Toolkit

The MSAB Executive Group established a multi-agency task and finish group to look at the Partnership response to self-neglect.

A workshop was held in April 2018 for front line practitioners to share their vision for the strategy and what they felt was needed in a Manchester strategy. This was followed by a series of task and finish meetings, attended by colleagues from health services, adults social care, housing, the Police and fire service designed the Manchester Self Neglect and Hoarding Strategy and Toolkit, which can be found on our website at [www.manchestersafeguardingboards.co.uk/self-neglect-advice-for-all](http://www.manchestersafeguardingboards.co.uk/self-neglect-advice-for-all)

The Strategy was also informed by the results of the MSB self-neglect audit, which included some recommendations which have been added to the strategy and learning from an ongoing self-neglect thematic Safeguarding Adult Review.

### Adult Sexual Exploitation (ASE)

The Sexual exploitation delivery group focused on developing a wider approach to sexual exploitation to include adults who are being or at risk of being sexually exploited.



- Learning from a joint Serious Case Review / Safeguarding Adult Review from Newcastle was used to support the approach to this work.
- Online training has been revised and Adult Social Care have commissioned bespoke training to support their staff to better understand this area of work.
- Adult Sexual Exploitation was a focus of Manchester Safeguarding Boards Complex Safeguarding Conference in February 2019.
- Following the identification of a gap as regards to the amount of identified cases of CSE and ASE held for boys and young men the Sexual Exploitation Group commissioned some training from Survivors Manchester to train a range of partners engaged in work on sexual exploitation. This was arranged by the Manchester safeguarding Board and funded by the Community Safety Partnership and took place on 19th March 2019. The evaluations were positive and there is scope to consider further sessions for partnership workers.

### Complex Safeguarding Conference

In February 2019, the Manchester Safeguarding Board held its first Complex Safeguarding Conference – ‘New Thinking and Best Practice in Relation to Complex Safeguarding’.

The conference was aimed at front line practitioners and their managers from both children’s and adult’s backgrounds. Over one hundred practitioners attended the conference, which included a speaker from the University of Bedfordshire on Contextual Safeguarding, a presentation from an exploitation and trauma consultant regarding CSE and ASE and background information regarding the work of the Complex Safeguarding Hub.

This was followed by six afternoon workshops from the Children’s Society (Disrupting Exploitation), Youth Justice (Mapping Exercise), GM Dovetail Team (Radicalisation and Prevent), AFRUCA (Modern Slavery and Human Trafficking), Independent Child Trafficking Advocacy Service (ICTA) and Deconstructing Vulnerability and Consent.

66 people provided feedback regarding the conference – which included the below:

*“The guest speakers / workshop leaders were excellent, presenting complex information in an interesting way which has made me think about the way myself and my team approach more complex safeguarding. The content was really interesting - particularly around contextual safeguarding and the physiological effects of trauma on capacity decisions. The guest speakers were approachable and informative and both myself and a colleague from nursing felt there were real examples of positive practice and models of working that could inform our work with vulnerable adults.”*

*“I was highly impressed with all the contents and the delivery of ‘MSB Safeguarding Complex Conference’. I liked the fact that collectively there was a shared responsibility between various multi-agencies, authorities, bodies and health care professional collaborating, supporting and working together to share information and statistics in Manchester and the surrounding areas at ways to promote safeguarding policies whilst also looking at strategies to prevent those who vulnerable or at high risk of being exploited. I felt that a high level of awareness was highlighted and raised based on some of the guest speakers that delivered speeches during the first part of the conference. I liked the fact that after lunch we were given the opportunity to participate in various workshops depending on the organisation that we were representing. Personally, I felt that I had acquired some new skills, knowledge and safeguarding approaches that will be beneficial as well as transferable into the workplace to help implement the best outcome to prevent some of these challenging areas and difficult issues that are being presented in relation to safeguarding those in Manchester.”*



## 7. Safeguarding Adults Reviews and Lessons Learned

The Care Act 2014 requires that a Safeguarding Adult Review (SAR) is carried out when the following criteria are met:

- There is reasonable cause for concern about how MSAB members or other agencies providing services, worked together to safeguard an adult; and
- The adult has died, and the MSAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died); or, the adult is still alive, and the MSAB knows or suspects that the adult has experienced serious abuse or neglect.

During 2018/19, 28 SAR referrals were received, 5 of those were found to meet SAR criteria and reviews are underway and 1 SAR was published.

A thematic review has begun following the deaths of 7 people who were known to be rough sleeping or homeless. A thematic review of self-neglect has also commenced following the deaths of two people and the learning from this review has informed the self-neglect strategy.

### Published Reviews

#### **SAR AB: Published May 2018.**

##### **Background:**

AB's quality of life deteriorated following a life event and a diagnosis of Multiple Sclerosis in 1999. Over a 16 year period AB's contact with primary and specialist care became minimal resulting in what is referred to as self-neglect. AB suffered domestic violence including coercive control and financial abuse which contributed to their death in 2015.

##### **Recommendations and Actions:**

- The Board seeks assurance about the extent to which the challenges of self-neglect are now appropriately addressed through multi-agency policy and practice.
  - *In November 2018 the MSAB carried out a multi-agency case file audit on the theme of self-neglect which has resulted in further learning for the partnership and improvements to multi-agency policy and practice.*
  - *MSB Self-Neglect and Hoarding Strategy and Toolkit complete and was published in April 2019.*
- The Board carries out a review of multi-agency adult safeguarding training to ensure that appropriate emphasis is given to the issues of predatory behaviour and coercive and controlling behaviour.
  - *The DVA face to face training contains content on coercive behaviours. A 7 minute briefing has been published regarding Coercive Control at [www.manchestersafeguardingboards.co.uk/seven-minute-briefings/](http://www.manchestersafeguardingboards.co.uk/seven-minute-briefings/)*
- The Board shares the details of this case with the Department for Work and Pensions (DWP) so that they can consider whether the process of claiming Carer's Allowance requires to be strengthened in order to prevent false claims.
  - *The DWP have been advised of the case and attended a meeting with the Business Unit in November 2018 where issues were shared and discussed.*
- The Board widely disseminates the learning from this SAR to practitioners from partner agencies involved in the safeguarding adult's agenda.
  - *Learning Event complete and shared with frontline practitioners and published on MSB Website.*

The full report and learning pack can be found on our website at [www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews](http://www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews)



## 8. Progress from our Subgroups

### Learning from Reviews (LfRSG)

This subgroup is responsible for monitoring the implementation of recommendations and actions arising from completed Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR), other Learning Reviews and specific recommendations for MSCB or MSAB arising from Domestic Homicide Reviews (DHR).

The group made progress on the backlog of recommendations from previous reviews and a substantial amount of the actions on the Tracker have been progressed or completed.

Some progress has been made in terms of thematic analysis of SAR recommendations which has been used to inform the MSB Business Plan.

A representative for Domestic Violence & Abuse now attends which has proved very useful.

It has been a challenge to secure regular and consistent attendance from all agencies and the subgroup has had three different Chairs which has led to some inconsistency and slow progress at times.

### Communication and Engagement

This subgroup has the responsibility for facilitating the development and dissemination of accessible information in a variety of formats to raise awareness about safeguarding children and adults; targeting a range of stakeholders including citizens, professionals, service users and carers.

In 2018/19 the subgroup focussed on three priorities – MSCB Neglect, Modern Slavery and Trafficking and MSAB service user engagement.

With regards to Modern Slavery and trafficking, the group have promoted the Manchester Modern slavery and Human Trafficking Strategy, including twitter updates and featuring the Modern Slavery seven minute briefing on the website.

The group also held an MSAB task and finish group which identified current service user groups that the MSB can utilise should service user input be required. Further progress is to be made regarding service user engagement.

### Learning and Development (L&D)

This subgroup has the responsibility for supporting, analysing and assessing the delivery and impact on practice of a targeted Multi Agency Training programme that incorporates learning from Safeguarding Adults Reviews.

#### MSB Face to Face Training Courses

A total of 1397 people attended face to face learning events in 2018/19 which is a decrease on the previous year (1612). (This data is based on both adults and children's courses)

A new course was added to the training programme: - Working with Male Survivors of sexual abuse and sexual exploitation (commissioned). In addition to 2 x DHR events and 1 x SAR event. Large learning events included: - Complex Safeguarding Conference and Adults Safeguarding Conference.

#### Attendance and Non-attendance on Face to Face Training by Agency

The largest number of attendees were from MCC Children's Services and the NHS. The spread of agencies and job roles attending training remains good. Non-attendance has increased slightly this year to 16.3% up from 15.3% last year and may be linked to the reduced business support as maintenance and reminders for courses was reduced.

### Post Course Feedback from face to face MSB courses

Attendees provide immediate post course feedback by completing a short online survey. The survey includes asking them to assess if learning outcomes were achieved and to outline any part of the course that was useful as well as any recommendations for improvement. The majority of courses achieve a response rate of at least 70% or higher. Trainee feedback is used to regularly update and amend courses and trainee satisfaction levels are also high.

### Impact Evaluation of face to face Training

The L&D sub group selected 3 learning events to be impact evaluated for 2018/19 – 1) Graded Care Profile2, 2) Safeguarding Adults Conference 3) Awareness of Signs of Safety. All 3 reports will be considered by L&D.

Overall, feedback for all of the learning events was positive, with many examples of improved impact on practice. However, the response rate on all Impact Evaluation surveys was less than 50% despite several reminders being sent to attendees to complete the survey.

### Online Learning

The MSB has retained its contract with the online learning provider Virtual College which includes access to over 50 children and adult safeguarding training courses via a self-registration portal.

Online learning remains a popular and accessible source of safeguarding training. In 2018/19 a total of 5452 courses were accessed and 4,822 e-learning courses were completed, which is a slight decrease from 2017/18 when 5475 courses were accessed and 4924 were completed. The course completion rate was 88% compared to 90% in 2017/18.

The above data relates to both adults and children's training courses.

### Impact Evaluation of Online Learning

A total of 569 online learners responded to an impact evaluation survey which equates to 12% of all completed courses. The largest agency response rate was from Education/Schools and Nurseries which reflects that they are also the largest users of online courses.

Online learning remains a popular option for agencies and practitioners and satisfaction rates appear high. However, the IE questionnaire reminders are sent manually and due to reduced business support in the business unit this may have contributed to a low response rate. It may also be worth considering reducing the number of questions on the survey to improve a response rate.

### Conclusion

MSB learning events remain very popular and in high demand with most face to face courses having waiting lists. Courses are regularly reviewed and learning is embedded into training where requested and appropriate. Work is ongoing to ensure we recruit multi-agency subject specialists to join and deliver face to face training, back fill the Adults Training Coordinator post to continue to develop Adults face to face safeguarding training and revise the online Impact Evaluation survey for face to face training courses to reflect Adults Safeguarding.

### Complex Safeguarding

The purpose of this group is to receive thematic strategies/plans, research/policy developments (statutory/practice) and provide a challenge and support role within the context of strategic and operational delivery in the following stands of Complex Safeguarding: Modern Day Slavery and Trafficking; Child Sexual Exploitation (CSE) and Adult Sexual Exploitation (ASE); Domestic Violence and Abuse, including Female Genital Mutilation and so called Honour Based Violence; Vulnerability and organised Crime; Radicalisation and Extremism and Missing from home, care & education.

A work plan focussing on actions for the strands of Complex Safeguarding was set for 2018/19 - through this, actions and activities were tracked and supported. The work plan evolved constantly as work was completed and actions achieved. Thematic priorities were discussed at every meeting, on a rolling basis.

**Modern Day Slavery and Trafficking** - The [MSB Manchester Modern Slavery and Human Trafficking Strategy \(2018-2020\)](#) was launched in May 2018, alongside three launch events held in in the localities to promote the strategy.

The Modern Slavery and Human Trafficking Subgroup continues to meet regularly to ensure communication and implementation of the strategy.

A joint project has been established with AFRUCA (Africans Unite Against Child Abuse) to establish 25 community champions and to run a joint campaign on exploitation.

**Sexual Exploitation** – A gap was identified around the number of identified cases of Child Sexual Exploitation (CSE) and Adult Sexual Exploitation (ASE) for boys and young men, resulting in the commissioning of training from Survivors Manchester for a range of partners engaged in work on sexual exploitation. This was arranged by the Manchester safeguarding Board and funded by the Community Safety Partnership and took place on 19th March 2019. The evaluations were positive and there is scope to consider further sessions for partnership workers. Manchester City Council – Adult Safeguarding also commissioned sexual exploitation training for frontline staff.

**Domestic Violence and Abuse, including Female Genital Mutilation and ‘so called Honour Based Violence’**

**DV&A** - Further progress has been made on the roll-out and embedding of the Safe and Together approach to working with families where domestic abuse is an issue, training over 100 staff in the approach and recently piloting a further related training package for staff on working with perpetrators

The CSP has funded and commissioned additional places on the Respect accredited ‘Bridging to Change’ behaviour change programme, which has continued to see highly positive outcomes being reported by both perpetrators and their non-violent partners

Colleagues in Community Safety have developed, promoted and launched, in conjunction with the MSB, a programme of learning from Domestic Homicide Reviews, along with related packages of learning materials and publications

Manchester Health and Care Commissioning (MHCC) have funded the “Identification and Referral to Improve Safety” (IRIS) service which is a General Practice / third sector programme of domestic abuse training and a service provided by specialist domestic abuse workers. In the year prior to IRIS commencing there were less than 10 GP referrals per year to any DVA service. Since IRIS was commissioned, referrals have increased year on year; in 2017/18 785 patients were referred to IRIS and this increased in 2018/2019 to 826 referrals. The IRIS annual reports and evaluations demonstrate positive feedback from service users and professionals.

Funding has been secured for continued provision of the LGBT Emergency Accommodation Project, and the Lesbian Gay Bisexual and Transsexual (LGBT) Independent Development Violence Advisor (IDVA) service, both of which have proved to be successful and highly regarded by those who have accessed them over the past two years.

Council colleagues in Community Safety and Adult Services have worked with the Human Resource and Organisational Development team to update and refresh the workplace domestic abuse policy and guidance for managers, which is due for relaunch in the summer of 2019. Related work has also been undertaken to promote the development of workplace domestic abuse policies and support amongst other employers in the city.

### **Female Genital Mutilation (FGM)**

Awareness raising of FGM has significantly increased during 18/19 with events in November, December and February with increased recognition at a local, GM and National level.

These events have showcased the wide ranging work being done by NESTAC (New Step for African Community – a non-profit organisation), AFRUCA and other local organisations to raise awareness and provide support to victims.

Grant awards have enabled the extension of working with women in the community to deliver the peer mentor and health advocate programme.

This work has also supported the Guardian project which provides direct support to girls and young women directly affected or at risk of FGM.

#### **Forced Marriage/ Honour Based Violence and Abuse (HBVA)**

Colleagues in Manchester have been working collaboratively with their counterparts across GM on development of a co-ordinated multi-agency action plan to deliver work under each of the four key themes of the 'So called' Honour Based Violence and Abuse Strategy.

The HBVA grant programme has enabled funding for Independent Choices to extend their Domestic Abuse helpline hours and for the delivery of community outreach to provide one to one support at the earliest opportunity. Work on HBVA has a focus on younger people, includes work with schools colleges and universities and involves participation in a community radio programme.

This work has also delivered drop in sessions in the localities and a conference focusing on coercion and control.

#### **Vulnerability and Organised crime**

A seven minute briefing was developed about [Criminal Exploitation](#).

Criminal Exploitation now an element of the multi-agency Complex Safeguarding Hub, where several successful proactive targeted operations are currently ongoing. This has included input from the Adult Multi-Agency Safeguarding Hub (MASH)

#### **Radicalisation and Extremism**

Successful development and launch of the Home Office GM Dovetail Pilot, with Manchester as the GM Hub (shifting key functions of Channel from Police to the Local Authority)

Delivery of six Prevent / Channel workshops to social care staff (approx. 80 staff)

A refresh of the Manchester Channel Panel was completed.

Home Office funding was secured for 2019/20 to deliver Mock Channel Panels in the community to raise confidence in reporting concerns.

#### **Quality Assurance Performance Information (QAPI)**

Adults QAPI has developed over the last 12 months and the group have worked consistently to develop a comprehensive dataset of multi-agency key performance indicators. The dataset now includes long-term information over a three year period. Whilst the Adult QAPI group are pleased with the extent of the dataset the next step is to ensure a more informed commentary to explain the data obtained.

Adults QAPI have completed a Multi-Agency Case File Audit this year on self-neglect. The audit was contributed to by a wide range of partners and has since been reported on to the MSAB by the QAPI chair. The audit identified a number of recommendations for the partnership, and these recommendations are being progressed through a development plan. The audit also links with the proposed launch of the Manchester Self-Neglect Strategy and benchmarks the need for improvements in multi-agency safeguarding practice.

Adults QAPI was able to report on a good response to the August 2018 Adults Safeguarding Assurance Exercise. There were 41 responses received, including 18 from registered housing providers and 6 from commissioned organisations and partners. The summary of responses has been reported to the MSAB to enable a better overview of the areas where further work needs to take place to embed learning and MSAB Board priorities.

Attendance at the group has largely been good with the CCG Designated Team, Police, Adult Social Care, Manchester Foundation Trust, MCC Domestic Abuse lead and Community Safety Partnership, Performance Team, Greater

Manchester Mental Health being consistent attendees. The group has also welcomed MCC Audit Team, and Homelessness throughout the year. There has been attendance from The Probation Service but some staffing changes have prevented consistent attendance.

The group have discussed the need to develop the dataset further and to ask all partner contributors to include a more comprehensive and meaningful commentary to accompany the data submitted. There have been occasions when QAPI members have sought further information to be reassured about increase or decrease from one quarter to the next. Likewise there is the need for QAPI to develop more fully what the core dataset needs to show, the consideration of a more effective means of presenting the data, consideration of areas to celebrate as a partnership, and also recognition of the areas that need more analysis, research or deep-dive to understand the root causes of issues.

Adults QAPI have had an agenda item over recent meetings to reflect the current period of change to the new Manchester Safeguarding arrangements. The group recognises the alignment of Adults and Children's QAPI within an assurance group framework, but further discussion is necessary to develop the structure, contributors and agenda for the joint meeting in future.

The group is also aware of the role of the voluntary sector who are key partners, but not currently represented within QAPI. There have been meetings over the last 12 months where attendance has been low, but in recent months this has not been problematic.

The challenge still remains for QAPI to be able to understand partnership safeguarding performance and improvement for Adult care across Manchester. The dataset is a good foundation to now build greater consideration in respect of what the information is telling the group, how the data can inform where there needs to be greater attention and how improvement can be effectively embedded.

Likewise QAPI is considering the role of closer scrutiny for partners and the role of challenge panels to really understand different agencies approaches and improvements, the role of the voluntary sector and how effectively we include the voice of individuals in the light of the recently completed multi agency audit and more effectively against the MSAB Board priorities.

The 2018 practitioner survey that was proposed for development has not yet taken place. There also remains the need to include service users more effectively in QAPI business, and to reflect the need to make safeguarding personal and unique to those concerned.

### **Safeguarding Adults Review Subgroup (SARSG)**

The function of the SARSG is to apply a duty in the Care Act 2014 which states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. This is a statutory responsibility. Therefore part of the SARSG role is to apply the criteria to cases and additionally if the criteria is not met to also consider what other type of review or learning can be utilised.

The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame. Reviews are always conducted with full participation with family members and are led by an independent Author and usually via a panel of professionals and representatives from all agencies/ providers/ organisations. The objectives include establishing:

- lessons that can be learnt from how professionals and their agencies work together
- how effective the safeguarding procedures are
- learning and good practice issues
- how to improve local inter-agency practice
- Service improvement or development needs for one or more service or agency.

Lessons learnt are shared to maximise the opportunity to better safeguard adults with care and support needs, who are or may be at risk of abuse or neglect.

The function of the SARSG is also to monitor the progress of SARs that are underway and consider first drafts of reviews, providing feedback to the independent reviewer prior to the final review being considered by Board.

Examples of different types of reviews may be “thematic reviews” of which two have been commissioned and are underway. Firstly a thematic review of self-neglect and secondly a thematic review following the deaths of 7 people who were known to be rough sleeping and homeless. These reviews link significantly to wider strategies.

Some cases may follow a single agency route or form part of other statutory review processes such as Mental Health Homicide reviews and the group maintains oversight to ensure that any multi-agency themes can be recognised and shared.

A review of processes, referrals, themes and challenges is underway to ensure that the SARSG referral process is working alongside other statutory duties such as ongoing coronial and S42 duties. Partner attendance and engagement at the meetings continues to be good, with thorough and robust discussions. The volume of cases is a concern as the volume is high and has increased since last year.

## 9. Budget

The Manchester Safeguarding Adults and Children Board budget is combined for 2018/19. The total budget during that period was £ **740,148.58**. A full breakdown of the budget can be found at [Appendix 5](#).

## 10. Future Challenges and Priorities

The MSAB held a joint Board meeting with the MSCB in January and March 2019 in order to agree priorities for 2019/20.

Decisions were made by reviewing the 2018/19 business plan and gaps identified within, data collated by the QAPI subgroups and information from the themes and learning gained from our SCR and SAR’s. Responses to the MSB Priorities Service User Survey was also used to assist in the process.

It was agreed that the MSAB vision would remain the same:

*‘Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.’*

The 18/19 overarching strategic priority *‘To be assured that safeguarding is effective across Manchester’*, was changed to *‘To support agencies and seek assurance that safeguarding is effective across Manchester’*.

The following priorities were agreed for 2019/20.

### Priority Areas:

- Adverse Childhood Experiences (ACEs)
- Complex Safeguarding
- Transitions
- Neglect – Child and self and wilful neglect for adults
- Mental Health



It was also agreed that there would be underpinning principles, which include – ‘Think Family’, Communication, Engagement and Involvement including Voice of the Adult and Child and Making Safeguarding Personal (MSP), alongside early recognition and intervention and prevention and protection (of neglect – physical, sexual, emotional and financial abuse and DV&A)

The Joint Strategic Plan for 2019/20 can be found at [Appendix 4](#).

The MSCB and MSAB also agreed that there would be one joint slim lined business plan, with priorities having aligned strategic leads who will report back to relevant Boards.

This report has demonstrated the progress made thus far on the priorities and the plans for the future, however as indicated a number of challenges still remain. The Risk Register for MSAB highlights that Making Safeguarding Personal is not yet fully embedded in our work and that citizens voices are not heard by the Board. As previously detailed, a Making Safeguarding Personal Task & Finish Group has been set up to ensure implementation across the Partnership and Engagement and Involvement remains as a priority for 2019/20 with a specific area on the new business plan to ensure we hear the voices of our children, young people and adult citizens.

A further challenge to the system is the number of adults who need care and support and as safeguarding awareness is raised it is likely to increase further. The adult MASH and the complex safeguarding hub provide an important resource to practitioners and ensure that particularly vulnerable service users are given an appropriate level of support.

As highlighted in the last annual report, the number of referrals for Safeguarding Adults Reviews have seen a significant increase in the last year. The process of reviews quite rightly takes time and resources from across the partnership. Critical to this process is to ensure that learning is shared across the partners and with such a large number of agencies it is vital that changes in practice are made and embedded. The current learning review in relation to a number of deaths of people who were rough sleeping and / or homeless is likely to provide a great deal of important learning which it will be vital to share widely.

As referenced in the foreword there will be one joint partnership board supported by two "executive" groups focusing on Adults and Children's issues and joint sub groups. It is intended to retain the SAR Subgroup which will focus on the adult Safeguarding referrals and reviews. A separate task and finish group ensuring the implementation of the self-neglect strategy will also be in place. It will be important in these changes to ensure that the emphasis on Adult Safeguarding remains a high priority.



## 11. Appendices

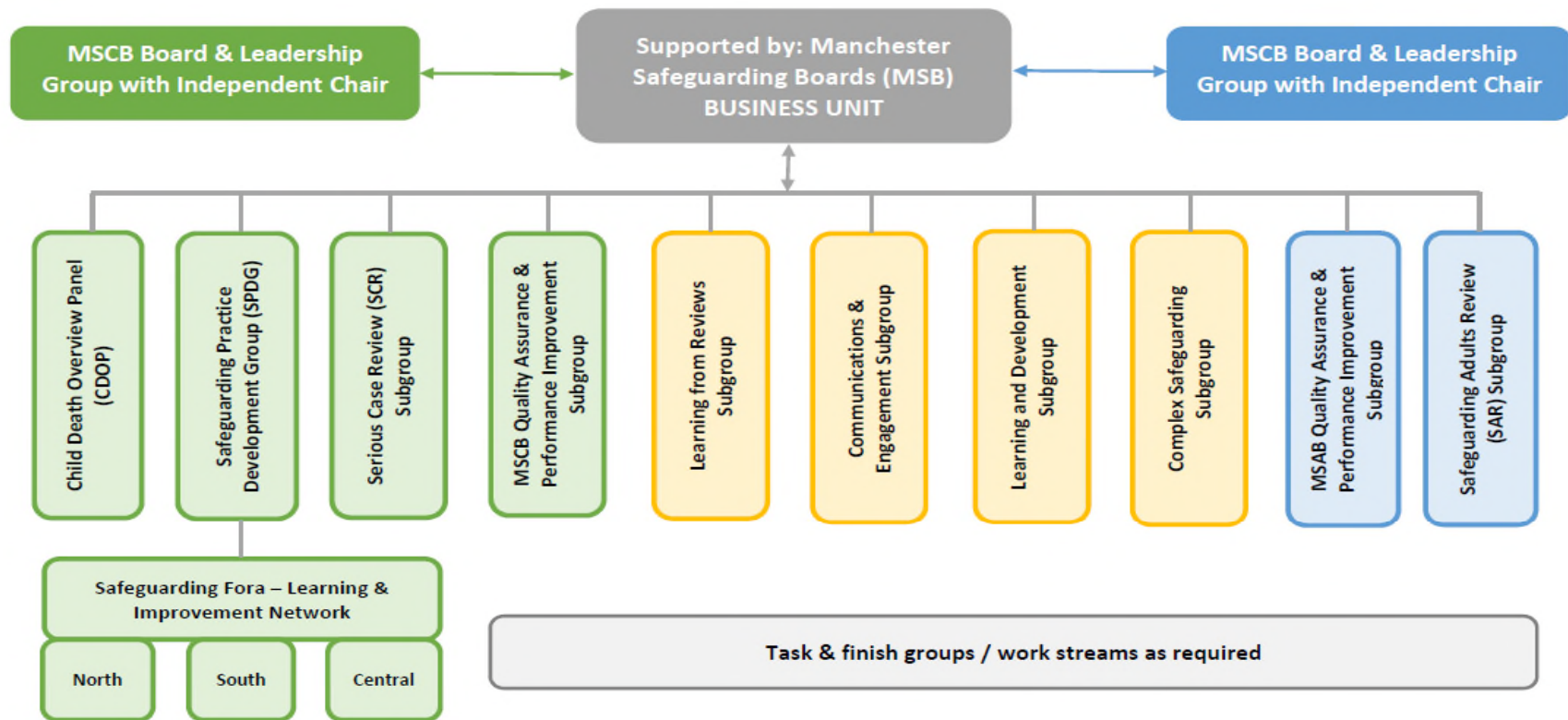
### Appendix 1

#### MSAB MEMBERSHIP LIST 2018/19 as of March 2019

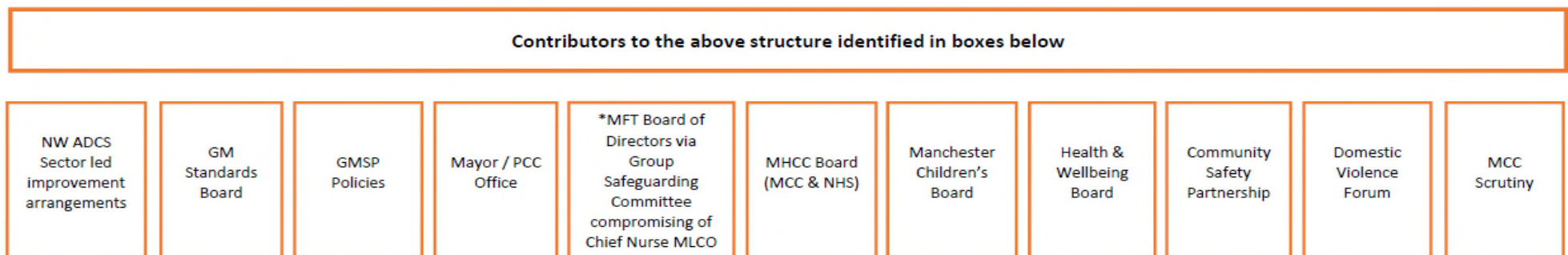
Cheshire and Greater Manchester Community Rehabilitation Company (CRC)	Manchester City Council Population Health and Wellbeing Team
Clinical Commissioning Group (CCG)	Manchester City Council Elected Member Portfolio Holder
Greater Manchester Fire and Rescue Service (GMFRS)	Manchester Foundation Trust (MFT)
Greater Manchester Police (GMP)	Manchester Health and Care Commissioning (MHCC)
Greater Manchester Mental Health (GMMH)	Manchester Local Care Organisation (MLCO)
Healthwatch Manchester	National Probation Service (NPS)
Her Majesty's Prison Service (HMPS)	NHS England
Manchester Alliance for Community Care (MACC)	Northern Care Alliance (formerly Pennine Acute NHS Trust)
Manchester City Council Adult Services (MCC)	North West Ambulance Service (NWAS)
Manchester City Council Community Safety Partnership (CSP)	The Christie NHS Foundation Trust
Manchester City Council Housing	



## Appendix 2 – Governance Structure



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Appendix 2, Item 9

April 2018



SHARED STRATEGIC PLAN  
2018/19



**MSAB Vision:**

Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.

**MSCB Vision:**

Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.

**MSAB Objectives:**

- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that adults at risk are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

**MSCB Objectives:**

- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCRs and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

**Our overarching strategic priority:**

- To be assured that safeguarding is effective across Manchester

**Achieving our priorities for 2018/19:**

- Engagement and Involvement, Complex Safeguarding, Transitions and Neglect are our key priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

**Our key functions:**

- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

**ENGAGEMENT and INVOLVEMENT**

Listening & learning; hearing the voice of children & adults; Making Safeguarding Personal

**We will:**

- Ensure the views of children and adults are listened to
- Ensure their voices are heard and are at the centre of the decisions we make
- Ensure children and adults are in control of decisions about their care and support
- Be proactive in making children and adults aware of emerging issues and how we'll deal with them.

**What will change?**

- We will take the views of children and adults into account when the Board makes decisions.
- We will see greater involvement of children and adults in decisions about their future.

**COMPLEX SAFEGUARDING**

Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

**We will:**

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

**What will change?**

- We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported if it does occur.

**TRANSITIONS**

Moving from child to adulthood in a safe and positive way

**We will:**

- Ensure partners are aware of the agreed transitions definition, as it relates to our member agencies and services.
- Ensure support is provided at all the points where individuals transitioning from child to adulthood may need care and support and provide any safeguarding requirements.

**What will change?**

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

**CHILD NEGLECT**

Ensuring the basic needs of every child are met

**We will:**

- Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- Communicate and embed the neglect strategy across partner organisations
- Seek assurance that early help is sought where there is a risk of abuse

**What will change?**

- We will be assured that children at risk of neglect will be safeguarded and protected.

**ADULT NEGLECT**

Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

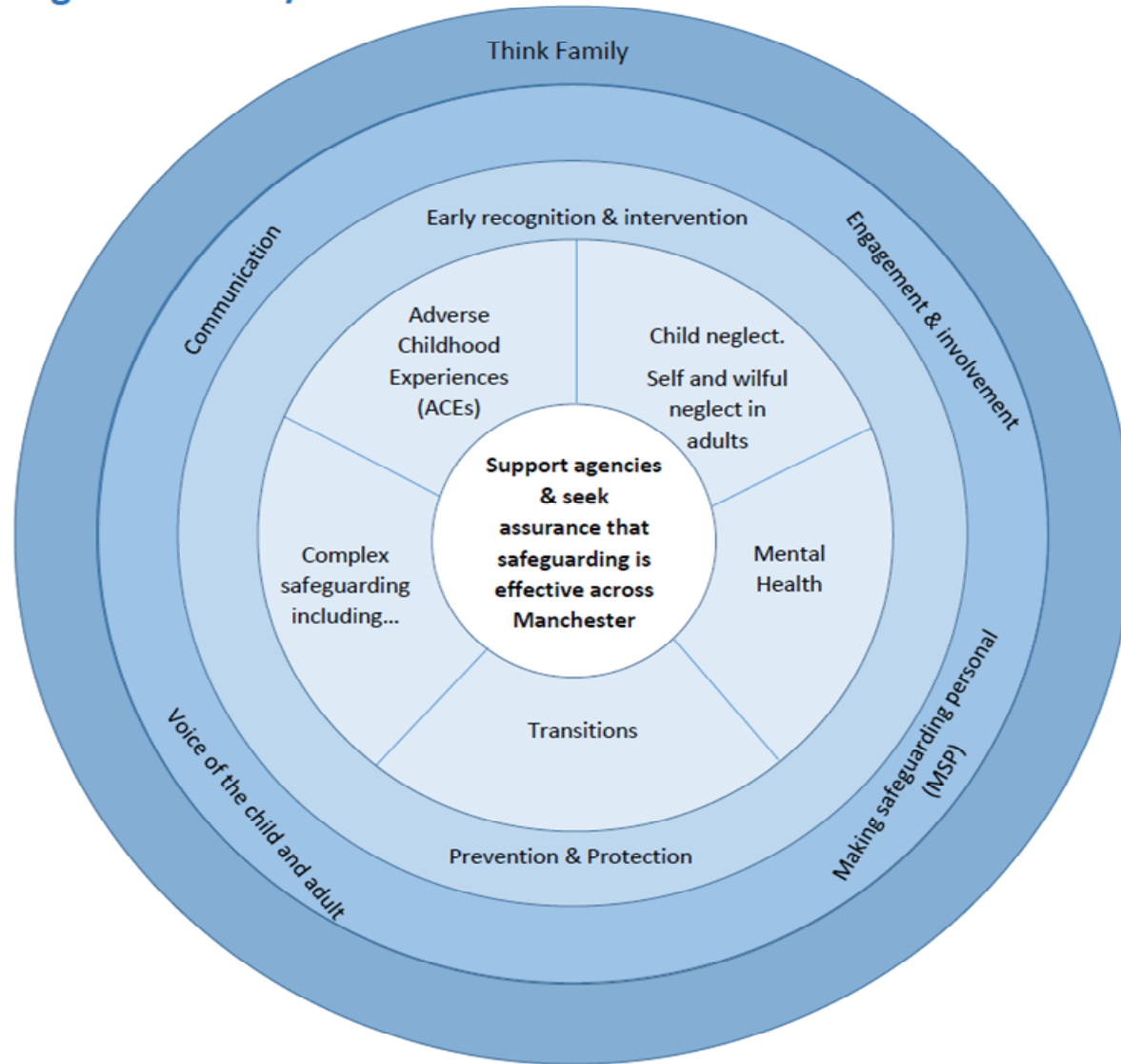
**We will:**

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

**What will change?**

- We will be assured that adults at risk of neglect are being safeguarded.

MSB Joint Strategic Plan 2019/20



## Appendix 5

MSB Combined Budget - April 2018 – March 2019.

<b>For the 12 Months ending 31.03.2019</b>				
<b>Manchester Safeguarding Boards</b>				
<b>Cost Elements</b>	<b>Annual Budget</b>	<b>Budget to Date</b>	<b>Actual YTD</b>	<b>Var. YTD</b>
<b>PAY Costs</b>				
Total Pay Costs	475,028.84	475,028.84	420,644.08	-54,384.76
<b>Non-Pay</b>				
* Premises	7,000.00	7,000.00	12,832.68	5,832.68
* Transport	2,300.00	2,300.00	1,911.53	-388.47
* Supplies & Services	148,419.74	148,419.74	219,842.94	71,423.20
* Third Party Payments	101,000.00	101,000.00	0.00	-101,000.00
* Internal Charges	6,400.00	6,400.00	17,402.32	11,002.32
* Onwards Internal Trading	0.00	0.00	-366.00	-366.00
Non-Pay Expenditure Childrens	265,119.74	265,119.74	251,623.47	-13,496.27
<b>TOTAL EXPENDITURE Board</b>	<b>740,148.58</b>	<b>740,148.58</b>	<b>672,267.55</b>	<b>-67,881.03</b>
<b>INCOME</b>				
Miscellaneous Income	0.00	0.00	0.00	0.00
Total Contribution from MCC	-174,735.00	-174,735.00	-80,450.00	94,285.00
External Income	-91,750.00	-91,750.00	-122,662.86	-30,912.86
Interest	0.00	0.00	126.54	126.54
Contribution from MCC General Fund	-473,663.58	-473,663.58	-473,663.58	0.00
<b>Total Revenue Income</b>	<b>-740,148.58</b>	<b>-740,148.58</b>	<b>-676,649.90</b>	<b>63,498.68</b>
<b>Over/Underspend</b>	<b>0.00</b>	<b>0.00</b>	<b>-4,382.35</b>	<b>-4,382.35</b>
<b>Note Reserves are £68,704</b>				

**Manchester City Council  
Report for Resolution**

**Report to:** Health and Wellbeing Board – 30 October 2019

**Subject:** Better Care Fund 2019/20 Plan

**Report of:** Executive Director of Strategy, Manchester Health and Care Commissioning

## Summary

The Better Care Fund (BCF) has been established by Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

The BCF allocation is managed as part of the Manchester Health and Care Commissioning (MHCC) Pooled Budget. The purpose of the report is to provide the Health and Wellbeing Board with an outline of the Manchester Better Care Fund Plan 2019/20, the linkages to support performance with regards to Delayed Transfer of Care (DTC) and associated key performance metrics.

## Recommendations

The Health and Wellbeing Board is asked to:

- i) Support the jointly developed Better Care Fund plan for 2019/20, including the agreed plan for the Adult Social Care Winter Pressure grant and associated submission to Department of Health.

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	<p>The Better Care Fund supports the integration of health and social care.</p> <ul style="list-style-type: none"> <li>• To improve the health and wellbeing of people in Manchester</li> <li>• To ensure services are safe, equitable and of a high standard with less variation</li> <li>• To enable people and communities to be active partners in their health and wellbeing</li> <li>• To achieve a sustainable system</li> </ul>
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:**

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Name: Karen Riley  
Position: Head of Group Finance (PSR)  
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Email: k.riley@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.

- Report Better Care Fund and Improved Better Care Fund Submission 2017-19 – Health and Wellbeing Board 30 August 2017
- Better Care Fund 2018/19 Manchester Health and Wellbeing Board – 31 October 2018
- Manchester Health and Care Commissioning - Adult Social Care Business Plan and Pooled Budget contribution -2019/20 Executive - 13 February 2019

## **1. Introduction**

- 1.1 The Better Care Fund (BCF) allocation for Manchester in 2019/20 is £80.793m which is managed as part of the £1.1 billion Manchester Health and Care Commissioning Pooled Budget.
- 1.2 As in previous years the Department of Health and Social Care (DHSC) has provided national planning and reporting requirements to be adhered to for the BCF in 2019/20. The 2019/20 guidance and allocations were issued in July 2019 and the guidance includes the national conditions for the receipt of funding, including the required metrics and timetables.
- 1.3 The main change in the BCF Planning Requirements compared to 2017-2019, is that separate narrative plans will be replaced with a single template that will include short narrative sections covering:
  - the local approach to integration;
  - plans to achieve metrics; and
  - plans for ongoing implementation of the High Impact Change Model for Managing Transfers of Care.
- 1.4 In addition, BCF planning and reporting will incorporate the separate processes for the improved BCF (iBCF) and the Adult Social Care Winter Pressures grant, removing duplication in collection and reducing the reporting burden overall.
- 1.5 This report provides a summary of the jointly agreed plan for 2019/20 BCF and iBCF which was submitted on the 20th September to Greater Manchester Health and Social Care Partnership (GMH&SCP) and the 27th September 2019 to the national team. The submission is included in Appendices 1-3.
- 1.6 The purpose of the report is to provide the Health and Wellbeing Board with an outline of the Manchester Better Care Fund Plan 2019/20, the linkages to support performance with regards to Delayed Transfer of Care (DTC) and associated key performance metrics and the jointly agreed plan for the ASC Winter Pressures grant.

## **2. Background**

- 2.1 The BCF guidance was issued in July 2019 in relation to the 2019-20, further to the 2019-20 BCF Policy Framework published in April 2019. The guidance contains the BCF planning requirements which support the core NHS Operational Planning and Contracting Guidance for 2019-20 and the BCF Operating Guidance.
- 2.2 The BCF supports the aims of integration and the policy framework and programme are jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

2.3 The policy framework confirms the Government's ongoing commitment to supporting the integration of health and care and confirms:

- A one-year framework that will cover transition to a new policy, following the review of the BCF announced in 2018 and decisions on Local Government in the Spending Review.
- BCF National conditions are very similar to 2017-19.
- The national ambition for managing Delayed Transfers of Care (DToC) will continue to reduce DToCs to less than 4,000 daily delays.
- The CCG minimum contribution to the BCF will increase to £3.84 billion in 2019-20, in line with average NHS revenue growth.

### 3. BCF Policy and Planning Requirements in 2019/20

3.1 The Better Care Fund Policy Framework for 2019/20 provides continuity from the previous round of the programme. The four national conditions set by the government in the policy framework are:

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care.

#### 1. Plans to be jointly agreed

The Manchester system continues to make progress with the delivery of its Locality Plan, which is predicated on the integration of health and social care services. The Manchester Local Care Organisation (MLCO) went live on 1st April 2018, bringing together both community and social care services under one leadership team. The initial focus has been to form 12 multi-disciplinary, Integrated Neighbourhood Teams (INTs) designed to wrap services around the needs of patients/service users within community settings with the next phase of INTs being delivered from October 2019.

**2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.** £15,379,111 is the planned adult social care spend from the CCG allocations.

**3. Agreement to Invest in NHS commissioned out of hospital services, which include 7 day services and adult social care.** As part of the MLCO-led work across Manchester, Connected Urgent Community Care; seven day services is included within the scope to integrate urgent and enhanced primary care provision.



**4. Managing Transfers of Care** The main delivery is via MLCO with patient needs understood through the work of the Integrated Neighbourhood teams. The next phase of the INTs is going live in October 2019 which will include multi-disciplinary team including social workers, GPs and community workers to meet the needs of patients.

3.2 Manchester has identified and implemented a number of short term and identified long term actions in order to tackle the increasing numbers of Delayed Transfers of Care and Long Stay patients (7+ and 21+). This includes daily monitoring of DTOC patients and weekly reporting of length of stay patients against targets shared with all organisations. Urgent Care services are being redesigned to integrate between Accident and Emergency departments, GP out of hours services, urgent treatment centres, NHS 111 and ambulance services with a focus on deflection away from acute settings.

3.3 The Policy Framework also sets out the four national metrics for the fund:

- Non-elective admissions (Specific acute);
- Admissions to residential and care homes;
- Effectiveness of reablement; and
- Delayed transfers of care (DToc).

#### **1. Non-elective admissions (specific acute)**

The new care models including Crisis Response, Discharge to Assess, Reablement and the new Manchester Case Management programmes support the wider integration, both preventing service users from having to attend acute services and supporting their early discharge when they do. Services such as Manchester Case Management are actively working with the most at risk 5% of the Manchester population providing personalised services to meet patient needs.

The MLCO operating model will support the delivery of MHCC outcomes including:

- Improving the number of people supported to stay well
- Having fewer people dying from preventable conditions
- Reducing avoidable hospital activity
- Reducing the overall cost of care packages.

This will be supported by a range of New Care models and community activity including respiratory provision and Manchester Case Management which provide targeted interventions to support people who are at the highest risk of needing acute services.

#### **2. Admissions to residential and care homes**

The new Homecare provision will work more flexibly with service users to provide a better care package which supports them to be more active and independent and stay at home for longer. This along with the support that service users are receiving from reablement and the use of assistive technology is expected to reduce the number of people who will need to

enter residential and nursing care. There is also an expansion of the shared lives provision and the commissioning of additional community accommodation which should support more people to remain in the community for longer.

### 3. Effectiveness of reablement

Reablement is at the heart of the community offer and of the supported early discharge policy from secondary care. Discharge to Assess provision as reablement support is available to support the discharge process, and this provision has expanded further during 2019/20. The core reablement provision primarily supports people to who may have required home care. By supporting people to do more for themselves the provision is being successful in that approximately 50% of service users do not require homecare after receiving homecare support.

### 4. Funding Sources and Expenditure Plans

As per previous years, it will be a condition of the BCF that plans for spending all funding elements are jointly agreed by local authority and CCG partners and approved by the Health and Wellbeing Board. Plans should confirm that individual elements of the mandatory funding have been used in accordance with their purpose as set out in the BCF policy framework, relevant grant conditions and planning requirements.

- 3.4 NHS England has published allocations from the national ring-fenced mandate of £3.84billion in 2019/20 to be pooled into the BCF. The allocation for each CCG includes funding to support local authority delivery of reablement, carers' breaks and implementation of duties to fund carer support under the Care Act 2014. The table below shows the minimum contributions for Manchester:

	2018/19	2019/20
<b>Funding Sources</b>	Income	Income
Disabled Facilities Grant (DFG)	£6,928,325	£7,476,077
Minimum CCG Contribution	£40,144,419	£42,501,178
Improved Better Care Fund (iBCF)	£14,761,644	£28,149,724
Winter Pressures Grant	£0	£2,666,050
<b>Total</b>	<b>£61,834,388</b>	<b>£80,793,029</b>

- 3.5 The policy framework sets a higher growth rate (5.3%) for CCG contributions to the BCF and to fund a 'minimum contribution' to Adult Social Care, now set at 5.3% uplift rather than the 1.79% given in December 2018 guidance.

- Minimum Contribution to Adult Social Care - The understanding is that additional national funding will be made available to CCGs (subject to satisfying the national conditions). NHS England will require regions to give assurance that conditions two and three have been met for this element of the BCF.

- Remaining increase on Fund (Non-social care element) – can be spent on NHS commissioned services and GM encourage CCGs to consider plans carefully to avoid additional financial pressures i.e. some CCGs are already making contributions to BCF and these should count towards the new minimum contribution or by reviewing existing plans for community spending which can be added to the BCF.

#### 4. Performance Metrics

- 4.1 The BCF requires plans to be agreed for the four metrics outlined in paragraph 3.3 above. This should build on planned and actual performance on these metrics in 2018/19. The following plans have been agreed for 2019/20;

##### Non-Elective Admissions (NEA) metric planning

- 4.2 Collection of the NEA metric plans are based on the NEA CCG Operating plans submitted annually. For MHCC this was 76,088 from April 2019 to March 2020 which represents a 5.3% increase from 2018 / 19 of 72,290 as follows;

Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
6,237	6,444	6,237	6,444	6,444	6,237	6,444	6,237	6,444	6,444	6,028	6,448	<b>76,088</b>

##### Residential Admissions (RES) planning

- 4.3 This metric captures the planned number of council supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care).
- The numerator is the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
  - The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
  - The annual rate (per 100,000 population) is then calculated and populated based on the planned total number.

	2018/19 Plan	2019/20 Plan
<b>Annual rate</b>	<b>261</b>	<b>784</b>
Numerator	133	405
Denominator	50,967	51,631

- 4.4 The 2018/19 figure only appears to include the Residential over 65 placements and excluded Nursing based on a model which was built back in 2016/17, this has been updated for the 2019/20 plan.

#### Reablement (REA) planning

- 4.5 This metric captures the planned number of older people discharged from hospital to their own home for rehabilitation or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home. It measures the proportion who were still at home 91 days after discharge. For MHCC the following plan has been set at 80% meeting the target;

	<b>2018/19 Plan</b>	<b>2019/20 Plan</b>
<b>Annual %</b>	<b>73%</b>	<b>80%</b>
Numerator	721	824
Denominator	987	1,030

#### Delayed Transfers of Care (DToC) planning

- 4.6 This metric captures the number of DToC per day (daily delays) from hospital (aged 18+). Local expectations set in the BCF Operating Guidance for 2018-19 have been retained at 210.5 days. HWBs were asked to include a brief narrative associated with meeting this target. Key actions for MHCC were outlined as;
- Manchester Local Care Organisation (MLCO) and Trafford Council to work comprehensively with all Manchester Hospital sites to support the movement of patients with on-going care needs as swiftly as possible
  - Optimise resourcing for the Manchester Control Room
  - Review a plan under discussion for enhancing the Integrated Discharge Team at the MRI to mobilise at pace any actions which will have short term positive impacts on flow
  - CCG support on site in order to expedite delay transfers of care across Manchester and Trafford, and signposting for out of area patients
  - MLCO mobilising the roll out of two major programmes of work that will have benefits for the Manchester system ahead of winter 2019/20; new information management infrastructure across Manchester City Council (Liquid Logic) and a change happening now around home care contracts which will enhance links into our neighbourhood model of working
  - MLCO to strengthen provider relationships with our neighbourhood teams to optimise home care in preference to residential care placements. Staff are undertaking a range of discharge functions within the MRI and perform key assessment when patients are discharged across the city in order to make the discharge process as efficient as possible.
  - Trafford General Pilot to manage appropriate ambulatory care patients following an urgent care or GP referral. Improvements expected as processes embed.

## **5. Adult Social Care Winter Pressures Grant**

- 5.1 In October 2018, the DHSC announced £240m of additional funding for councils to spend on adult social care services to help alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. The allocation to the City Council, which is based on the Relative Needs Formula, totalled £2.666m in both 2018/19 and 2019/20.
- 5.2 The funding is intended to enable further reductions in the number of patients that are medically ready to leave hospital but are delayed because they are waiting for adult social care services. The agreed key priorities are focused on:
- Improving performance in relation to DTOC;
  - Reducing extended lengths of stay which has been a significant issue in Manchester;
  - Improving weekend discharge arrangements;
  - Preventing admissions;
  - Alignment with the MLCO target operating model; and
  - Ensuring delivery of statutory Care Act duties over the winter period.
- 5.3 For 2018/19 the funding was deployed to support the significant increase in costs on packages of care including those from the focus by MLCO on discharge of people from hospital with delayed transfers of care. At the end of 2018/19 financial year £0.560m of funding was carried forward to cover resilience commitments in 2019/20 as agreed by the Council's Executive in December 2018.
- 5.4 For the 2019/20 grant allocation of £2.666m further detail on the intentions for permanent recruitment were set out in the MHCC – Adult Social Care (ASC) Business Plan reported to MCC Executive in February 2019. This approved recruitment to permanent posts at a cost of £1.456m funded from the £2.666m 2019/20 funding, with the balance of £1.210m available for non-recurrent workforce and other schemes. The £1.456m was part of a wider permanent investment of £4.225m for adult social care to support improvement and resilience.
- 5.5 The planned use of the £0.560m carried forward from 2018/19 and £1.210m for 2019/20 (a total of £1.770m) available for non-recurrent schemes is summarised as follows:
- £113k for a further investment in homecare hours to ensure capacity is immediately available to support discharge within 24 hours of referral;
  - £64k mental health schemes;
  - £100k to allow full spend against the commitments made for transitional beds commissioned in north Manchester inclusive of medical cover, therapy and social care support. In addition, provision for physiotherapy and occupational therapy interventions in care homes;
  - £343k to allow for the timing of recruitment of complex reablement workers and crisis clean for a six month period; and
  - £120k to provide for Neighbourhood Apartments and Homelessness flats.
  - £42k for two contract officer posts to support transitional arrangements between providers following the award of the homecare contract; and

- £311k to provide a social work team to undertake reassessment of people within in-house learning disability supported accommodation.
- Additional senior ASC capacity in hospital integrated discharge teams to support discharge planning. (2 FTE £143k);
- Primary Assessment Team (PAT) capacity re better system flow through the Reablement Service (6 FTE £222k);
- Further interim capacity to support the deployment of capital funding for Disabled Facilities Grant (DFG) on complex equipment (5 FTE £240k);
- Further capacity to support Assistant Directors to deliver the improvement and resilience plan (2 FTE 6 months £72k)

5.6 The table below summarises the locally agreed plans for use of the ASC Winter Pressures funding available in 2019/20 on a recurrent and non-recurrent basis:

Adult Social Care Winter Pressures Funding	Recurrent element (agreed by MCC Executive Feb 2019)		Non-recurrent element	
	FTE	Cost £	FTE	Cost £
<b>WORKFORCE CAPACITY</b>				
Primary Assessment Team			6.0	222,000
Senior Capacity Hospital Discharge Teams			2.0	143,000
Senior Social Worker	3.0	143,647		
Social Work Team Manager	4.0	216,583		
Social Worker Localities	13.0	500,625		
Social Workers - Supported Accommodation			7.5	311,000
Support for the Improvement Plan			2.0	72,000
Mental Health Social Worker for GMMH	3.0	124,324		
Social Worker Learning Disabilities	2.0	82,883		
Commissioning/Contract officers			2.0	42,000
Mcr Supported Independent Living	2.5	109,029	5.0	240,000
<b>Sub-total - Social Care</b>	<b>27.5</b>	<b>1,177,090</b>	<b>24.5</b>	<b>1,030,000</b>
Private Rented Sector Worker	3.0	92,918		
Homelessness Support Work Manager	1.0	41,441		
Homelessness Support Workers	4.0	144,550		
<b>Sub-total - Homelessness</b>	<b>8.0</b>	<b>278,909</b>	<b>0.0</b>	<b>0</b>
<b>NON-WORKFORCE CAPACITY</b>				
Homecare to support discharge with 24 hours				113,000
Mental health schemes				64,000
Transitional beds and support in care homes				100,000
Complex reablement				343,000
Neighbourhood apartments/ Homelessness accommodation				120,000
<b>Sub-total</b>				<b>740,000</b>
<b>Total</b>	<b>35.5</b>	<b>1,456,000</b>	<b>24.5</b>	<b>1,770,000</b>

## 6. Assurance, Approval and Intervention

6.1 Plans will be assured and moderated regionally, which will be a joint NHS and local government process. Recommendations for approval of BCF plans will be made following cross regional calibration of outcomes to ensure consistent application of the requirements nationally. Moderation of HWB BCF plans will be carried out at the new NHS regional footprint, with full involvement of local government.

6.2 The main planning requirements are:

Condition / Requirement	Collection Method	Assurance Approach
Jointly agreed plan including; <ul style="list-style-type: none"> <li>• Confirmation of funding contributions</li> <li>• National conditions</li> <li>• Scheme level spending plan</li> </ul>	Collected through single Planning Template, submitted to Better Care Managers and copied to <a href="mailto:england.bettercaresupport@nhs.net">england.bettercaresupport@nhs.net</a>	Assured regionally by relevant NHS teams and local government assurers, with regional moderation involving the LGA and ADASS at NHS regional level, supported by collation and analysis of data on national conditions and expenditure plans carried out nationally.
National Metrics	Submitted through UNIFY (NEA) and through the Planning Template (Effectiveness of Reablement and Residential admissions)	Collated and analysed nationally, with feedback provided to relevant NHS teams and local government assurers for regional moderation and assurance process. Regional assurance will also confirm that the area has a coherent plan for achieving these metrics.

6.3 The plans were to be submitted to GMH&SCP by 20th September and nationally by 27th September, having been approved or scheduled to be approved by HWB.

## 7. Recommendations

7.1 The Health and Wellbeing Board is recommended to support the jointly developed Better Care Fund plan for 2019/20 including the agreed plan for the Adult Social Care Winter Pressure grant and associated submission to Department of Health.

## Appendix 1

### Part 1: Delivery of the Better Care Fund

<b>Statement:</b>	<b>Response:</b>	<b>Comments:</b>
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	No further comments. Single function and wider pool supersedes BCF.
2. Our BCF schemes were implemented as planned in 2018/19	Agree	No further comments.
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Agree	No further comments.
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Neither agree nor disagree	Difficult to establish cause and effect
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Dedicated team now established and seen an improvement in recent months
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The iBCF has funded the expansion of our reablement service
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Strongly Agree	The iBCF has funded the expansion of extra care and neighbourhood apartments



**Part 2: Successes and Challenges**

<b>8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.</b>		<b>Response</b>
Success 1	8. Pooled or aligned resources	Partnering arrangement with CCG has facilitated the expansion of the pooled budget to approx. £1.1m of which BCF is a subset
Success 2	9. Joint commissioning of health and social care	There is now a single commissioning function across Manchester
<b>9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.</b>		<b>Response</b>
Challenge 1	3. Integrated electronic records and sharing across the system with service users	Can be difficult due to GDPR / data sharing
Challenge 2	2. Strong, system-wide governance and systems leadership	Legalities can be an hindrance to achieving the vision

## Appendix 2

### Progress against local plan for integration of health and social care

There are 5 Key Work Programmes which are designed to support wider system flow:

1. Manchester Community Response (MCR) - Umbrella for six programmes of work including Community Crisis Response, Discharge to Assess, Reablement and others that provide short term care to help prevent hospital admission/expedite discharge. The three main aims of MCR are to:

- Help people avoid going into hospital unnecessarily.
- Help people be as independent as possible on discharge from hospital.
- Prevent people from having to move into a residential home until they really need to.

#### Update

- Central crisis team launched in November has accepted 135 referrals from NWS, 116 patients treated in the community and avoided A&E admissions.
- South crisis team launched in December and has accepted 65 referrals from GP/urgent care and treated in the community.
- Discharge to Assess programmes now running in North and South Manchester.
- IV business case in development for city wide expanded service

2. High Impact Primary Care (HIPC) - 3 pilot HIPC programmes across the city providing GP led, integrated community care to most vulnerable residents who are high users of other services.

#### Update

- Users of service increasing with 463 residents accessing HIPC in November 2018 and 540 in December.
- Investment review and evaluation activities to expand on evidence of impact – as currently information available on patient benefits / outcomes is mixed.
- Future strategy of HIPC in development – likely to include focus on integration with INT and risk stratification approach for MLCO.

3. Escalation and Patient Flow Support - Joint work with team at Manchester Royal Infirmary to support discharge of super stranded patients medically fit for discharge back to community settings with right support.

#### Update

- Programme of work since August 2018
- On-going identification of super stranded patients and coordination work to expedite discharge
- Joint health and social care approach through MLCO team
- 114 super stranded patients discharged with a combined length of stay of 12,806 days. Contributing to a reduction of around five days in average inpatient length LoS at MRI

4. ASC Improvement Plan - As part of ASC business plan for 19/20, ASC improvement plan has been approved. This work focuses on getting the right foundations in place through work to embed streamlined processes, effective practice, and an enabled workforce with the right resources in place to manage demand.

#### Update

- Investment of c£4m in 2019/20 will be made to support the implementation of the

plan.

- Permanent roles will be established as part of the plan (circa 100 FTEs), counter acting issues with temporary recruitment currently experienced.
- Funding will provide for additional capacity in Social Work, Safeguarding, the Citywide Care Homes Team, the Learning Disability service and other specialist services.

5. Integrated Neighbourhood Teams (INTs) - 12 neighbourhood teams, co-locating health and social care services around populations of 30k to 50k residents. Each team has leadership including overall lead and GP, nursing, social care and mental health leads. Initiative is core to MLCO target operating model (TOM).

#### Update

- MLCO is currently working to finalise its neighbourhood operating model, neighbourhood governance arrangements, and accountability and assurance arrangements.
- Recruitment to 9 of the 12 overall leads complete, all 12 GP leads in place as well as nurse and mental health leads.
- Estates work to complete hub bases for each INT progressing with 6 complete and others underway/in negotiation
- Didsbury East and West, Burnage and Chorlton Park INT have been an early implementer at Withington Community Hospital since November 2018.
- 12 2019/20 neighbourhood plans to be developed to under pin MLCO business plan.
- Business case to be developed to review potential benefits

#### **Integration success story highlight over the past quarter**

MHCC has started its next phase of transformation because we believe that it will increase our ability to make the transformation to support Manchester's people to live healthier lives and ensure the system's long term sustainability for generations to come.

Phase 2 has been designed to maximise the potential of our workforce at this time. Given the maturity of Manchester's health and care system, this means prioritising the development of the Manchester Local Care Organisation (MLCO) so that it can support people to live healthier lives in their communities and reduce our dependency on acute hospital services. Our second priority, at this time, is to take a more strategic approach to how we as the City's health and care commissioners create the best possible conditions for providers, stakeholders, communities and individuals to optimise health outcomes. We can do this by working together in evidence based and systematic way to set clear and ambitious outcome goals and secure the right mix of health and social care provision.

## Appendix 3

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
Additional iBCF funding by purpose	39%	49%	12%

	<b>Success 1</b>	<b>Success 2</b>	<b>Success 3</b>
3 key areas of success associated with the additional iBCF funding during 2018/19	Partnership working with other organisations / voluntary sector	Workforce – recruitment	Health and social care integration
Brief comments on key successes	Supported the establishment of the Manchester Local Care Organisation which is a partnership organisation of statutory and voluntary organisations.	Recruited staff from the Social Value programme which is about getting Manchester residents back into work	Supported the mobilisation of the MLCO and new care models
	<b>Challenge 1</b>	<b>Challenge 2</b>	<b>Challenge 3</b>
3 key areas of challenge associated with the additional iBCF funding	Financial pressure	Prevention	Other
Other', please specify			Non recurrent funding
Brief comments on key challenges	Increased the capacity in reablement but not realised the expected benefits in home care in year	The iBCF has been targeted against changing system flow and a potential different offer of care support but hasn't been targeted specifically against the prevention agenda.	Difficult to maintain investment schemes in an environment when significant savings are required and the level of funding not continuing.

	<b>Initiative / Project 1</b>	<b>Initiative / Project 2</b>	<b>Initiative / Project 3</b>
<b>Project title</b>	Meeting social care needs and NHS pressures - Extra Care, Reablement and Discharge to Assess	Supporting health and social care interface - DTOC	Market Capacity and Sustainability
<b>Project category</b>	5. Managing Demand	3. DTOC: Reducing delayed transfers of care	1. Capacity: Increasing capacity
<b>Planning stage</b>	Completed	In progress: showing results	In progress: no results yet
<b>Brief commentary</b>	Extra care and neighbourhood apartments established . Reablement and Discharge to Assess is mobilised.	Started to see a downward trend in DTOC numbers	A new approach to delivering home care - Our Manchester Home Care - is going live in summer 19/20

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