Public Document Pack

MANCHESTER CITY COUNCIL

Health and Wellbeing Board

Date: Wednesday, 22 January 2020
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.**

Filming and broadcast of the meeting

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

Membership of the Health and Wellbeing Board

Councillor 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.

Information about the Board

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

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

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

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

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

Smoking is not allowed in Council buildings.

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

Further Information

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

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

This agenda was issued on **Tuesday, 14 January 2020** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

This page is intentionally left blank

Health and Wellbeing Board

Minutes of the meeting held on 30 October 2019

Present:
Councillor Richard Leese, Leader of the Council (Chair)
Councillor Craig, Executive Member for Adults
Dr Murugesan Raja GP Member (Central) Manchester Health and Care Commissioning
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Jim Potter, Chair, Pennine Acute Hospital Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health
Bernadette Enright, Director of Adult Social Services

Also Present:
Professor Matt Makin, Medical Director, North Manchester General Hospital
Peter Blythin, Manchester University NHS Foundation Trust
Jonny Sadler, Programme Director, Manchester Climate Change Agency
Claire Igoe, Head of Environmental Sustainability, Manchester University NHS
Naomi Makin, Greater Manchester Mental Health NHS Foundation Trust
Martina McLaughlin, Planned Care Reform Manager, MHCC

Apologies:
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Dr Claire Lake Member (South) Manchester Health and Care Commissioning
Dr Ruth Bromley, Chair, Manchester Health and Care Commissioning
Dr Vish Mehra, Central Primary Care Manchester

HWB/19/31 Minutes

The minutes of the meeting held of 28 August 2019 were submitted for approval.

Decision

The approve the minutes of 28 August 2018 as a correct record.

HWB/19/32 Improving Adult Mental Health Services in Manchester

The Board considered the report and accompanying presentation of the Chief Executive, Greater Manchester Mental Health NHS Foundation Trust that provided a progress report on developments in Manchester mental health services following the acquisition of Manchester Mental Health and Social Care Trust on 1st January 2017.

The Chief Executive, Greater Manchester Mental Health NHS Foundation Trust referred to the main points and themes within the presentation which included information and updates on the following areas of activity: -

- 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; and
- Update on CQC Well Led Inspection of GMMH – July 2019.

The Chief Executive, Greater Manchester Mental Health NHS Foundation Trust reported that the Trust employed the highest number of apprentices in the UK and the Trust was recognised as Living Wage Foundation Employer. He stated that this was important to assist in the recruitment and retention of the best workforce to deliver services for the benefit of Manchester citizens. He further commented that the Trust had recently commissioned a dedicated student mental health service; was delivering mental health services for a Housing First project, delivered by a local housing provider to support 400 homeless people; delivering a mental health and criminal justice service and that the substance misuse service had been extended across the city.

The Board welcomed the reported improvements and noted that both areas of challenge and improvement had been identified. In particular, the Board welcomed the work undertaken to address the number of out of area placements for patients requiring care.

In response to a question from a Member the Director of Operation, GMMH stated that individuals could self-refer for treatment, however the waiting time for face to face advice was approximately 6 weeks for an IAPTS appointment.

The Chief Executive, Greater Manchester Mental Health NHS Foundation Trust acknowledged a comment from a Board Member by advising that work was underway at a Greater Manchester level to improve the transition from CAMHS (Child and adolescent mental health services) to Adult Services. The Director of Operation, GMMH also commented that opportunities did exist to work with families and deliver targeted preventative work.

The Chief Executive, Greater Manchester Mental Health NHS Foundation Trust welcomed the suggestion to work closely with Partners to continue to address out of area placements and delayed transfer of care cases. He further acknowledged a comment regarding sustainability of community projects and commented that opportunities to use the Manchester Wellbeing Fund to achieve this were being explored, and he provided an example of where this Fund had been used to then attract alternative sources of funding to support projects long term.

Decision

To note the report and welcome the progress reported.

HWB/19/33 North Manchester Strategy

The Board considered the report and accompanying presentation of the Chair, Manchester Health and Care Commissioning that provided an update on the North Manchester Strategy with particular reference to the two major capital announcements that had been made by Government to invest in facilities at the North Manchester General Hospital (NMGH) site.

The Executive Director, Strategy, MHCC referred to the main points and themes within the presentation which included information and updates on the following areas of activity: -

- Providing a context for the site in terms of area and population;
- The case for change and a summary of the proposition to deliver a modern health and care offer;
- The opportunity for health to deliver wider economic benefits to the area;
- A description of the financial investment required; and
- The approach to partnership working.

Professor Matt Makin, Medical Director, North Manchester General Hospital commented that there was a genuine positive culture amongst all staff working at NMGH and staff were engaged in the delivery of an improved offer for the area. This was recognised by members of the Panel who commented that they had witnessed this also.

Peter Blythin, Manchester University NHS Foundation Trust (MFT) reiterated the commitment to bringing NMGH into the Single Hospital Service model.

The Chair, on behalf of the Board thanked all of the staff working at the site for their continued dedication to the residents of North Manchester. He further commented that the proposals represented a unique opportunity to transform the provision of health and care services in North Manchester and provide a stimulus for economic regeneration. A Board Member further commented that people have an emotional attachment to the hospital site and it was valued by the local population.

In response to a question regarding public transport and access to the site the Executive Director, Strategy, MHCC said this would be considered as part of the wider strategy considerations. He further responded that the Board would have oversight of the delivery of the strategy and reiterated the importance of community engagement with this project, noting the comment regarding local pride in the site.

Decision

To note the report.

HWB/19/34 Locality Plan Refresh

The Board considered the report of the Executive Director of Strategy, Manchester Health and Care Commissioning that described how the Manchester system was approaching the development of its 3rd Locality Plan Refresh and the proposed content.

The Chair noted that this was the third Locality Plan and consideration needed to be given to devising a longer term plan. The Executive Director of Strategy, Manchester Health and Care Commissioning acknowledged this comment.

Decision

To note the report.

HWB/19/35 Zero Carbon and Health

The Board considered the joint report that provided an update on the following areas of activity, Zero Carbon Framework (2020-38); Air Quality and Respiratory Disease. The report also provided an update on the recommendations of the Manchester Public Health Annual Report 2018 on Air Quality.

The Board welcomed Jonny Sadler, Programme Director, Manchester Climate Change Agency who described that in November 2018, Manchester City Council had 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_2 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_2 emissions, by an average of at least 13% year-on-year and; and become a zero carbon city by 2038 at the latest.

Mr Sadler said that he recognised and welcomed the stated commitments and ambitions of all Partners to achieve these challenging targets, however challenged them to do more. He said the NHS needed to consider their direct emissions from buildings and the 'hidden' emissions generated and provided examples of these.

The Board then heard from Claire Igoe at MFT, Martina McLaughlin from MHCC and Naomi Makin from the Greater Manchester Mental Health NHS Foundation Trust who described the actions and initiates delivered and planned for their respective sites to engage with staff around the issue of climate change.

Dr Murugesan Raja described that emissions aswell as contributing to global climate change, carbon-based activities in Manchester also exacerbate the city's air quality and associated respiratory problems. He stated that action was needed to address the risks to Manchester residents from the changing climate, such as extreme heat; heavy rainfall and potential flooding and other local risks due to climate change.

Dr Murugesan Raja informed the Board that MHCC continued to focus on respiratory disease as one of the key long term conditions to address poor health outcomes in Manchester. He advised that it was recognised that in order to address respiratory inequalities a system wide approach to change was required. He said that MHCC were therefore working in partnership with primary care, community care, secondary care, patient engagement and RightCare to address this.

Dr Murugesan Raja informed the Board that MHCC had developed a set of Manchester wide standards, based on the Greater Manchester Standards for primary care that would focus on Chronic Obstructive Pulmonary Disease (COPD) patient reviews; review of COPD patients following an exacerbation; asthma reviews in adults; asthma reviews in children; COPD Virtual Clinic for 2019/20 and pharmacotherapy for smoking cessation 2019/20.

The Director of Population Health informed the Board of the updates to the recommendations of the Manchester Public Health Annual Report 2018 on Air Quality as detailed within the report.

The Board discussed the challenge presented to becoming a zero carbon city by 2038 at the latest. Members of the Board discussed the need for an improved public transport infastructure and the need to engage with SME's (Small and medium-sized enterprises) in relation to reducing their carbon emissions.

A Member of the Board commented that the voluntary and community sector (VCS) predominatlley used rented accomodation which limited the influence they had over the physical building and the associated emmisssions. The Board member suggested that consideration needed to be given as to how partners could collectively use thier estates to support VCS partners.

A Member of the Board commented that all Partners should use all communications channels and opprtuities to promote the importance of climate change and celebrate positive news stories and promote good practice.

The Chair commented that it was important to recognise that many residents in Manchester experienced challenges and climate change may not be a priority consideration for them, however the health service was ideally placed to engage with residents, in a relevant and meaningful way to influence individual behaviour change.

Decision

To note the report.

HWB/19/36 Annual Reports of the Safeguarding Children and Adults Boards

The Board considered the report of the Former Independent Chair of the Manchester Safeguarding Boards, Strategic Director of Children and Education, Executive Director of Adult Services that provided 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.

The Chair on behalf of the Board thanked the Former Independent Chair for her commitment and dedication on behalf of the residents of the city.

Decision

To note the report.

HWB/19/37 Better Care Fund 2019/20

The Board considered the report of the Executive Director of Strategy, Manchester Health and Care Commissioning that provided an outline of the Manchester Better Care Fund Plan 2019/20, the linkages to support performance with regards to Delayed Transfer of Care (DTOC) and associated key performance metrics.

The Chair commented that more needed to be done to employ staff on permanent contracts that would reduce the cost incurred by agency staff. The Executive Director of Strategy, Manchester Health and Care Commissioning acknowledged this comment.

Decision

To note the report.

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 22 January 2020

Subject: Manchester Locality Plan Refresh

Report of: Executive Director of Strategy, MHCC

Summary

This cover report briefly describes the approach to developing the Manchester Locality Plan Refresh, which was submitted to the GMHSC Partnership team, as a draft, on 29th November 2019.

The final draft of the Locality Plan Refresh is included for approval by the Health and Wellbeing Board. At the Board meeting, there will be a summary presentation highlighting the key aspects of the Plan.

Recommendation

The Board is asked to approve the final version of the Manchester Locality Plan Refresh 2019/20.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The 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	

Contact Officers:

Name: Edward Dyson
Position: Executive Director of Strategy
E-mail: edward.dyson@nhs.net

Name: Julie Taylor
Position: Director of Strategy
E-mail: Julie.taylor40@nhs.net

Background documents (available for public inspection):

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

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

1. Introduction

1.1 The Greater Manchester Health & Social Care Partnership (GMHSCP) Executive Board requested in July 2019 that the 10 GM Localities produce a refresh of their respective Locality Plans by the end of November 2019. This was to ensure that refreshed locality plans influenced the planning for the first year of delivery under the NHS Long Term Plan (2020-21).

1.2 A draft of the Manchester Locality Plan Refresh 2019/20 was submitted to the GMHSCP team on 29th November, as requested, and was produced in accordance with GM guidance on expected content. The Transformation Accountability Board (TAB) provided the governance route for this draft version, given the submission date fell between Health & Wellbeing Board meetings.

1.3 The draft was submitted with a caveat to GMHSCP; that it is subject to change following review and sign off from the Health & Wellbeing Board.

1.4 The final draft of the Manchester Locality Plan Refresh is appended to this report for approval.

2. Development

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 (January 2020) has been 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. It also takes account of success to date, and the need to ensure a continued focus on integrated working to achieve better health outcomes for people and build a financially sustainable health and care system in Manchester.

2.4 It has been informed by attendance at GMHSCP workshops and consultation with a range of key stakeholders across the Manchester health and care system.

3. Governance

3.1 The process of developing the Locality Plan Refresh 2019/20 has been managed through the Locality Plan governance structure, involving key system partners from across the Manchester system.

3.2 The Manchester Directors of Strategy Group has acted as the editorial panel for the Locality Plan Refresh, ensuring that it reflects the ambition for health and social care transformation in the Manchester system.

3.3 Since the draft version of the Manchester Locality Plan Refresh 2019/20 was submitted to the GMHSCP team on 29th November some additional content (pages 4 and 12) has been added, to show how the Locality Plan has developed over the last five years and to expand on our approach to person-centred care. Following approval by the Health and Wellbeing Board, the final Locality Plan Refresh 2019/20 will be shared with GMHSCP team.

3.4 Relevant content will then be developed and uploaded to the Our Healthier Manchester website, providing public access to the updated plan.

4. Recommendation

4.1 The Health and Wellbeing Board is requested to approve the attached Locality Plan Refresh.

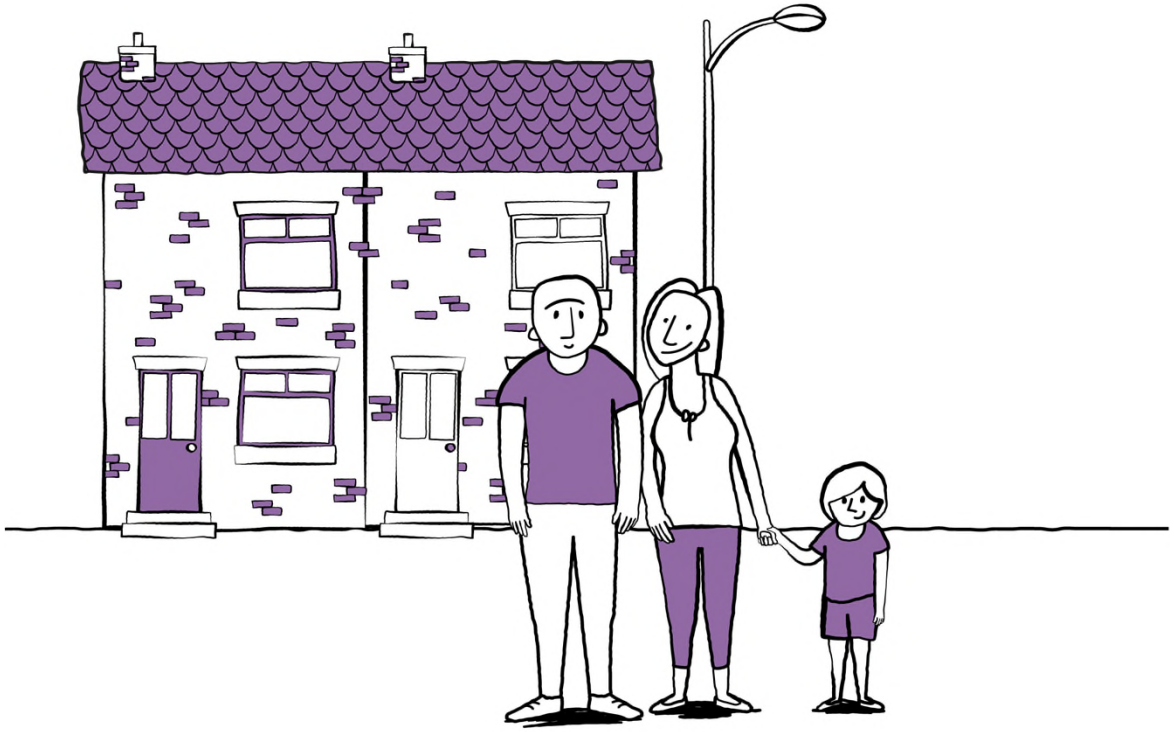
MANCHESTER LOCALITY PLAN

"Our Healthier Manchester"

www.healthiermanchester.org

2019/20 REFRESH

[v3]



CONTENTS

STRATEGIC SUMMARY

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 a rationalisation of the Manchester system, through the creation of a single commissioning function (SCF), a single hospital service (SHS), and a local care organisation (LCO).

The updated Locality Plan (April 2018), set within the context of the city's Our Manchester strategy, shifted the emphasis away from structural change to a focus on Our People, Our Services and Our Outcomes.

This Locality Plan Refresh (November 2019) has been produced within the context of a maturing health and social care system, and in response to both the Greater Manchester Health and Social Care Partnership's (GMHSCP) Prospectus (March 2019) and the requirements of the NHS Long Term Plan. The GMHSCP Prospectus takes stock of the first three years of Taking Charge Together and sets out the future direction for the Partnership. It does so in the context of the development of key Greater Manchester strategies, including the Greater Manchester Unified Model of Public Services and the Local Industrial Strategy – underpinned by the Greater Manchester Independent Prosperity Review.

We recognise, however, that there is still much to do. Manchester continues to face significant challenges in respect of the health and wellbeing outcomes experienced by its residents. It was ranked as the 6th most deprived Local Authority in England in the 2019 Index of Multiple Deprivation[1], which takes into account factors such as income, housing, education and employment, all of which contribute to people's health and wellbeing. Our Healthier Manchester aims to improve health outcomes for the people of Manchester by delivering new models of care and working with people and communities in a more integrated and strengths-based way, reducing health inequalities, supporting people to stay well and enabling them to better manage health conditions. In time, this will reduce the demand for urgent and unplanned care; but our system is not yet experiencing the impact of these changes and the pressure on urgent care remains high. Furthermore, we are operating in the context of a growing and changing population in Manchester. The population is forecast to grow by approximately 16% over the next decade, which is the equivalent of 94,240 people. This presents opportunities for the city, but also some challenges in how we plan for the health and care needs of this expanding population.

In addition, our ability to deliver this place based, person-centred approach is being compromised by significant recruitment challenges related to national skills shortages for key roles such as nurses, therapists, GPs, social workers and hospital-based medical staff. This is a key priority for our Locality Workforce Transformation Group, ensuring that we can attract and retain health and social care staff to Manchester and enable them to move around our system easily so that we have people with the right skills in the right place at the right time.

We are making progress despite these challenges and this refreshed Locality Plan will showcase what has been achieved over the last three years. This includes restructuring the organisational landscape to provide a more cohesive platform for change and the implementation of new care models that are improving people's lives and their health and care outcomes.

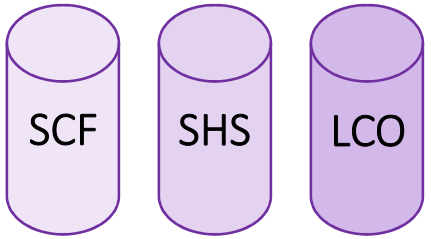
This Plan reaffirms our ambition to create a population health system that puts health at the heart of every policy, across the full spectrum of public services, improving health and care outcomes for the people of Manchester, whilst ensuring financial sustainability.

[1.] To allow comparison between the 317 English local authorities, the deprivation scores of each small area (LSOA) in a district are averaged and then the districts are ranked based on these averages. Manchester ranks as the 6th most deprived local authority on the index of multiple deprivation.

HOW MANCHESTER'S STRATEGY HAS DEVELOPED

Manchester's approach to achieving the strategic aims of the Locality Plan has evolved since the first Locality Plan was written in 2016. The graphic below charts this evolution.

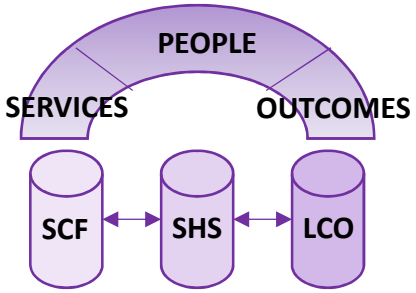
2016
Three Pillars



Laying the foundations

Manchester's first Locality Plan in 2016 emphasised the need to focus efforts on establishing the building blocks for system integration by prioritising structural change. This involved the creation of three new integrated organisations (three pillars): a single commissioning function (SCF); a single hospital service (SHS); and a local care organisation (LCO).

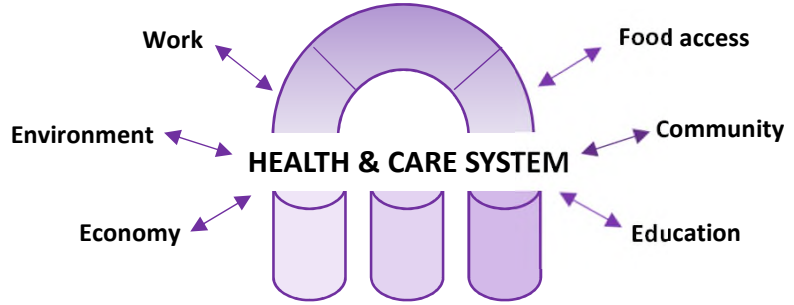
2018
The Rainbow



Focusing on outcomes for people

The second iteration of the Locality Plan in 2018 emphasised the need to switch the focus from structural transformation – the three pillars – to achieving better outcomes for people. A 'Rainbow' graphic was introduced to illustrate the new focus. A number of key milestones were identified up to 2026/27 under the headings: *'Our Services'; 'Our People'; and 'Our Outcomes'.*

2020
Wider System Integration



Wider health impacts

Many of the factors that influence health are out of the direct control of the health and care system – these factors are often called *social determinants of health*. This third iteration of the Locality Plan identifies the need to positively influence these social determinants by working more closely with other public sector services through the city's Our Manchester Programme.

VISION FOR POPULATION HEALTH

The Manchester Population Health Plan (2018 – 2027) reflects the Marmot principles, with a place based approach to tackling health inequalities. The five priorities in the plan cover the whole life course and address the social determinants of health:

- Improving outcomes in the first 1,000 days of a child's life
- Strengthening the positive impact of work on health
- Supporting people, households, and communities to be socially connected and make changes that matter to them
- Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
- Taking action on preventable early deaths.

Whilst our population health challenges remain considerable, we have demonstrated improvements in outcomes for health related behaviours, with smoking prevalence down from 22% to 17.8%, alcohol related hospital admissions falling steadily over the past five years and more residents physically active than ever before. These improvements will contribute to fewer deaths from the big killers such as heart disease and stroke, cancer and lung disease. What is also encouraging is the progress we are making on key wider determinants such as educational attainment, with significant improvements in GCSE and A level results in 2019 and the success of our anchor institutions in recruiting more local residents to entry level jobs.

Our population health system for Manchester will be redesigned in line with the Bringing Services Together for People in Places Programme, which is part of the delivery architecture for the city's Our Manchester strategy. The Local Care Organisation will coordinate delivery at the neighbourhood level.

Infant mortality rates, childhood obesity levels and premature deaths from preventable conditions remain stubbornly high in some of our neighbourhoods and a new approach is needed. We have shown how place based population health can succeed with our long term programme on Teenage Pregnancy (62% reduction in the under 18 conception rate over the past twenty years) and more recently our work on Adverse Childhood Experiences in Harpurhey, which will be rolled out to other areas in 2020.

Manchester has recognised the direct relationship between climate change and health outcomes, with carbon-based activities in Manchester contributing to poor air quality, which in turn exacerbates respiratory problems. Given the poor health 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. Consequently, on 10th July 2019 Manchester City Council declared a climate emergency. In response, all public sector partners represented on the Manchester Health and Wellbeing Board have agreed to develop Sustainable Development Management Plans (SDMPs) and Climate Change Action Plans by March 2020. These plans will be informed by the latest thinking and analysis contained in Manchester's Zero Carbon Framework (2020-2038) and the Manchester Public Health Annual Report 2018 on Air Quality.

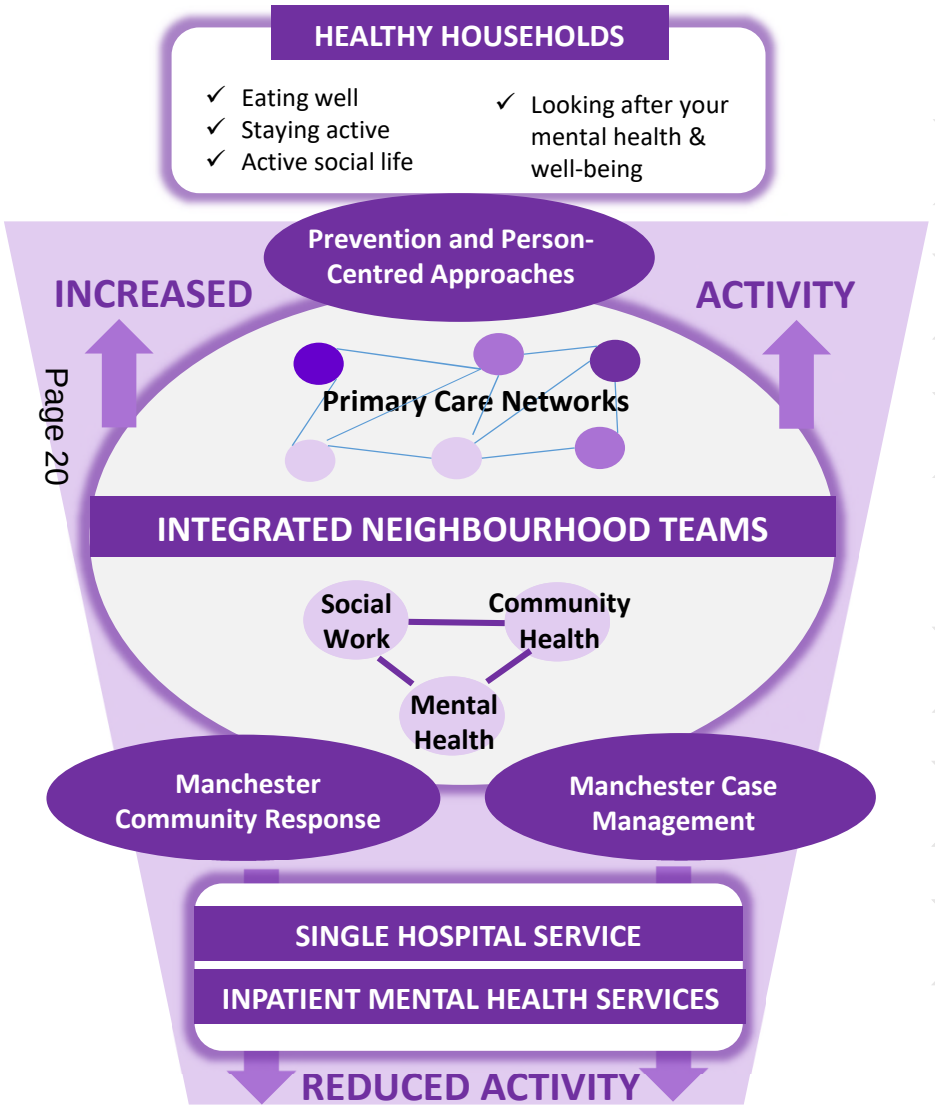
We know that benefits of the economic success of the city have not been felt equally by all residents. However, we are determined that variations in health and variations in income between different parts of Manchester and between Manchester and the rest of the country are reduced. This accords with the aims of our Family Poverty Strategy.

Finally, we want the people of the city to have more control of their health and wellbeing and build on their strengths. We want to maximise the opportunities for our public services, the voluntary sector, and communities to come together to transform our population health outcomes through the Our Manchester approach.

DELIVERING THE LOCALITY PLAN - SYSTEM OVERVIEW

OUR HEALTHIER MANCHESTER

Manchester has developed an integrated model of neighbourhood working that interfaces with a single hospital service, strategically led by a single commissioner. This new system architecture is contributing to the achievement of the five strategic aims of the Locality Plan. Manchester tracks progress on a larger set of indicators than those identified below in its Locality Plan Outcomes Framework.



STRATEGIC AIMS

Improve the health and wellbeing of people in Manchester

Strengthen the social determinants of health and promote healthy lifestyles

Ensure services are safe, equitable and of a high standard with less variation

Enable people and communities to be active partners in their health and wellbeing

Achieve a sustainable system

KEY INTENDED OUTCOMES

- Narrow the life expectancy gap between the city's residents
- Improved health & well-being – social care quality of life
- Reduction in preventable deaths (all causes).

- Reduction in smoking prevalence to 15% or lower by 2021
- Increase in the number of children who are school ready
- Reduction in residents who are out of work due to an underlying health condition/disability.

- All providers have a CQC rating of good or above
- All national and local quality standards are met.

- Increase the level of knowledge and confidence that people have in managing their own health.

- Achievement of financial balance across the system
- Achievement of constitutional and statutory targets
- Developing a sustainable workforce.

NOTABLE PROGRESS

↑ An increase in new cases of cancer diagnosed at stage 1 or 2.

↓ A sustained decease in smoking prevalence.

↑ An upward trend in CQC good or above rated Nursing and Care Homes.

↑ An increase uptake of Personal Health Budgets.

↓ A sustained reduction in avoidable prescribing.

SYSTEM TRANSFORMATION - ACHIEVEMENTS

OUR HEALTHIER MANCHESTER

The 2018 update to the Locality Plan identified three new priority themes (Our Services, Our People, Our Outcomes), with the intention of shifting the focus on from institutional change ('the three pillars') to encompass a wider ambition for systemic change. Three development phases were identified: Foundation (2017/18), Performing (2019/20) and Mature (2021/22) with a view to achieving the visions outlined in the three boxes below by 2026/27. This page identifies a selection of achievements to date against the three priority themes.

OUR SERVICES

10 year vision: Establishment of an integrated health and social care system

- ✓ **12 Integrated Neighbourhood Teams (INTs)** established, integrating the delivery of health and social care.
- ✓ **Manchester Community Response** (crisis response and discharge to assess) services mobilised to support system resilience and flow.
- ✓ **Manchester Case Management Service** (GP intensivist model) mobilised to better support community-based care.
- ✓ Alignment of the newly formed **Community Mental Health Teams** to the 12 neighbourhoods, and introduction of 24/7 Home Based Treatment options as an alternative to hospital.
- ✓ **Mental Health Liaison in Acute Hospitals -** Implemented Phase 1 of the GM Transformation Programme establishing Core 24 compliant Liaison Mental Health Service at MRI.
- ✓ **Primary Care leadership** across the MLCO service delivery mobilised and strategy emerging to align the Primary Care Networks (PCN) to neighbourhood and locality service delivery.
- ✓ **MLCO has developed a range of strategic partnerships** with key stakeholders including Housing, MCRActive and Health Innovation Manchester, and has signed an MOU with the VCSE.
- ✓ **Lithotripsy** treatment is now offered to patients **3 days per week** (up from 0.5 days) and patients are treated within **4 weeks.**
- ✓ **Orthopaedic Services** – Improving Neck of Femur services through a dedicated seven day hip fracture unit.
- ✓ **Cardiac Services** – a seven day pacemaker service has been introduced across the Trust meaning patients can be provided with an implant within 24 hours of admission.
- ✓ **Seven day working** for **Cardiac** physiologists at both Wythenshawe and MRI.
- ✓ **Gynaecology Waiting Times** – Patient waits for urgent gynaecology surgery have been reduced from 4 to 2.5 days.

OUR PEOPLE

10 year vision: Gap closed in preventable mortality between the most and least deprived areas of the city

- ✓ **Our Healthier Manchester** campaign saw 1,107 conversations take place with residents ***(see next slide for more information).***
- ✓ A £1.5m investment agreed **to improve and extend a carers' advice & support service,** working in collaboration with the Manchester Carers' Network.
- ✓ **Population health driven service model** development and delivery in MLCO; neighbourhood building blocks mobilised.
- ✓ MHCC is **improving access to health and care for marginalised groups** through the development of locally commissioned services for asylum seekers and refugees in half of GP practices, alongside activity designed to improve the health of homeless people.
- ✓ **VCSE investments**: £2.1m grant fund to support the delivery of the Population Health Plan.
- ✓ **Community Engagement:** GMMH launched the Manchester Wellbeing Fund in 2017 investing £1.5m over three years to support community projects across the 12 neighbourhoods in Manchester. 194 projects supported, with a focus on creative arts, mental health awareness, social connectivity, peer support, horticulture and healthy eating, and physical activity.
- ✓ A **new Homecare specification** has been developed, focusing on wider community support and helping people to stay independent and living at home for longer.
- ✓ **Research and Innovation** – Over 19,000 patients took part in clinical research in 2018/19.
- ✓ **Employee Assistance Programme** introduced across all hospital sites and now available to over **20,000** staff.
- ✓ **Education** – Over **20,000** MFT staff and students now have extended access to books, online journals and study areas through cross site library and education services.

OUR OUTCOMES

10 year vision: Achievement of the health & social care system contribution the city's Our Manchester strategy.

- ✓ Manchester's **evaluation programme** has identified statistically significant reductions in A&E attendance, homecare use and residential and nursing care use in target cohorts following the introduction of new care models.
- ✓ MHCC has established a partnership with the Manchester Growth Company, resulting **in 54 positions being offered** to people who had been classed as long-term unemployed.
- ✓ **Improving Access to Psychological Therapies (IAPT**) - referral rates increased by over 25% with significant improvement in the timeliness of access for clients entering services.
- ✓ **Provision of a dedicated Section 136 suite** - Opened a purpose built Section 136 suite which has since delivered 354 mental health assessments, diverting service users from A&E and saving 2090 hours of police time in the first twelve months of operation.
- ✓ Reducing **Out of Area Placements** for Adult Acute Patients – more people treated closer to home, over achieving the target of 33% reduction for 2018/19
- ✓ **Refurbished community sites** delivered to support integrated working at a neighbourhood level, with supporting IT and networks installed.
- ✓ Full business case developed with six partner organisations to build a new purpose built, **health and care hub in Gorton.**
- ✓ The **Manchester Digital Board** has been established to better coordinate investment into, and the delivery of technology enabled care.
- ✓ Contribution to **system financial sustainability** through mobilisation of transformation-funded new care models and cost improvement and savings plans; demonstrated by the over delivery on crisis response business case measures and metrics.

Our Healthier Manchester: Campaign Summary

Overview

In late 2018, Manchester delivered a citywide campaign to promote the Locality Plan – 'Our Healthier Manchester'.

The aim of the campaign was to listen to people and understand what matters most to them in terms of their health and wellbeing.

We concentrated on:

- **A child's first 1,000 days**
- **Helping people overcome ill health to return to work**
- **Improving wellbeing in local communities**
- **A more age-friendly city**
- **Preventable early deaths.**

How we did it:

- Created an updatable communications toolkit
- Produced a range of films and case studies to highlight real examples of improvements
- Launched a public summary of the Locality Plan.

Top comms results:

- Local, national and international media coverage for five of our case studies
- Local pick-up for all materials through our networks of health, GP and community channels
- The Local Government Communications Conference used our materials as an example of good practice.

Aimed at all audiences

Engagement

What we did:

- Held over 1,107 face-to-face conversations with residents
- Organised larger community engagement sessions and ran an online survey.

What people told us:

- Feedback showed that public awareness of the following things was low:
  - GP extended access
  - NHS screening programmes
  - Advice and support for carers
  - Advice and support on social care services
  - Accessing help for mental health and wellbeing
  - Which services to use at the right time
  - How to give feedback on health and care services.

How did we use this feedback?

We used it to:

- Develop a public-information campaign
- Carry out a dedicated lung-screening campaign
- Engage with black and minority ethnic communities around NHS 111 and self-care
- Develop a dementia-awareness project with South Asian communities
- Inform the development of a mental health safe haven for Manchester
- Develop communications for extended access to healthcare services
- Inform the development of a shared care record and a digital strategy for primary care.

MANCHESTER CITY COUNCIL · Our Manchester · NHS

MANCHESTER'S SYSTEM ARCHITECTURE - MLCO

OUR HEALTHIER MANCHESTER

Manchester's Local Care Organisation (MLCO) delivers integrated community services to all residents of Manchester of all ages. The model ensures full population coverage through:

- **Risk stratification**: our model identifies those residents who are in the key priority cohorts and we are working as part of a system-wide group to develop a consistent approach to risk stratification.
- **Aligned data and intelligence**: partners across the city are working together to ensure we share our data and intelligence to support our service planning and delivery.
- **Neighbourhood Partnerships and plans**: enabled the development of 12 integrated health & social care neighbourhood plans documenting the consistent actions in all neighbourhoods and the key actions in each place to address specific inequalities, through the alignment of the data and intelligence across Manchester. In 2020/21 they will be aligned to council wards and Primary Care Network plans and support the understanding of our joined up approach in the place.
- **Locality (North, Central, South) Partnerships and Ops Boards**: support coordination of activity across neighbourhoods to ensure full population coverage and those communities that would identify wider than neighbourhoods.

The overarching **MLCO priorities for 2019-2022** are:

- **A population health driven approach** to service planning and delivery; supporting prevention programmes to improve the health of the people of Manchester.
- **Consolidating and strengthening our neighbourhood approach**; supporting our 12 Integrated Neighbourhood Teams (INTs) to make an impact on their communities.
- **Mobilising primary care leadership at the heart of the MLCO**; formalising the governance between primary care and MLCO to ensure joint working with the new Primary Care Networks.
- **Playing a lead role in system resilience**; helping people get the right care in the right place with a community first ethos.
- **Increasing the scope of MLCO** as an integrated health and care organisation; delivering public service reform in the place.

MANCHESTER'S SYSTEM ARCHITECTURE - MFT

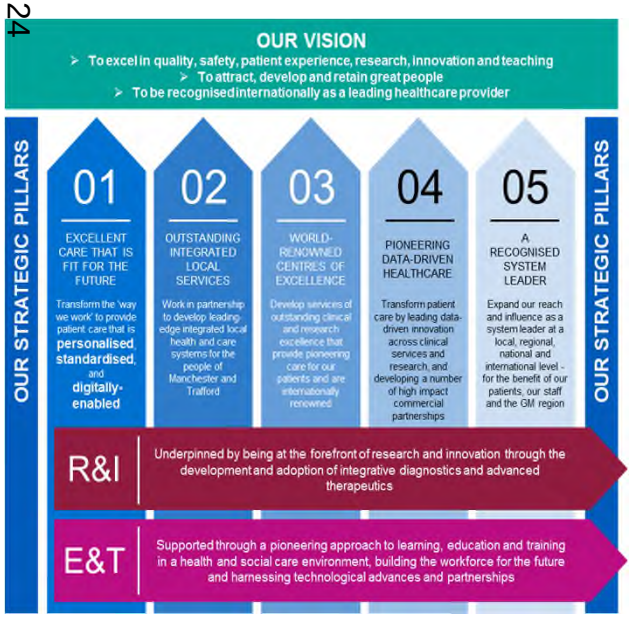
OUR HEALTHIER MANCHESTER

OBJECTIVE
Creation of a single hospital service

Manchester University NHS Foundation Trust (MFT) INTEGRATION PROGRAMME

- Following the creation of Manchester University NHS Foundation Trust in October 2017, the new Trust embarked on a programme to develop a **Clinical Services Strategy**. This programme took approximately 15 months and commenced in April 2018. Over a series of around 40 workshops the process engaged over 700 clinicians from a number of different specialties. The Strategy was developed at two levels, firstly a Group or Trust level framework and secondly at specialty or combined specialty level.

- Working within the parameters of the agreed organisational vision, the intention is to generate alignment between three key areas of our activities – clinical service delivery, research and innovation and workforce development. The five pillars set out in the Trust level clinical service strategy (below) are intended to set the overall direction of travel for our services whilst recognising the importance of aligning with our research and workforce development aspirations



- The Strategy also identified four key areas of focus as the organisation moves forward;
  - Cancer surgical services
  - Cardiac services
  - Lung services
  - Genomics.

- Having developed this overarching framework a programme was initiated to develop individual clinical service strategies. This covered all aspects of the current service portfolio and was undertaken in a series of 'waves'. As a result a number of clinical strategies have been developed which are intended to set an overall direction of travel for a particular clinical area. MFT is actively working with local and regional commissioners on this next stage of the programme.

North Manchester General Hospital (NMGH) SITE DEVELOPMENT

- The Strategic Case for the acquisition of NMGH was submitted in March 2019. Due Diligence processes have identified that there is a very significant investment requirement, and negotiations continue between NHSE/I, MFT and Salford Royal Foundation Trust (SRFT).

- Over summer 2019, a variety of partner organisations in Manchester worked together to develop a more ambitious vision of what could be achieved if the NMGH site could be redeveloped. Proposals are set out in the NMGH Proposition document, ***The Future of the North Manchester General Hospital site: a healthcare-led approach to civic regeneration***. This seeks to improve the provision of health and care services on the site and to develop a broader integrated care offer which brings together acute, mental health, primary, community services, and education and training facilities with wider public services and community activities.

- The proposition identifies the need to optimise the impact of NMGH as an anchor institution in its local community and aims to deliver a health-led infrastructure project on the site which will act as a catalyst for wider regeneration. The strategy will contribute to improvements in wider determinants of health and wellbeing, such as employment and housing, and create a focal point for the community which goes beyond health and care services. This work forms part of a broader public sector reform and regeneration agenda for the north of the city and will link with existing developments and those planned for the future such as the Northern Gateway.

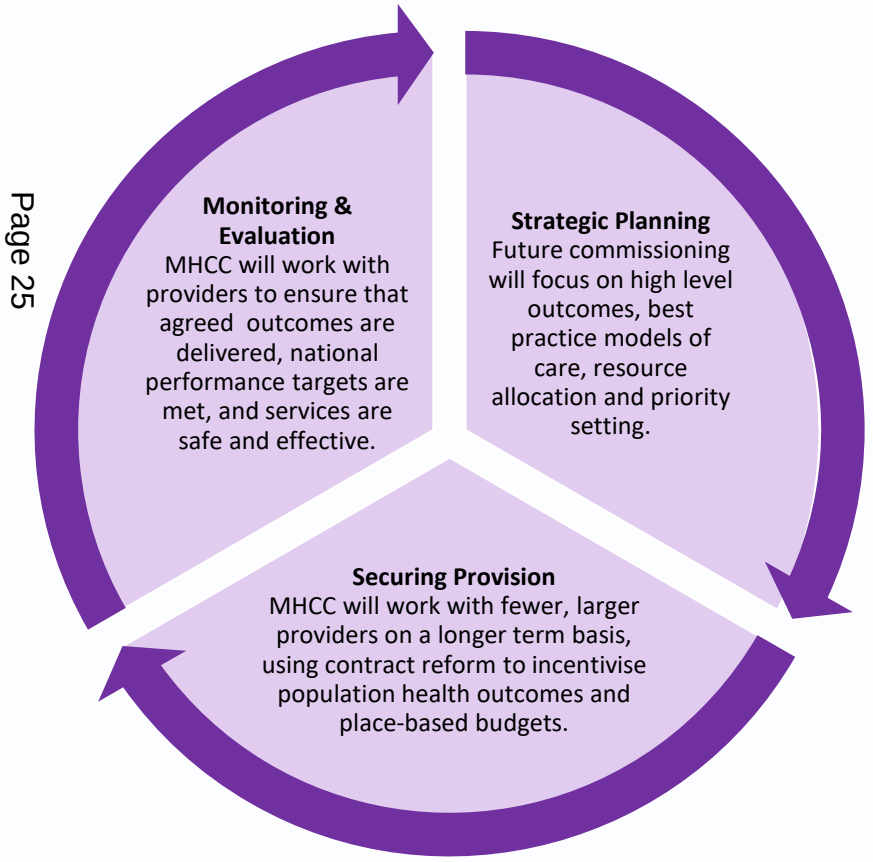
- Delivering the NMGH strategy will rely on significant capital investment. Securing this is a priority. £72m funding for the rebuild of Park House (Mental Health services) has been announced and the delivery of the rebuild forms part of the whole-site strategy. The NMGH site more broadly has been included in the national Health Infrastructure Plan, with seed funding to be made available to work up more detailed plans for the site redevelopment. The site proposition includes a hospital rebuild and the development of a health and wellbeing centre and education and learning centre. Partners will work at pace to develop the detailed proposals which will be required to draw down the capital investment, alongside undertaking further work on the plans for regeneration, public sector reform and service transformation.

MANCHESTER'S SYSTEM ARCHITECTURE - MHCC

OUR HEALTHIER MANCHESTER

Commissioning in Manchester – An Evolving Approach

Manchester Health & Care Commissioning (MHCC), a partnership between Manchester City Council and Manchester Clinical Commissioning Group, was formed as the single commissioner for health, public health and adult social care in April 2017. It is now moving into the second phase of its development, focusing on its role as a strategic commissioner, working with key system delivery partners: MLCO as an integrated provider of out of hospital care; MFT; federated models of primary care and more latterly Primary Care Networks; and Greater Manchester Mental Health FT (GMMH) as the mental health provider for the City.



What this means for providers

This will enable MHCC to focus on longer term objective setting and system-level transformation programmes, enabling providers to manage and deliver more comprehensive and seamless care pathways for patients/service users, through the integration of direct provision and sub-contracted services . This provides a greater opportunity to join up care, take a more proactive approach and transform the system in order to improve outcomes.

As MHCC develops as a more strategic commissioner, a number of functions, and associated resources, will shift to providers, including service design, demand and capacity planning and the subcontracting of services that complement direct provision, along with associated safety and quality assurances.

The most profound change will be in the MLCO, as this increasing scope will complement their delivery at a neighbourhood level with the commissioning of care packages and VCSE grants, for example, in a locally targeted way.

Commissioner and provider relationship

Rather than a retention of the 'commissioner/provider split', the Manchester system will direct all of its available resources to improving health and care outcomes, in accordance with the Our Healthier Manchester strategy. **As a strategic commissioner, MHCC will ensure the full involvement of providers, the public and other stakeholders in planning future provision.**

Our relationship with the Greater Manchester Health & Social Care Partnership (GMHSCP)

MHCC will play an active role in the GMHSCP, working as part of the GM Joint Commissioning Board and GM Commissioning Hub to realise the ambitions set out in Taking Charge (2016) and the GM Prospectus (2019).

PERSON-CENTRED CARE

OUR HEALTHIER MANCHESTER

Manchester has developed a Person and Community Centred Approaches (PCCA) Programme as part of Our Healthier Manchester, to better enable person centred care. The **Programme Collaborative** brings together leaders from across the system to: provide strategic oversight to Manchester's various person and community-centred projects and workstreams; facilitate joint working; and identify and act on opportunities to progress person and community-centred approaches. The **Manchester VCSE Health & Wellbeing Leaders Group** works closely with MLCO and plays a key influencing role, ensuring the strength and diversity of the VCSE sector is making an impact on the outcomes of the Programme. There are four key elements to the PCCA Programme in Manchester, as described below.

Social prescribing

"Solutions that are more than medicine"

'Be Well' Social Prescribing services fully operational, putting system wide partnership working into practice

6,000+ people have received support to address non-medical issues and connect to community groups

80% of service users report improvements in health and wellbeing as a result of 'Be Well' support

Personal Budgets

"Designing my own support"

Personal Health Budgets now the **default offer** for all new Continuing Health Care clients

Pilot scheme for **Personal Wheelchair Budgets** to be launched in 2020

Person-centred care

"Listening to what matters to me"

724 staff trained in personalised care since 2017, including team managers and front-line practitioners

Self-Care Practice Forum established to support and embed this way of working

Community-centred approaches

"Recognising the strength of my communities"

12 Health Development Co-ordinator posts established to support the delivery of preventative services

£280k per year available citywide to develop activities supporting neighbourhood-level health improvement and reduce health inequalities

Delivers better outcomes

Builds on strengths

NESTA 100 Day challenge

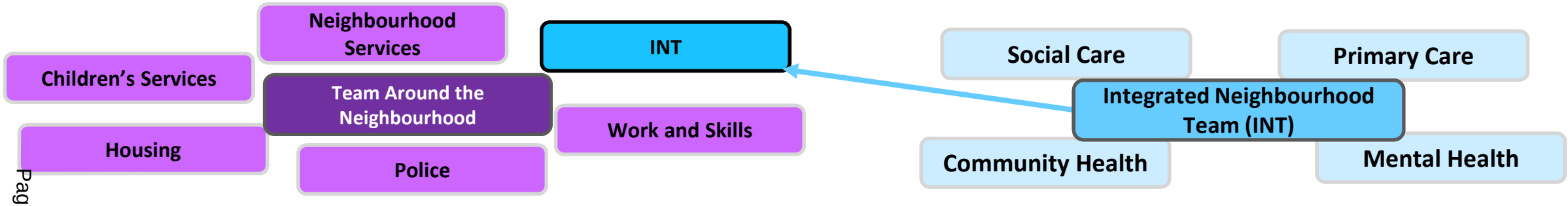
Teams in neighbourhoods working innovatively together to improve outcomes for people in Manchester by designing and delivering targeted rapid improvement projects

INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

Bringing Services Together for People in Places is Manchester's approach to developing a model of integrated neighbourhood working that meets the requirements of the GM Public Service Model. This model represents the next level of integration for the health and social care system, following the achievements outlined earlier in the plan in integrating community, hospital and commissioning organisations. Health and social care will connect with wider services and assets in neighbourhoods in order to deliver joint priorities, and help people with more complex needs.

Manchester has developed shared neighbourhood footprints, largely based on populations of between 50,000 and 60,000 (plus the City Centre which is 28,000)



Public services delivering together

- A 'Team Around the Neighbourhood' - consists of 6 'link lead' operational managers across Health and Social Care, GMP, Children's, Registered Housing Providers, Work and Skills and Neighbourhood Services. Connected to VCSE organisations in the neighbourhood.
- The INT Lead within the MLCO is the connection between health and social care and wider public sector agencies.
- Each 'Team Around the Neighbourhood' will work together on a shared set of joint priorities for the place.
- The ambition is to integrate teams working across neighbourhoods to remove system duplication and start to look and feel like one public service team.

Health and social care connects into wider neighbourhood services

- Integration of health and social care at the neighbourhood level in Manchester is through Integrated Neighbourhood Teams (INTs), comprised of health and social care staff (district nurses, therapists, reablement, social care and mental health staff), and connected to Primary Care Networks (PCNs).
- Each INT has a single leadership team with staff co-located in community hubs working to a shared delivery plan.
- INTs connect to the 'Team Around the Neighbourhood' via the INT Lead and develop joint priorities for the neighbourhood with other partners.

Individuals and families with complex health, care and wider needs will be supported by a multi-agency meeting that mobilises integrated frontline support from different services. These will build on existing multi-disciplinary teams (MDTs) for health and social care in each neighbourhood, and will connect to wider services.

INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

Manchester's Neighbourhood approach will deliver the six key features of the GM Public Service Model, as set out below.

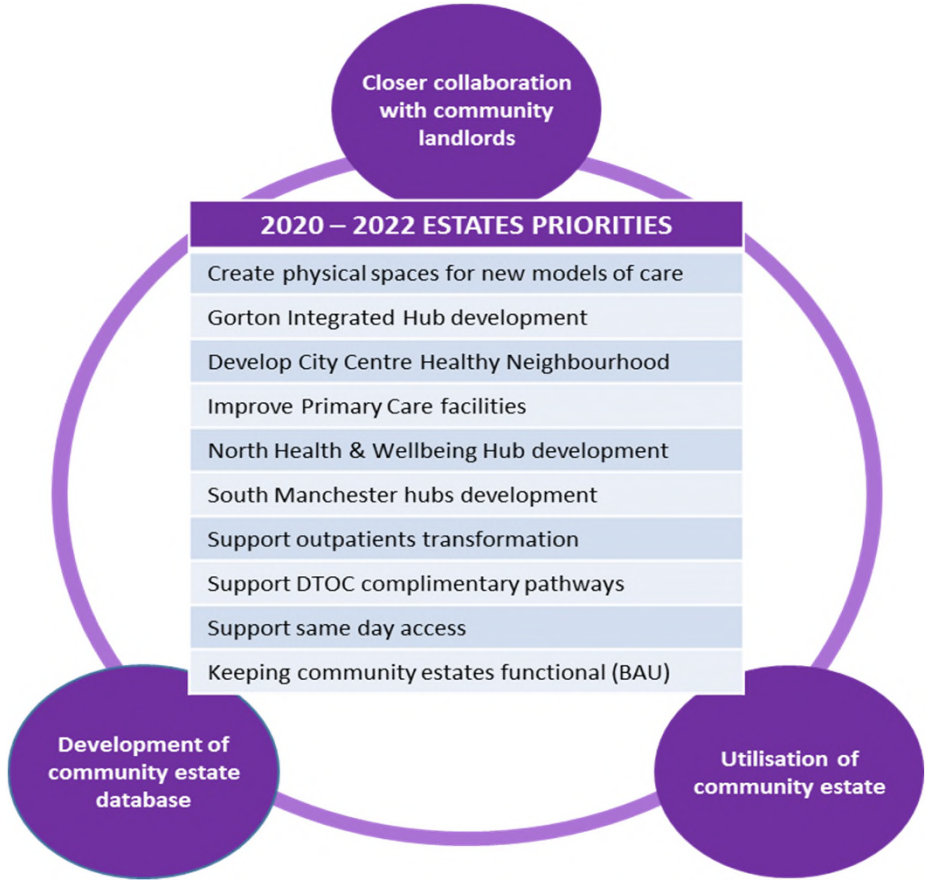
1 Geographic alignment	Thirteen neighbourhood footprints (including the City Centre) have been agreed between Health and Social Care (H&SC), Registered Housing Providers, Police and Children's Services. These are largely co-terminous. There is more work to do to align the frontline on these footprints. There is a clear plan of how these footprints connect to INTs and PCNs. Most neighbourhoods are towards or slightly larger than 50k population size given Manchester population. Each neighbourhood will include focused activity on small geographical areas within it, informed by relevant data.
2 Leadership and accountability	The 'Team around the Neighbourhood' (TatN) will be the integrated leadership team for services in each neighbourhood. It will connect to other H&SC services, the MLCO Leadership Team, and H&SC locality governance through the INT Lead. The TatN will make decisions about joint priorities for each neighbourhood. At the city wide level, the Our Manchester Investment Board (OMIB) is the key forum of Chief Executives from different services to work together on public service reform for Manchester. Progress from the Neighbourhood will be fed directly in to the OMIB.
3 One workforce	The TatN will lead on the development of 'one workforce' at the neighbourhood level. This will be enabled by a joint workforce development programme including strengths-based development and systems leadership. Each TatN will identify one or more practical projects to join up frontline teams on. Case navigation forums will integrate frontline delivery. Evaluation will measure the extent that the TatN look and feel like one team, including workforce and resident engagement.
4 Shared financial resources	MHCC is the single commissioning function for H&SC in the city that has an agreed set of shared strategic aims. Pooled budget arrangements already exist for health and social care in Manchester between MCC and MHCC. Voluntary and community sector funding streams have also been combined between MCC and MHCC. An integrated H&SC neighbourhood budget is in development to support 2020/21 service planning.
5 Programmes, projects and delivery	The common goal of public services in Manchester is to deliver the strategic aims for the city described in the Our Manchester Strategy 2016-25. These aim to improve lives for Manchester residents, improve outcomes, connect more people to economic growth, and reduce demand for services. The Our Manchester approach identifies how these will be delivered through new ways of working. Neighbourhood working will include some consistent elements across the city – in a single neighbourhood delivery model - and some flexibility to deliver priorities and work differently in each neighbourhood. Joint workstreams will be developed to improve shared knowledge of the strengths and issues in the place, including joined up resident engagement, population insight and risk stratification.
6 Tackling barriers and devolution	OMIB is the overarching governance group for public service Chief Executives across Manchester, which is responsible for driving delivery of this approach. Barriers that can be tackled at the neighbourhood level are escalated to OMIB for action for the Chief Executives. Manchester is well represented on all key GM governance groups and provides significant input to GM work with Government on devolution.

INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

The Manchester Neighbourhood Model will seek to enable change through the optimisation of the public estate, and the use of digital technology, building on success to date. Estates and IM&T enabling programmes have worked together over three years to design 12 new hubs for INTs to co-locate in each neighbourhood. This has involved building refurbishment in most existing community sites, with supporting IT and networks installed. The challenge now is to integrate further across the health & care system, and beyond, to enable the delivery of the Locality Plan's five strategic aims.

The **Manchester Executive Strategic Estates Group** is working with partners across the city to deliver its priorities up to 2022, outlined below.



The **Manchester Digital Board** is developing a new digital strategy and delivery roadmap, working closely with Health Innovation Manchester (HiM) and GMHSCP. The Board will focus on five priortity areas, all underpinned by effective information governance and data sharing agreements:

Digital Architecture (Networks, Security, Support)	The ways in which Manchester develops a more integrated system network architecture
Core Systems Implementation & Optimisation	How core organisational systems are developed with system objectives in mind.
Shared Care Records	Collaborative development of shared care records for both staff and citizens.
Care closer to home	Including self-care technology and patient consultation technology, supporting care closer to home.
Knowledge & Insight	The development of a knowledge system for Manchester that harnesses the wealth of data and evidence to drive better decision making.

A FOCUS ON WORKFORCE

OUR HEALTHIER MANCHESTER

The **Manchester Locality Workforce Transformation Group (LWTG)** is a collaborative of system partners leading on the integration of workforce transformation activity to meet the five strategic aims of the Locality Plan. LWTG's aim is **'To make Health and Care in Manchester the best place to work'.** An integrated system approach is being developed in five priority areas to address the following challenges:

- Health and social care increasingly operates in an emergent, uncertain and ambiguous context with a focus on place-based and person-centred care working across organisational boundaries.
- Changing needs, higher expectations and increasing demand for limited resources places pressure on traditional models of service delivery and ways of working.
- Delivering safe, high quality and compassionate care is compromised by gaps, vacancies and hard to fill roles across Manchester, and the lack of a common workforce operating model across the system.
- Recruiting, retaining and supporting health and social care staff to deliver their best at work.
- Skills shortages both local and national for key roles such as Nurses, Social Workers, Therapists, GP's and hospital based medical staff cause significant financial and service delivery challenges, with reliance on expensive agency workers.
- To make better use of technology and enhance digital skills.
- Developing leadership behaviours across the system to operate in matrix structures and systems.
- Changing attitudes to work by the different generations will need to be responded to by employers – e.g. greater demand work flexibly. Workforce demographics are changing e.g. people working until an older age , by 2030 millennials will make up 75% of the workforce.

FIVE PRIORITIES

Recruitment, Retention and Progression

2020

➢Design and application of a bespoke attraction strategy

➢Developing integrated apprenticeships/ maximising use of the apprenticeship levy.

2021-23

➢System recruitment strategies that position Manchester's health and care partners as employers of choice for people from diverse backgrounds; and for future generations, who may have different expectations around what they want from their careers and places of work.

Workforce Operating Model

2020

➢Options appraisal and implementation of potential employment framework to enable cross-organisational movement of staff within the Manchester locality.

2021-23

➢Aligning policies and processes across the system

➢Review potential alignment of staff benefits across the system.

Inclusion, Social Value and Wellbeing

2020

➢Bring together workforce race equality strategies and plans into a locality approach to improve BAME representation across the system

➢Our locality approach will be used to inform and support system leaders to be clear on our drive to address and remove unnecessary and harmful disparities in employment

➢Develop a single clear brand or message on our commitments to address inequalities in employment and promote inclusion.

2021-23

➢Health and wellbeing baseline assessment indicators in place across all partner organisations

➢Mental Health awareness campaign across the system

➢Shared information about health and well-being resources

➢Enabling recruitment, training and support for disabled staff

➢Commitment to work towards Disability Confident level 3.

Workforce Planning

2020

➢Develop and expand the scope of the Virtual Workforce Intelligence System (VWIS) to enable Manchester to undertake strategic workforce planning at a system level.

2021-23

➢Improved approach to workforce planning – aligned to population growth, new roles and skills mix, shortages, cross sector and integrated career pathways.

Workforce Development

2020

➢Review approaches to talent management

➢Integrated approaches to leadership and development where it supports the system

➢Review opportunities to collaborate on education, training and development.

2021-23

➢Further development of person centred and strengths based approaches

➢Implementation of the Primary Care workforce strategy.

RESPONDING TO THE NHS LONG TERM PLAN

OUR HEALTHIER MANCHESTER

Building a sustainable health and care system through the delivery of national and local policy drivers and requirements will be critical to successful implementation of the Locality Plan. Such drivers include the Local Industrial Strategy, the Greater Manchester Model of Public Service Reform, the Health and Social Care Prospectus, and the NHS Long Term Plan (LTP).

A readiness assessment has been completed against the NHS LTP to assess the preparedness of the city to deliver on the LTP, and to understand any areas which will require additional focus. This assessment will be used to support both planning and assurance across the system. Taking account of these policy drivers, Manchester will focus on nine key areas, explained in more detail over the following pages.

PLANNED CARE

Delivering shorter waits for planned care and ensuring that patients are able to choose where and how they receive their care remains a priority. Through the **Joint Planned Care Board** involving providers and commissioners, reform will be targeted in the right areas by using Getting It Right First Time (GIRFT) and NHS Right Care. This will ensure any unwarranted variation is identified and addressed and will support the delivery of shorter waits for planned care. MHCC continues to work closely with its main provider to manage waiting times in line with national guidance. Specialty level delivery trajectories are in place to reduce waits and there are systems in place to ensure no patients wait over 52 weeks for treatment including review of all patients at 46 weeks. Oversight continues through weekly taskforce meetings between the MFT and MHCC.

The volume of planned care surgery required to deliver the elective standards will be considered annually as part of the NHS planning round and contract negotiations. MHCC will work with providers to undertake a capacity and demand exercise. As part of this, any new guidance (NICE, NHS LTP, choice at 26 weeks) will be considered, along with affordability and deliverability. The Elective Care Board will oversee the implementation of the **Elective Care Reform Programme**. This programme will focus on delivering reform through the use of new technologies with a view to reducing outpatient attendances. Priority areas have been agreed with stakeholders.

URGENT & EMERGENCY CARE

A comprehensive **System Wide Improvement Plan** is in place across Manchester and Trafford through which the delivery of urgent and emergency care priorities will be managed. The plan highlights key transformational workstreams and aligns to national priorities, regional priorities and operational priorities. This includes the overall requirements of the NHS LTP and will incorporate the outcomes of the **Clinical Standards Review**. The Clinical Standards Review is exploring whether an average (mean) time in A&E could be implemented safely, and will provide clinicians with a useful measure of activity and patient experience. The review is also collecting data to examine the feasibility of measuring how fast critically ill or injured patients arriving at A&E receive a package of tests and care (developed with clinical experts) for conditions such as stroke, major trauma, heart attacks and sepsis. Field testing of these standards are currently underway at a small number of hospital sites across England.

Improving performance against key system indicators such as A&E waiting times, Delayed Transfers of Care, and Length of Stay is central to the plans in Manchester. Examples of how improvement will be delivered include developing a single multidisciplinary Clinical Assessment Service (CAS) integrated within NHS 111, implementation of Urgent Treatment Centres (UTC) in each locality and embedding discharge standards to ensure every patient has a plan in place for discharge.

MENTAL HEALTH

MHCC is committed to ensuring that everyone who needs mental health care has timely and equitable access to high quality, evidenced based provision, as close to home as possible, that has been developed in partnership with all of our providers and people with lived experience. This will be done by ensuring that our system plans for delivering the LTP and Mental Health Implementation Plan are clearly aligned to other work areas such as ageing well, maternity, primary care, personalisation and learning disabilities. Examples include:

- Commissioning **specialist perinatal community services** and supporting partners of women who are using these services.
- Securing **more access for children and young people (CYP) to NHS funded care** including school and/or college based mental health teams.
- Working with providers who deliver 0-25 services to **smooth the transition** from CYP to adult services.
- Securing **better outcomes for people accessing crisis services** by improving adults and CYP crisis pathways.
- Working with our local care organisation to fully align and embed **Improving Access the Psychological Therapies (IAPT) services** within neighbourhood level structures and support closer working with primary care services.
- Improving **primary care mental health support** available in the community, ensuring that people move between the different levels of mental health care with ease.
- Supporting the delivery and provision of mental health rehabilitation services within community settings to **enable people to recover whilst firmly rooted within their communities and lives**.

CHILDREN'S SERVICES

Our vision is for a **safe, healthy, happy and successful future** for all children and young people in the city; a city passionate about children and young people living in stable, safe and nurturing homes; safely reducing the number of looked after children; having the best start in the first years of life; and fulfilling their potential. This will be delivered working in partnership across the system to promote a strengths-based way of working, focused around the child and young person (CYP) and the outcomes that matter to them. Areas of focus will include:

- **Improving health outcomes of CYP with SEND** by ensuring that they receive an integrated response to their health, educational and social needs.
- Implementing M-Thrive to enable **access to emotional health and wellbeing support**.
- Preventing avoidable admissions to hospital through **building community capacity and confidence within local populations to manage minor illness**.
- Having a **robust, local offer in Manchester to those CYP who require longer term care outside of their family home**, which will include Special Guardianship Orders, Foster care, respite and residential offers.
- **Providing pathways of support across education, health and care** for Looked After Children up to the age of 25, both within and outside of the city ensuring they have the right care and support at the right time in the right way.
- **Successfully transitioning young people to adult services**, with full involvement from the young person in a gradual, planned way to ensure that young people have a better experience of moving between support settings, be they in health, care or education.
- Working with the GMHSCP to implement **Better Births.**
- **Taking a 'whole system approach' to reducing childhood obesity,** engaging with partners beyond the field of health and challenging the obesogenic environment in the city. Specifically in health we will be expanding the Infant Feeding Strategy to increase breastfeeding rates, and develop a neighbourhood 'social prescribing' model of Tier Two and Three weight management provision.

CANCER

An overall Cancer strategy has been developed which covers how partners across Manchester will drive the improvement of cancer outcomes, and achieve the requirements of the NHS Long term Plan. Area of focus will be:

- **Improvement of the one-year survival rates** of people in Manchester through earlier diagnosis by working across primary networks, neighbourhoods, and with the VCSE to increase the uptake of the screening for national and local cancer screening.
- Consistently **achieving the cancer waiting time standards** though the implementation of **Faster Diagnosis Pathways** initially for Colorectal, Lung and Prostate, to be followed by OG, Head and Neck, Gynaecology and Hepatobiliary. This may include the development of one stop clinics, straight to test pathways, and multi-diagnostic/rapid diagnostic clinics.
- **Improving access to high-quality treatment services**, including through roll out of Radiotherapy Networks, strengthening of Children and Young People's Cancer Networks, and reform of Multi-Disciplinary Team meetings
- **Roll-out of personalised care interventions**, including stratified follow-up pathways, to improve quality of life.
- Working with GM to support **the roll out of Prehab 4 Cancer,** to improve people's fitness before cancer treatment and therefore improves recovery and reduce post-treatment complications. Initial focus will be on services for colorectal, upper gastro-intestinal (GI), lung and hepato-pancreatic-biliary (HPB) patients.
- MFT is one of the seven **genomics hubs** across England. We will engage with the genomics hub to understand how genomics can be used for screening and personalising cancer treatment for second cancers, and how affected relatives can have regular surveillance to ensure early detection of any cancers.

FINANCIAL SUSTAINABILITY

Financial sustainability remains a key priority for Manchester's health and care system and partners throughout the planning period 2019/20 to 2023/24, embodied in the strategic aim to **'Achieve a sustainable system**' within both the Locality Plan and 'Manchester Agreement':

- **Transform the health and care system, moving our focus from hospital to the community.**
- **Reinvest the savings we make into better care.**
- **Balance our finances now and in future years.**
- **Develop our workforce so we have committed, healthy, skilled, people where and when they are needed.**

The Locality Plan sets the ambition to radically improve people's health in the city. Manchester has already commenced an unprecedented set of complex, interdependent reforms to the way services are commissioned and provided, encompassing structural, contractual and service delivery transformation.

Large scale investment was secured to 2021 to support health and care transformation through the 'GM Transformation Fund', additional Government funding for Adult Social Care (ASC), and a range of other sources. The GM Investment Agreement included high-level information about what needs to be delivered in return for the investment from the GM Transformation Fund. The Manchester Agreement sits alongside the GM Investment Agreement to provide additional assurance about how investment and reform will reduce demand in the city, including how partners will collaborate to better understand how the investments being made in new models of care will reduce demand for acute health services, and, through decommissioning, release cashable savings for reinvestment.

The next planning period represents a crucial phase in embedding and realising the full benefits of the changes to date, whilst responding to emerging policies within the NHS Long Term Plan. This includes a priority to invest funding growth within primary, community and care services.

The forward five year health and care financial plan is currently being refreshed but it is anticipated that substantial financial challenges will need to be addressed across the health and care system. This will critically depend upon the continued strength of the city's excellent partnerships and working relationships and in particular, the city's executive financial leaders in the context of financial sustainability.

All partners will have a role to play in ensuring that recent transformational investment delivers improvements in health and care outcomes for Manchester's people, as well as long term financial sustainability for Manchester's health and care partners. This will be enabled via a system-wide focus upon achieving the best possible value from Manchester's scarce resources, including, where appropriate, designing and delivering further system-wide efficiency programmes.

Within this context, partners are currently considering alternative future funding models and strategies - for example, affordability (rather than National Tariff based acute contracts); reliant upon a key principle of intra-organisational trust and transparency and ongoing reciprocal understanding of the partners' dynamic organisational financial contexts.

DIGITAL

A GM Digital Health and Care Strategy has been developed to harness the power of data and digital technology to empower citizens, improve outcomes and transform care. The new strategy takes account of the digital requirements from both the NHS Long Term Plan, the refreshed Taking Charge prospectus and the Local Industrial Strategy, providing more consistent standards and economies of scale across GM. The GM strategy has been developed by Health Innovation Manchester (HInM) and the GMHSCP, working closely with the GMCA, based on the following framework:

- **DIGITISE** - Convert traditional systems into digital formats that can be collected, processed, shared, monitored and analysed by technologies to support better understanding, care and treatment.
- **INTEGRATE** - Wrapping care around the needs of citizens and joining up services by sharing records and data across settings and developing a robust infrastructure for public services.
- **EMPOWER**- Wrapping care around the needs of citizens and joining up services by sharing records and data across settings and developing a robust infrastructure for public services.
- **INNOVATE** - Develop and deliver proven innovations to improve people's health and wellbeing, including finding new treatments and cures through partnerships between health, care, academia and industry.

Each of these areas are supported by a range of priority programmes that will either be deployed once across all localities, or delivered locally to a consistent standard. This includes digital plans for urgent and emergency care, primary care and digital first channels for services. The five priorities of the Manchester Digital Strategy (see page 15) will align with these priorities, ensuring the basic infrastructure is in place to support the integration of care, sharing of information between professionals across boundaries, empowering citizens and supporting better care planning and decision making. This will be overseen by the Manchester Digital Board, supported by GM system partners.

RESEARCH & INNOVATION

By working closely with HInM we will identify a pipeline of digital innovation projects that will use data and technology to transform care for citizens and modify how services operate. Building on Manchester's vast digital, innovation and research assets, we will test and develop new products and services that use data and technology to improve standards of care and empower people to have greater control of their own health and wellbeing.

We will also work with HInM to create a dynamic environment where we harness people's creativity to find new solutions, test and refine new innovations to either fail fast or demonstrate value, which then can be deployed more widely across the locality and even GM. We will support the adoption of proven innovations from elsewhere when it aligns with the needs of our communities and locality priorities, as well as develop a pipeline of 'made in Manchester' innovations that can be adopted and spread across GM and beyond. This involves forging closer links with SMEs and major players from SMEs from the life sciences and technology sectors.

Manchester boasts a world leading clinical-academic community, enabling us to conduct research and studies into new medicines, tests, treatments, technology and procedures. MFT and the University of Manchester operate a world-leading research infrastructure which includes the Biomedical Research Centre, Clinical Research Network, Applied Research Collaboration and Clinical Research Facility. The Manchester Academic Health Science Centre (MAHSC), part of HInM, is focused on amplifying these assets to find new scientific discoveries and turn them into new treatments and cures. We will form closer links with MAHSC to align research activity to address our major health challenges.

RESPONDING TO THE NHS LONG TERM PLAN

OUR HEALTHIER MANCHESTER

Although not covered explicitly in the NHS Long Term Plan, improvements to adult social care services are necessary to both help stabilise an NHS under increasing demand pressures, and to expand and improve community based health and care services.

ADULT SOCIAL CARE

Manchester's Adult Social Care Improvement Programme is driving significant change and longer term sustainability through investment in workforce, a shift of focus to 'our people in place' via the mobilisation of Integrated Neighbourhood Teams and transformation to new ways of working underpinned by 'our culture' and the Our Manchester strategy. Significant investment has been made within the programme to deliver safe, effective and sustainable services that take a 'strengths based' approach to assessment and care and support planning. Mobilised INTs are beginning to realise tangible outcomes relating to joint visits with improved communication between health and social care (i.e. district nurses, social workers, GPs, care navigators, community mental health teams), streamlined referral processes and multi-agency meetings.

The programme will also transform how services are delivered at our 'Front Door' by supporting integrated responses, access to a wider range of system informatics and linking our people to innovation in care and support through a mainstreamed Technology Enabled Care offer. Our Homecare market has been re-procured and is being mobilised to integrate at place level with INTs and to better collaborate in care and support to enable better outcomes. Investment has been made in new and existing care models for example, the expansion of the Reablement Service to reach more people and to better support timely hospital discharge pressures alongside the development of a new Complex Reablement Service to support people who require a specialised, longer term approach to enablement. Plans around housing support options continue to mature with significant capacity (1000 units) of Extra Care coming on stream through 20/21 in addition to 70 new build properties for Learning Disabilities. These housing options create longer term sustainable responses to care and support, reduce pressures and cost in the system and improve personal choice and independence.

REFERENCE DOCUMENTS

Document	Web location
Our Manchester: The Manchester Strategy	www.manchester.gov.uk/info/500313/the_manchester_strategy
Our Healthier Manchester	https://healthiermanchester.org/
Greater Manchester Plan - Taking Charge of our Health and Social Care in Greater Manchester	www.gmhsc.org.uk/the-plan/
Greater Manchester Transformation Agreement	www.greatermanchester-ca.gov.uk/homepage/59/devolution
Population Health Plan	www.manchester.gov.uk/downloads/download/6898/manchester_population_health_plan_2018-2027
NHS Long Term Plan	www.longtermplan.nhs.uk/

Further information can also be found at:

Organisation	Web location
Manchester Joint Strategic Needs Assessment (JSNA)	www.manchester.gov.uk/jsna
Greater Manchester Health and Social Care Partnership (GMHSCP)	www.gmhsc.org.uk/
Greater Manchester Combined Authority (GMCA) – for key regional strategies: Greater Manchester Strategy; Local Industrial Strategy; Greater Manchester Independent Prosperity Review	www.greatermanchester-ca.gov.uk/
Organisational Websites: MFT, MHCC, MLCO, MCC and GMMH	www.mft.nhs.uk www.mhcc.nhs.uk www.manchesterlco.org www.gmmh.nhs.uk www.manchester.gov.uk
The Health and Wellbeing Board (HWB) and Health Scrutiny Committee – past papers are publicly available	http://www.manchester.gov.uk/meetings

This page is intentionally left blank

Manchester Health and Wellbeing Board
Report for Information

Report to: Health and Wellbeing Board – 22 January 2020

Subject: Winter Pressures

Report of: Director of Adult Social Services

Summary

This paper provides an overview of progress made by MLCO against agreed winter planning priorities.

Recommendations

To note, consider and comment on the information in the report.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	None
A highly skilled city: world class and home grown talent sustaining the city's economic success	Skilled multi-disciplinary health and social care workforce to be resilient meeting the demands of the city
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Working across boundaries to maximise capacity of all hospital and community based services to support system wide flow
A liveable and low carbon city: a destination of choice to live, visit, work	None
A connected city: world class infrastructure and connectivity to drive growth	None

Contact Officers:

Name: Bernie Enright
Position: Director of Adult Social Services
Telephone: 07866 989734
E-mail: bernadette.enright@manchester.gov.uk

Name: Keith Darragh
Position: Deputy Director of Adult Social Services
Telephone: 07583 016343
E-mail: keith.darragh@manchester.gov.uk

Name: Mark Edwards
Position: Chief Operating Officer, MLCO
Telephone: 07807578447
E-mail: mark.edwards@mft.nhs.uk

Name: Tim Griffiths
Position: Asst Director Corporate Affairs
Telephone: 07985448165
E-mail: tim.griffiths@nhs.net

Background documents (available for public inspection): None.

1. Introduction

1.1 This paper sets out the progress that Manchester Local Care Organisation has made in delivering against agreed winter planning priorities to support the people of Manchester to receive the right care and support, in the right place and in a timely manner.

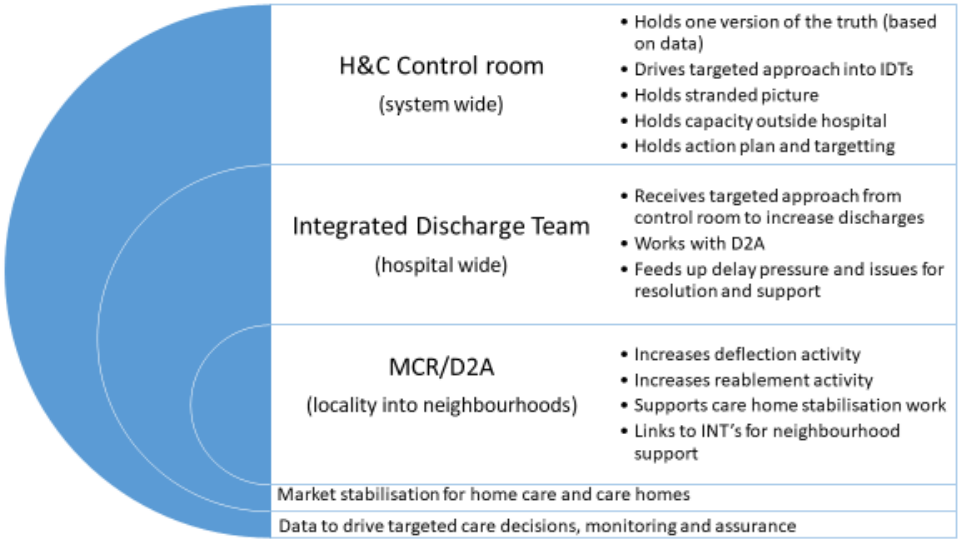
1.2 The partnership approach brings together key health and social care resources and includes commissioners, primary care, mental health providers, and acute providers. The paper describes the work that has been, and continues to be undertaken in conjunction with the three hospital sites in Manchester: Manchester Royal Infirmary; Wythenshawe; and North Manchester General Hospital.

2. Manchester Local Care Organisation (MLCO) winter delivery priorities

2.1 In November 2019, the MLCO Partnership Board, requested that MLCO bring forward a response to meet need and continued escalating pressures within the health and care system in Manchester over the winter period.

2.2 Five priority areas were identified and became the focus for work:

- Establishment of a Control Room;
- Fully mobilise integrated discharge arrangements/teams;
- Roll out of discharge to assess;
- Market stabilisation; and,
- Data driven decision making.



2.3 The five priority key areas were identified to address the key challenge of supporting people closer to home and in a timely way, thereby reducing the numbers of patients remaining in hospital over 7 days (stranded) and

addressing longer length of stay (patients in hospital over 21 days). This work also supports reducing delayed transfers of care.

2.4 **Standing up a Control Room function**

This work stream creates one place within MLCO where the effective movement of people between different care settings (known as flow) can be supported and managed within our system. Using 'a single view' of the MLCO position, the Control Room team works with IDTs to target actions for people who are in hospital and need support to move back into their communities.

As at the beginning of January the Control Room was in place, with a clear focus and supporting people to move between care settings or return to their home with support from community health and social care services (eg. primary care, district nursing, adult social care home care or movement to a building based community resource such as care homes, extra care or one of the short term community apartments across the city).

The team receives information from a range of services and uses this to understand the numbers of people who need to move on from acute hospital services and the capacity of community services able to respond to support people, giving a more holistic view.

Further work is underway to increase the capacity within the Control Room team to maximise the benefits for Manchester people.

2.5 **Integrated Discharge Team (IDT) implementation (MRI focus and city wide) and improving D2A**

The principle focus of this work stream is to develop an Integrated Discharge Team in MRI and improvements to city wide integrated discharge arrangements, improving the MLCO contribution to mandated urgent care targets. As part of this work MLCO will create an effective and sustainable seven-day Integrated Discharge Team and increase MLCO capacity in and around MRI to better manage flow into and out of the hospital site.

As part of this work significant progress has been made including:

- Programme governance structure designed and implemented
- Discharge Programme Board established
- Senior analytical capacity supporting the team with a short term focus on developing robust reporting.
- Reflective learning across Wythenshawe and North Manchester being undertaken to embed best practice across the City.
- A Multi agency discharge event (MADE) has been undertaken with system partners and the national support team from NHS Improvement (ECIST) across Wythenshawe and MRI.
- Funding has been secured, recruitment is underway for the additional roles required with some staff in post.

2.6 **Increasing deflection activity through Manchester Community Response (MCR) and avoiding admissions**

The MCR model is well established and will be supported through this work stream to increase deflection activity away from hospitals and to target health and care support into care homes. It includes increasing primary care referrals in MCR and the expansion of the model to include medical input to enable a primary care review.

Highlights from across the work stream include:

- The mobilisation of the Manchester Case Management service. This is a service targeted to high end users of primary, secondary and social care, with Task and Finish groups established in each Locality to oversee the work.

- Increased contribution of therapists within the model to provide home or community based rehabilitation options for people.

- Further drive to improve the uptake of Discharge to Assess with hospital based teams, challenging the culture of attempting to fully optimise people whilst they remain in hospitals as opposed to supporting them to achieve goals in their own environment.

- Extra capacity is coming on stream and includes 9 additional Health Care Support staff (5 recruited to) that will support discharge home and the work of the reablement service in south Manchester, providing a short term intervention function with trusted assessment ahead of movement to the reablement service.

- Flow diagram being developed by the teams to articulate the model and shared care arrangements

- Continued examination of data to support improvements in pathways and access to appropriate care in the right setting.

2.7 **Market stabilisation**

The principal focus of this work stream is to stabilise the care market in the short term in Manchester. This includes completion of the roll out of the new home care contracts in Manchester, improving capacity and relationships with providers and supporting care homes through a range of interventions.

As part of the delivery of this programme of work a number of key actions have been taken:

- There has been an increased use of spot contract arrangements for home care and care homes to supplement capacity across the city and maximise utilisation of the market
- The ongoing and safe mobilisation of the new home care contract is utilising a process of gradual re-procurement and reconfiguration of home care services into Neighbourhood areas. Completion of this is expected by

April 2020, which will mean that c1800 people will have been transitioned to new service providers

- To support increased levels of discharge from the hospital sites additional step down beds have been commissioned from an independent sector.
- Current fees are in the process of being reviewed.
- The National Direct Enhanced Primary Care Service (DES) in relation to care homes and prioritisation has been released. This changes some aspects of our plans in relation to targeted clinical support interventions. However, a revised plan will be mobilised to reflect the national requirements in relation to this, working closely with the 14 Primary care Networks in Manchester.

2.8 **Data to drive care decisions**

In pursuing the delivery of the five areas set out at 2.2 MLCO has identified the importance of the utilisation of core data in the approach to care delivery which enables the system to understand how much more activity we could flow through the new care models that form part of the MLCO approach. It is believed that consistent application of this approach and the growth in the number of pathways available within the new care models will contribute to the medium term stabilisation of urgent care in Manchester.

Compiling and using one master report creates one version of the truth of MLCO performance, utilising increasingly 'real time' information, from which decisions are made.

Significant progress has been made to develop the information that is available from health sources. A key part of this has been to create and launch a visualisation tool which is in pilot phase and will be rolled out to key staff within MLCO.

The next phase of this work will be to build a broader understanding of information that supports other elements of the discharge programme. Currently MLCO understand the capacity available in certain parts of the community and work is ongoing to develop a complete understanding of what is available in order to match demand.

3. Progress Against Key Outcomes

3.1 As set out in Section Two, the MLCO response to winter challenges was primarily focussed on achieving a reduction against nationally mandated targets in regards to: delayed transfers of care; stranded patients (longer than 7 days in hospital) and the average length of stay.

3.2 To ensure that MLCO delivers on pace and scale at supporting timely discharges, the Chief Executive has established a weekly System Resilience Group consisting of executive and senior MLCO leads. The group keeps focus on delivering against the agreed improvement trajectory as part of its commitment to deliver against system expectations.

3.3 Supporting the operational delivery of the discharge programme, MLCO has established a robust programme infrastructure and internal governance that looks to continue oversight of:

- Continued implementation and development of the MRI Integrated Discharge Team
- Support the wider deployment of system improvement across the North and South Integrated Discharge Teams.
- Supporting flow changes across the wards to support timely discharges
- The establishment of a Control Room for the MLCO
- The integration of Mental Health services across the discharge pathway.

3.4 As part of the work that has been undertaken, ECIST are providing practical application and support to the delivery of site changes which include the IDT. With ECIST, Site and MLCO leadership have supported the delivery of Length of Stay reviews, MADE events and are currently developing a proposal in regards to a relationship with the MLCO discharge programme to jointly create a national blueprint for Integrated Discharge Teams.

3.5 In addition, the Greater Manchester Association of Directors of Social Services, in line with urgent care work across Adult Social Care, have agreed two key projects as part of the 2019 winter plans. The first related to Out of Area repatriations. This consists of each Local Authority assessing for care requirements for all patients with their acute hospital site and forwarding a set of agreed assessment papers to the resident's local authority to be accepted to acted upon. This is now live in Manchester, trusted assessors have been identified and training delivered. Secondly, the Directors group has developed, with Principal Social Workers across Greater Manchester, a set of slides to support discharge teams and acute partners with the implementation of the best interest process, which ensures choices that aren't available are not used as the options within the best interest processes.

3.6 Despite the work that has been undertaken and some success in reducing numbers, long length of stay and the number of stranded and super stranded patients continues to be an issue across the hospital sites in Manchester, experiencing higher numbers than anywhere across Greater Manchester. Therefore, a sustained period of focus is still required to maintain the reduction in the numbers of stranded patients that has been recently achieved, as it still remains above the target set by NHS Improvement/England (NHSI/E).

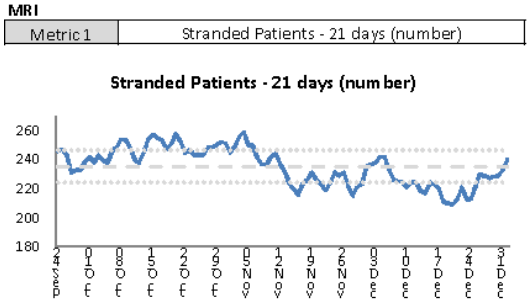
3.7 The reduction of these numbers is a key focus area for MLCO resilience planning: the MLCO will continue to actively participate in weekly ward length of stay reviews, which are identifying over 21 patients a day and is currently in the process of securing additional GP support for these reviews.

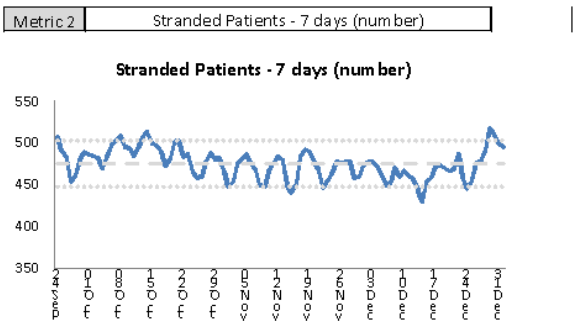
3.8 In support of this further work has been identified with colleagues in MHCC and MFT to ensure that through the Integrated Discharge Team, MLCO get earlier sight of those patients that will likely need discharge support. This is particularly important when set in the context of the complexity of discharges associated with increased length of stay.

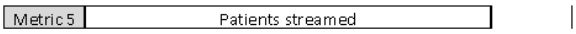
3.9 Despite this intense period of MLCO activity recommencing at a time when hospital attendances ordinarily increase, as can be seen from the tables below the average length of stay has decreased steadily (daily fluctuations notwithstanding) since 2nd November 2019 across MRI, Wythenshawe and Trafford.

3.10 **Stranded patients – Week Ending 1st Jan 2020**.

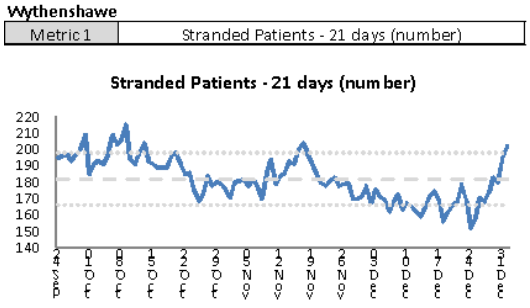
MRI

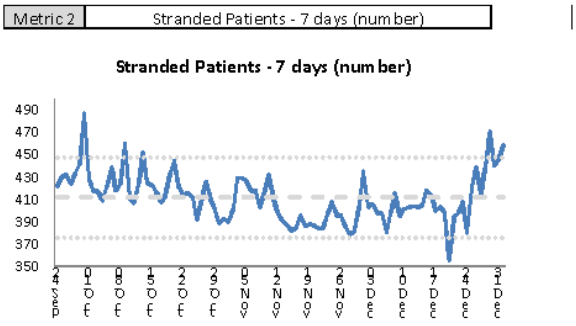


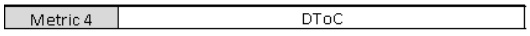


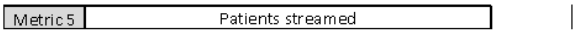


Wythenshawe

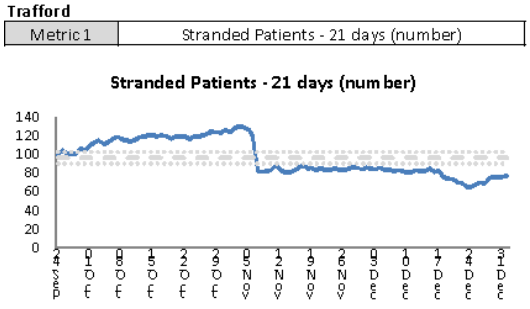


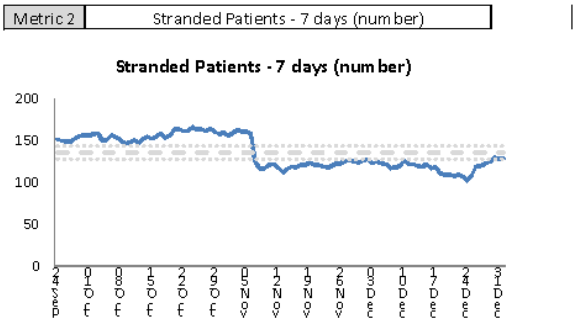


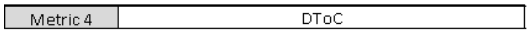


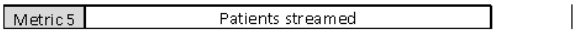


Trafford









3.11 In addition to the broader work that MLCO have led to facilitate increased levels of discharge, MLCO also continue to track all Manchester and non-Manchester resident patients who are admitted at the MRI and have a LOS of 70 or above days. As the Integrated Discharge Team at MRI becomes mobilised MLCO will maintain an oversight of a broader cohort of patients.

3.12 As of 7th January 2020 MLCO had facilitated the discharge of 241 people with excessive length of stay at MRI of which 184 have been Manchester residents (with 57 being non Manchester residents). Up to the point of discharge these patients had accumulated a combined length of stay in excess of 21,033 days.

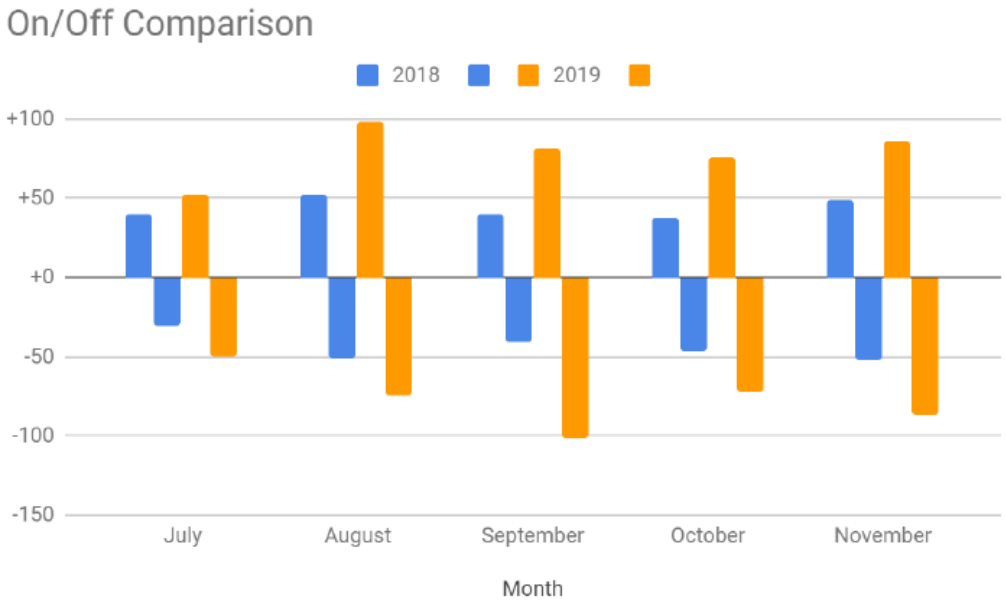
3.13 Despite the number of discharges that have been facilitated by MLCO, there have been a number of readmissions for people over the Christmas period.

4. Delayed Transfer of Care Position

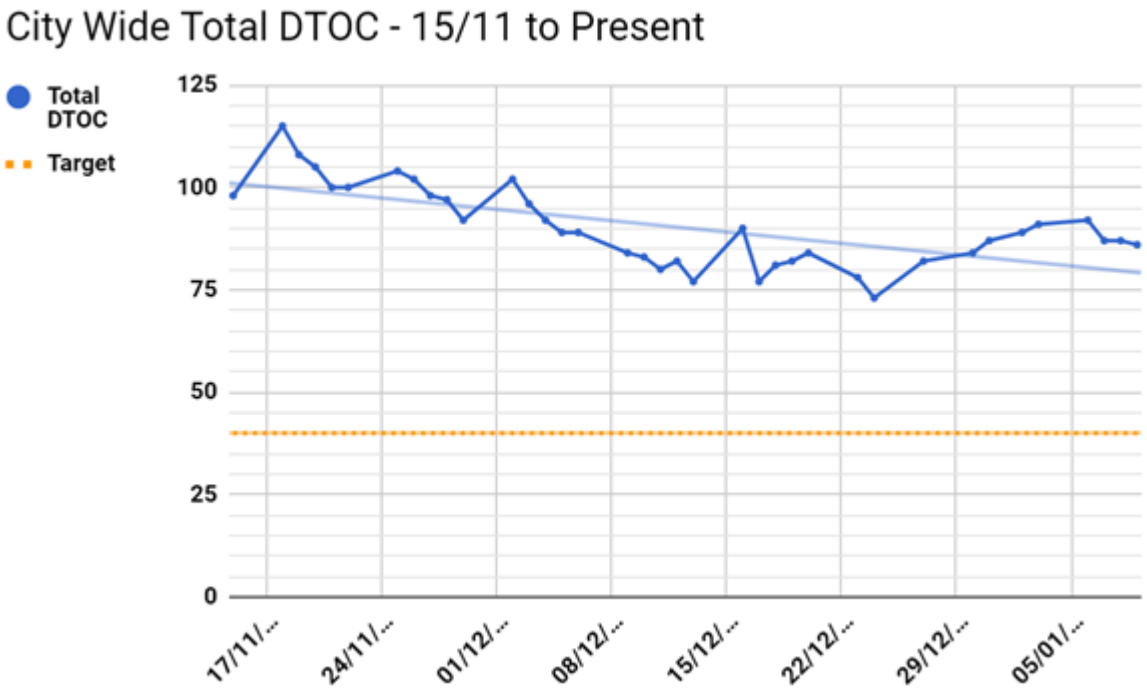
4.1 In July, and in response to request from GMHSCP and NHSE/I, MHCC set a DTOC improvement target of 40 for Manchester. This is a system wide improvement target the achievement of which is not the sole responsibility of MLCO. However, MLCO is a core partner to the delivery of associated improvement programmes.

4.2 As part of work to understand the efficacy of MLCO led interventions in regards to DTOC, initial high level work has been undertaken to understand comparative levels of activity compared to this time last year (2018).

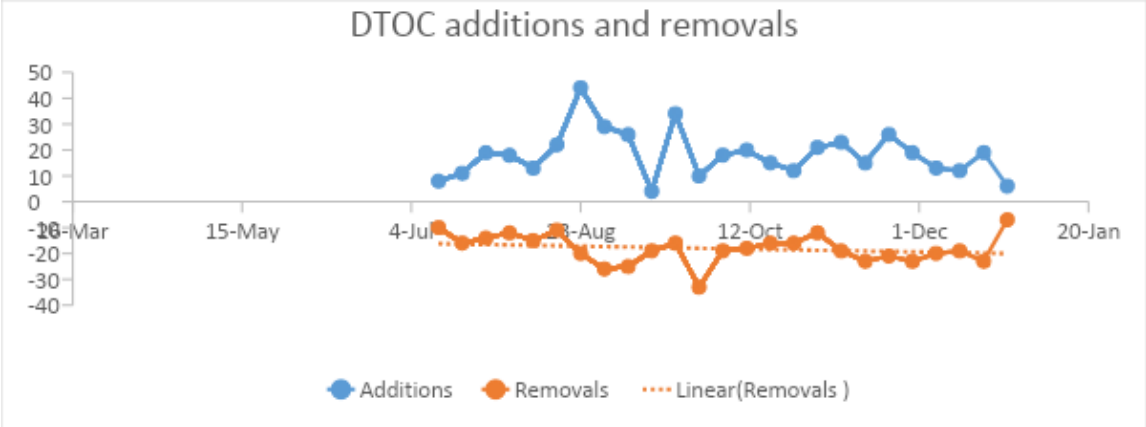
4.3 This early piece of analysis shows that across the three sites there have been more discharges facilitated by MLCO than at the same time last year. This is set in the context of an increased level of DTOC, i.e. there has been a significant increase in the number of people that have been classified as DTOC.



4.4 At the time of writing this report, the overall DTOC position was worse than the target position. However, it should be noted that the position represents a significant improvement against the position in early November 2019.



4.5 It should be noted that whilst the overall position remains challenged there continues to be significant movement across the three sites with significant numbers of patients being supported into alternative care settings. This is particularly the case at MRI where high numbers of patients have been supported into more appropriate care settings:



5. Manchester Community Response

5.1 Manchester Community Response (MCR) provides crisis, intermediate care, reablement and rehabilitation services to patients, often older people, after leaving hospital or when they are at risk of being sent to hospital. These services offer an interface between hospitals and where people live, and between different areas of the health and social care system – community services, hospitals, GPs and social care.

5.2 There 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.

5.3 The different teams within MCR are:

Crisis response
The crisis response team works collaboratively to provide a more rapid response to a patient in urgent need of health and social care at home. It provides a short term assessment and intervention for patients in their own homes allowing them to remain safely at home and avoid an unnecessary A&E admission.

Discharge to Assess (D2A)
D2A is about helping people home from hospital, quickly and safely. The essence of the approach is that the person, once medically optimised, goes home and is assessed for their ongoing needs in their home or other place of residence rather than remaining in hospital for these assessments. The aim is to reduce unnecessary delays in discharge when they could be back at home or in a more appropriate place to receive ongoing assessment, short term interventions and support.

Intermediate care beds
Short term bed based rehabilitation offers the patient a chance to work with a multi-disciplinary team to gain as much independence as possible and help them return home. Many patients, particularly the elderly, suffer with loss of function after a major physical illness or following a hospital admission and this can make it difficult for them to cope in their usual environment.

Intermediate care home pathway
The home pathway team supports people in receiving or completing their rehabilitation in their own homes. Short term care and therapy are provided by the community and reablement teams to support the person's recovery to independence.

Reablement
Reablement service is another evidence based approach to support maximising people’s ability to return to their optimum level of independence with the lowest appropriate level of ongoing support. The service focuses on restoring independent functioning and helping people to do things for themselves rather than the traditional approach of doing things for people.

The multi-disciplinary team
The MCR integrated team encompasses a range of community health and social care staff at various grades including community nurses, advanced practitioners in various disciplines, physiotherapists, occupational therapists, assistant practitioners, pharmacists, social workers, primary assessment officers, reablement managers and reablement staff.

5.4 The reablement team works in conjunction with health practitioners to support discharges from hospital settings across the City. The services provide a rapid response delivering personalised support which meets the outcomes of each individual and their carers(s) to maintain they live independently in the community.

5.5 Reablement plays a critical role in supporting health and social care to manage increasing demand. Activity for December 2019 was significantly higher than December 2018 with a 61% increase in the number of referrals requesting reablement to facilitate a smooth transition from hospital to home. In December 2019 the reablement team supported 152 citizens which relates to 12,000 visits to citizen's homes.

5.6 In addition to the work that is being delivered through Manchester Community Response, Manchester Case Management (formerly known as High Impact Primary Care) continues to work with some of the most complex residents in the city. Despite the number of people in contact with the service being lower than planned there is a demonstrable positive impact on the urgent and emergency care activity for those people that are in service (i.e. the level of activity in the cohort is lower than it would otherwise have been).

5.7 However, despite the majority of MCR services performing in line with expectations, performance against Discharge to Assess (D2A) service in Central is not where we would expect the team to be performing. Work is underway to understand this and the inclusion of D2A senior leads into MRI processes will look to resolve this position.

6. Homelessness support

6.1 Whilst not directly falling under the remit of the MLCO, the response to people experiencing homelessness forms an integral part of the winter programme led by the Director of Adult Social Services (DASS) who is also responsible for the delivery of homelessness services with Manchester.

6.2 One of the teams that comprises the homelessness service in Manchester is the Housing Solutions Hospital Discharge Team. MCC have four Housing Solutions Officers (HSO's) based across the three hospitals, two of which are based in MRI. The role of the HSO is to complete a homeless assessment and work with patients to either prevent or relieve their homelessness. There is a Private Rented Sector Officer attached to the team who works to try and secure private tenancies and arranges the rent in advance and deposits. The staff have been in place in the hospital since Autumn last year.

6.3 At the end of November 2019 Manchester City Council secured a unit of 10 flats (available to the team until July 2020) to be used for hospital move on to provide temporary accommodation for patients for whom emergency accommodation in a B&B would not be appropriate and would otherwise likely have a longer stay in hospital. This is comprised of six ground floor wheelchair accessible flats and four first floor flats. The accommodation is staffed during office hours by two Move on Support Workers and there is security on site

when staff are not present. The flats are for single people only. To access this accommodation a duty to refer must be received by the Hospital Housing Solutions Team and a homeless assessment must have taken place. The maximum stay at the accommodation is 12 weeks. The Move on Support Workers work with residents to support them to move either to their own tenancy or to support accommodation.

6.4 There are currently eight flats occupied and there is a waiting list of patients appropriate for the accommodation but not yet medically optimised i.e. not able to be discharged from hospital.

6.5 Amongst the first residents is a gentleman who was sofa surfing in London due to a relationship breakdown. He was diagnosed with leukaemia whilst in a London hospital and transferred to MRI to be closer to family in Manchester. Family members offer support but are unable to accommodate him. This man is currently receiving chemotherapy treatment and needs self-contained accommodation. We were able to offer a flat and resettlement support was put in place by social care. An ambulance transports him to the hospital for his chemotherapy treatment. Without this accommodation and support in place he would probably still be in hospital.

6.6 Another positive case example is the support to a gentleman to move from hospital into one of the flats. He is an amputee, uses a wheelchair and has a history of infections to both his legs leading to multiple hospital admissions and increased lengths of stay. He also has a history of rough sleeping and lodging at various addresses. His previous accommodation history has meant that he has not engaged with his GP and not accessed community medical care resulting in his hospital admissions. Since moving into the accommodation he has engaged with staff, had visits from his GP and regular dressing changes by the District Nurse. He is recovering well physically and he is motivated to move on into his own tenancy for the first time in several years.

7. Recommendations

7.1 Health and Wellbeing Board is asked to note the contents of the report.

This page is intentionally left blank

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 22 January 2020

Subject: Living Wage Accreditation

Report of: Director of Workforce and Organisation Development, Manchester Health and Care Commissioning

---

Summary

This report provides an overview of the living wage accreditation status of Board partner organisations. Accreditation as living wage employers and promotion of the real living wage to partners and suppliers will contribute to the development of a progressive and equitable city, where those on the lowest salaries are able to benefit more from economic growth and investment in health and social care services. This forms part of our social value approach and also supports the embedding of 'good work' practice to improve health outcomes for the collective health and social care workforce.

Recommendations

The Board is asked to:

1. Note progress to date and support the recommendations within the report.

2. Encourage the respective partner organisations on the Board to continue to develop their individual real living wage accreditation plans and to collaborate to support the development of high quality, integrated community and residential services in particular. This forms part of both individual organisation and locality wide social value strategies.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	**Living wage accreditation is a key mechanism to support delivery of this strategic priority and falls under 'ensuring good work for all'.**
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and	

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

Contact Officers:

Name: Sharmila Kar
Position: Director of Workforce & Organisation Development, MHCC
Telephone: 0161 765 4161
E-mail: sharmilakar@nhs.net

Name: Karin Connell
Position: Work and Skills Lead, Work and Skills Team, MCC
Telephone: 07932 730 514
E-mail: k.connell1@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.

N/A

1. Introduction

1.1 This report provides an overview of the benefits of living wage accreditation for both individual Board partner organisations and for the combined workforce of Health and Wellbeing Board partner organisations and the supply chain. Living wage accreditation is just one example of 'good employment' which Board partners can deliver and use to influence other employers in the city. The report also provides an overview of the accreditation status of each partner organisation which represents significant progress. It also identifies areas of focus for collaboration around implementation of milestones.

2. Background

2.1 The calculation of the UK ('real') Living wage is undertaken by the Resolution Foundation (within the auspices of the Living Wage Foundation) who have developed a methodology which includes: the costs of a core basket of goods and services; housing costs; Council Tax; travel costs; and childcare costs. The rate is reviewed annually each November, with a current rate of £9 an hour and the new rate for 2020/21 announced as £9.30 outside of London. The different rates are set out in Appendix 1.

2.2 A range of local authorities, public and private sector and voluntary and community sector organisations have now achieved formal accreditation as 'living wage employers' nationally. In order to achieve accreditation employers must:

- Pay all directly employed staff the 'real' living wage
- Pay regular third party contracted staff - such as cleaners and catering staff - the 'real' living wage.
- Set out a baseline position in terms of all contracts and whether suppliers already pay the real living wage or intend to do so.

2.3 If it is not possible to move to the 'real' living wage straight away, this can be implemented in a phased approach by moving contracts to living wage when possible. Each contract is included as a milestone in the Licence Agreement with the employer as negotiated with the Living Wage Foundation. For NHS organisations, it is recognised that the vast majority of contracts are managed on an annual rolling basis and that there are some complexities in terms of the levers that commissioners have to influence organisations which receive packages of funding from NHS England which are supplemented locally for example.

2.4 The expectation of employers applying for accreditation is that, where necessary, they will provide an 'uplift' to budgets to providers to allow for the real living wage to be paid.

2.5 Some contracts can be categorised as 'out of scope' by agreement with the Living Wage Foundation. In the main, this only applies to contracts which are time limited to eight weeks or less or which are for supplies which do not

include staffing costs. N.B. Individual employer accreditation applications are limited to the service which they commission or procure from a third party.

2.6 As part of the accreditation and implementation agreement, employers are expected to promote and commend the living wage.

3. Living Wage accreditation status of Board partner organisations

3.1 Greater Manchester Mental Health NHS Trust (GMMH)

GMMH was the first Board organisation to achieve accreditation. It has been a Living Wage Foundation accredited employer since 2015 when it became the first NHS Trust in the North West to commit to paying its' staff the independent living wage. The drivers for the Trust to commit to this were related to two key areas; Firstly to recognise the Trust's social value commitment to ensure that all of its workforce received a wage that enabled them to cover the real cost of living, recognising the impact this could have on families living within the communities served. Secondly, to support the Trust's wider strategy to recruit and retain the best talent possible and to support its drive to reduce absenteeism and improve employee satisfaction.

The main groups of staff who have benefited from the Trust as a Living Wage employer are:

- Domestic staff
- Nursing Assistant/Healthcare support workers
- Porters
- Receptionists
- Driver
- Administrative/clerical staff

A large proportion of these staff live within the local area in which they provide services.

The Trust acquired the mental health services for Manchester in 2017 and as part of the process agreed to ensure all of the staff that transferred were paid in line with the Living Wage and thus substantially increased the number of employed staff that benefit.

Whilst it is difficult to identify cause and effect, since the implementation of the Living Wage, the Trust has demonstrated improvements in staff survey outcomes that relate to fairness of pay, staff recognition and staff feeling valued. Whilst there on ongoing challenges in health in terms of recruitment and retention, being a living wage employer enables the Trust to differentiate from others and is a strong employment message and brand.

3.2 Manchester City Council (MCC)

MCC announced its successful application for accreditation on 11th November 2019, setting out the benefits that living wage accreditation will bring to the

city in terms of tackling poverty and creating a more equitable city. This is linked to the following other charters;

- Ethical Employment agreement – This requires all voluntary sector organisations to follow ethical employment standards
- Ethical Procurement Policy – This sets out MCC's expectations of providers to meet a high standard of ethical trade practices
- Ethical Care Charter – This sets out a series of protection measures for care workers

MCC also includes significant weighting for social value within its procurement processes. Living wage accreditation is one of the criteria included within this weighting. The commitment to budget uplift to cover the cost of real living wage within the recent homecare procurement processes is a step change which has sent out a clear message to all providers as well as supporting MCC's accreditation.

MCC has included all adult social care and population health staff and contracts within its accreditation application, based on its legal and financial responsibilities.

All MCC staff are already paid above the real living wage. Implementation of MCC's accreditation milestones plan will provide continued focus to work with its provider base to improve living standards for some of the city's lowest paid workers.

3.3 **Manchester Health and Care Commissioning (MHCC)/Manchester Clinical Commissioning Group (MCCG)**

MHCC closely aligned its application to MCC's given the overlap of providers of community and residential services and our shared approach to the delivery of social value through procurement.

MHCC submitted its formal application for accreditation in December 2019 and is waiting for a formal response from the Living Wage Foundation. As MCC included all contracts for which MCC has a legal and financial responsibility, MHCC's application has therefore only incorporated CCG funded contracts. The application has been made in MCCG's name.

As part of the work undertaken to support the accreditation application, MCCG surveyed its supplier base to set out a baseline position. This baseline will be added to through the collation of annual inclusion and social value monitoring returns.

MCCG and MCC are seeking to align their approaches wherever possible. In particular, this applies to personal health budgets. MCC and MHCC have categorised this as an area of future focus.

Under Agenda for Change, all MCCG staff are already paid above the real living wage for Manchester.

3.4 **Manchester University NHS Foundation Trust (MFT)**

MFT currently pays the real living wage to all directly employed staff and to Retention of Employment contracted staff. MFT is in the process of undertaking an assessment of whether or not third party staff are paid the real living wage by the April 2020. MFT will then decide what the next steps will be in terms of accreditation through the development of a formal plan.

3.5 Manchester Local Care Organisation (MLCO)

MLCO is committed to supporting Living Wage as part of its strategy to improve health and well-being for the city, but will not be able to apply for living wage accreditation in its own right. All staff are deployed into the MLCO from MCC, MFT and MCCG so are all already paid above the real living wage. Legal and contractual responsibility for staff and third party providers remains with MFT and MCC. However as commissioning and contract management functions move over to MLCO from MHCC and MCC, MLCO will use its influence as a tactical commissioner to promote the real living wage including providing for any budget uplifts needed to pass on the real living wage. MLCO will also build real living wage compliance into its social value and contract monitoring delivery models.

3.6 Areas for collaboration

MCC and MHCC have already set out areas for collaboration around community and residential care as part of their applications for accreditation. Grant funding and personal/health budgets are also areas which will be investigated together. Whilst grant funding is technically outside of the scope of living wage accreditation, the Living Wage Foundation is developing its approach to supporting the voluntary and community sector workforce to benefit from the living wage accreditation of its funders.
Whilst responsibility for budgets will stay with MCC and MCCG respectively, the biggest identified areas of overlap and opportunity to make a positive impact on the living standards of Manchester people relate to services which will sit within the MLCO remit. An area of focus over the next year will therefore be around how this is delivered with MLCO.

4. Recommendations

4.1 The Board is asked to note and comment upon the significant progress made and suggest further areas for collaboration between partner organisations.

Appendix 1 Minimum Wage rates

Pay Rate	Definition of Cohort	Hourly Pay (2019/20)	Review Approach	Apprentice Rate (2019/20)	2020/21	2021/22	2022/23	23/24	24/25
National Minimum Wage (Statutory)*	Workers aged 21 and over Workers aged 18 to 20 Workers under the age of 18	**£7.70** **£6.15** **£4.35**	Recommended by the Low Pay Commission within a remit to raise pay as high as possible without damaging employment prospects.	£3.90 *					
National Living Wage (Statutory) **	Workers over 25	**£8.21**	Recommended by the Low Pay Commission. The Government has set a target for it to reach 60 per cent of median earnings by 2020. The Commission's remit is to make recommendations that reach the target, subject to 'sustained economic growth'. Increases beyond 19/20 are based on the Government's pre-election announcements. N.B. The Chancellor has since modified this position.	**N/A**	**£8.66**	**£9.11**	**£9.56**	**£10.01**	**£10.51**

'Real' Living Wage (Living Wage Foundation) ***	All workers (a higher rate is applicable for London)	**£9.00**	This is an aspirational wage which is announced every November by the Living Wage Foundation. The 'real' Living Wage is a voluntary rate of pay set by the resolution foundation based on the real cost of living; what people need to meet their basic everyday needs. Increases are based on assumptions informed by previous increases.	**N/A**	**£9.30**	**£9.65**	**£10**	**£10.35**	**£10.70**

* Applicable to apprentices aged 16 to 18 and those aged 19 and over who are in their first year. All other apprentices are entitled to the National Minimum Wage for their age.

**The rate is set each November with organisations allowed 6 months to comply. The current 'real' Living Wage rate of £9.00 was announced in November 2018 and the new rate for 2020 was announced in November 2019.

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 22 January 2020

Subject: Manchester Suicide Prevention Plan 2020 - 2024

Report of: Director of Population Health

Summary

This report presents a final draft of the Manchester Suicide Prevention Plan 2020 - 24. This is the second plan which builds on the 2017-19 plan and has been developed in collaboration with a range of partners including people affected by suicide.

The Manchester Suicide Prevention Partnership is chaired by Councillor Joanna Midgley and will oversee the implementation of the Plan. The Plan will be formatted and will be available on the Council website from March 2020.

Recommendation

The Board is asked to approve the plan and support its implementation.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Interventions focused on preventing suicide within families will have a positive impact on our youngest people
Improving people's mental health and wellbeing	Preventing suicide, supporting people in emotional distress and supporting those bereaved and affected by suicide will improve people's mental wellbeing
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	Supporting the mental wellbeing of older people will enable them to keep well and live independently
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	Actions focused on increasing awareness of suicide and promoting resources to support people to look after their wellbeing and keep themselves safe support self-care

Contact Officers:

Name: David Regan
Position: Director of Population Health
Telephone: 0161 234 5595
E-mail: c.raiswell@manchester.gov.uk

Name: Christine Raiswell
Position: Programme Lead, Population Health Team
Telephone: 0161 234 4268
E-mail: c.raiswell@manchester.gov.uk

Name: Barbara Drummond
Position: Programme Lead, Population Health Team
Telephone: 0161 234 4820
E-mail: b.drummond@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.

Manchester Suicide Prevention Plan 2017-19

http://www.manchester.gov.uk/download/downloads/id/26694/manchester_suicide_prevention_plan.pdf

1. Introduction

1.1 Every suicide is an individual tragedy and a loss to society and when someone dies by the suicide the shock is felt by families, friends, neighbours, colleagues and professionals. Suicide prevention is a key public health issue and included under the *Preventing Early Deaths* priority of the Manchester Population Health Plan 2018 - 27.

1.2 Manchester Suicide Prevention Partnership was established in 2016 and involves a wide range of partners with a role to play in suicide prevention and is chaired by Councillor Joanna Midgley. The first local suicide prevention plan for Manchester was approved by the Health and Wellbeing Board in August 2016 and published in January 2017. This plan ran until end 2019.

1.3 A refreshed plan is appended (appendix 1) which builds on the model adopted in the 2017-19 plan and incorporates:

- learning from local evaluation,
- feedback from a Greater Manchester Peer review exercise,
- a wider stakeholder event involving a range of partners and people with lived experience,
- a learning circle on children and young people's suicide led by Population health on behalf of Manchester Safeguarding Partnership,
- feedback from Health Scrutiny Committee (October 2019) and
- discussions with the Manchester Suicide Prevention Partnership.

2. Strategic context

2.1 Nationally, there has never been such a focus on suicide prevention. This includes:

- A first cross government work plan published in January 2019
- The first Government Minister for suicide prevention announced in October 2018
- NICE guidelines on suicide in community and custodial settings published in September 2018
- Self-harm and suicide prevention competence frameworks published in October 2018
- A series of NICE quality standards on preventing suicide and supporting people bereaved by suicide published in September 2019

2.2 Suicide prevention is a key priority at Greater Manchester level. A Greater Manchester Suicide Prevention Strategy is overseen by an executive group of which Manchester is a member and Greater Manchester is leading a number of key areas of work including a major communications campaign to reduce stigma of suicide and a new suicide bereavement information service.

2.3 It is of note that this year has seen a change to the way coroners conclude suicide. Previously, coroners and juries have applied the criminal standard to suspected suicides, meaning they had to be “sure” that someone had taken their own life. However, appeal court judges ruled in May this year that the civil court standard can be applied and therefore coroners and juries and only have to be satisfied that it was “more probable than not” that someone had deliberately killed themselves. This is expected to lead to more deaths being concluded as suicide, which may have an impact on reported rates and trends.

3. Recommendations

3.1 The Health and Wellbeing Board is asked to approve the Local Suicide Prevention Plan for 2020 - 2024 and support its implementation.

Appendix 1

Manchester Suicide Prevention Plan 2020 - 2024

Foreword

Councillor Joanna Midgley and David Regan ***(to be produced following agreement by the Health and Wellbeing Board)***

About the Plan

This is the second local suicide prevention plan for Manchester and has been developed in collaboration with colleagues and communities working to prevent suicide in the city.

Our vision is to create suicide-safer communities recognising the role that everyone can play in suicide prevention. This plan builds on established partnership working and our first plan published in 2017. It is also closely aligned to the Greater Manchester Suicide Prevention Strategy and draws on national research and evidence about risk factors and interventions.

Since the suicide prevention partnership was established and our first plan launched, a lot has been achieved locally and at Greater Manchester level and there is much still to do.

Achievements include:

- Better use of real time data on suicides to identify high risk locations, emerging trends and to develop a community response
- Suicide awareness training delivered to a wide range of staff groups and volunteers
- Greater Manchester-wide ‘Shining a Light on Suicide’ campaign and online resources
- A new Greater Manchester Suicide Bereavement Information Service
- Manchester University NHS Foundation Trust has introduced a comprehensive suicide prevention policy

We will build on these activities through the delivery of the 2020 - 24 plan.

Through delivery of the local plan we will focus our efforts on interventions directly contributing to suicide prevention. However, we recognise that this work is underpinned by broader public health approaches to improving mental wellbeing and building strong, resilient and socially connected communities as an antedote to suicide.

Why suicide prevention is important

Suicide prevention is a key public health priority and a key action under the ‘preventing early deaths’ priority in the Manchester Population Health Plan 2018 - 27. Every suicide is both an individual tragedy and a loss to society. Each suicide is one too many and

can have a devastating impact on those affected, including family, friends, colleagues, professionals, neighbours and the wider community. Those bereaved and affected by suicide are at greater risk of developing suicidal thoughts and behaviours themselves. The economic costs of suicide and self harm are immense - it is estimated that the cost of each suicide is £1.67million[1] borne across families, services and society. A significant proportion of this relates to the impact of bereavement on others through, for example, lost earnings and mental health impacts.

Key facts about suicide

The causes of suicide are complex and is likely to be a combination of previous vulnerability and recent events. Three quarters of deaths registered in 2018 were among males which has been the case since the mid-1990s.[2] The UK male suicide rate increased significantly in the last year whereas the female rate stayed consistent with rates over the past 10 years. The highest rates for both males and females are seen in the 45 - 49 age group.

Despite having a low number of deaths overall, rates among under 25s have generally increased in recent years.

Different studies have shown that around a third to three quarters of people who take their own lives are not in contact with mental health services.

Research evidence shows that the following groups and associated factors increase risk of suicide

- Males
- Middle age
- Previous self harm
- Drug and alcohol use
- Mental ill health / depression
- Debt and unemployment
- Physical health conditions including pain
- Relationship breakdown
- Those who have experienced domestic abuse including sexual abuse
- Specific occupational groups including doctors, nurses, farmers and construction workers
- Veterans
- Adverse childhood experiences
- Lesbian, gay, bisexual or transgender community
- People in the criminal justice system
- Bereavement by suicide
- Care leavers

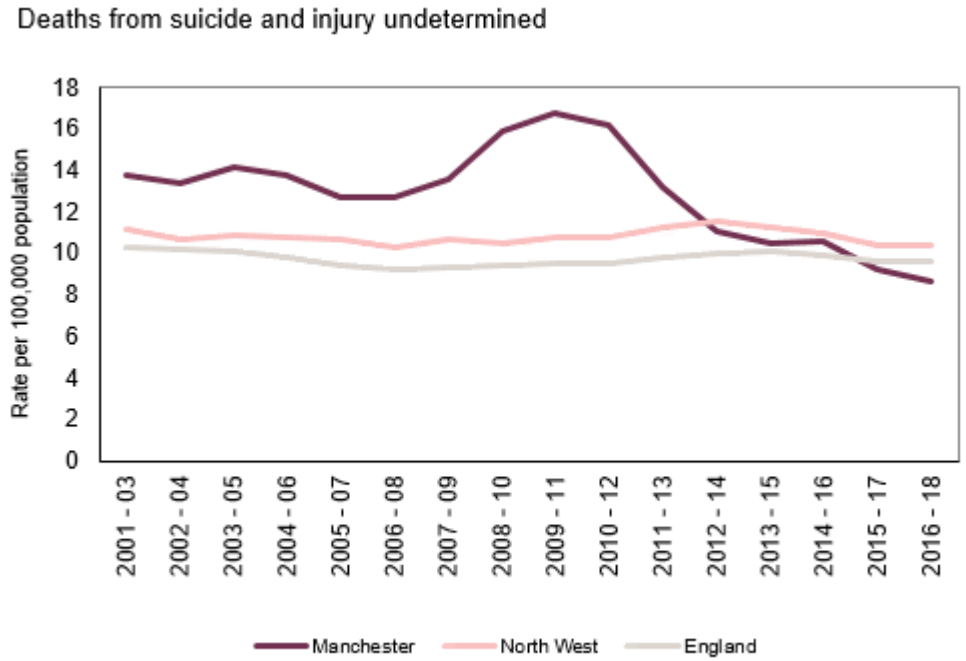
[1] McDaid, D and Kennelly, B (2009). An economic perspective on suicide across five continents. In D Wasserman and C Wasserman (Eds). Oxford textbook of suicidology and suicide prevention: A global perspective (pp. 359 - 367) Oxford, UK: OUP

[2] Office for National Statistics. Suicides in the UK: 2018 registrations

- Some BAME groups e.g. South Asian women

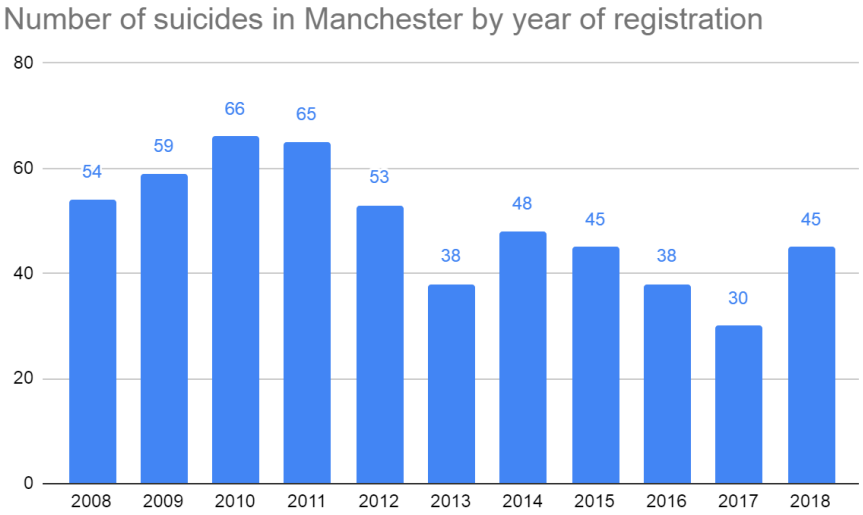
Key statistics in Manchester

In Manchester the three year all age suicide rate has fallen from 9.28 per 100,000 in 2015-17 to 8.69 per 100,000 in 2016-18 and the Manchester rate is now below the England average (but the difference is not statistically significant).



Source: Public Health England © Crown Copyright 2019

However, 2018 showed an increase in the number of suicides registered in Manchester during that year and this is in line with UK rates that showed a single year increase - the first since 2013.



Our aim

To prevent suicide, support people in emotional distress and support those bereaved and affected by suicide

Our approach and key principles

- Take a universal and targeted approach to suicide prevention, prioritising groups at high risk as well as ensuring a broad reach
- Ensure suicide prevention is included in commissioning mental health and broader wellbeing services
- Deliver effective, high quality services to support mental and physical wellbeing
- Align to national and regional priorities where appropriate and recognise local need
- Use data and evidence to inform our approach and be dynamic in our response to emerging risks and themes
- Work at a neighbourhood level to ensure that approaches are co-produced with communities, reflect local needs and concerns and draw on local assets
- Disseminate and utilise learning from Child Death Overview Panels, serious case reviews, learning reviews and safeguarding adult reviews
- Work to ensure suicide is reported and communicated sensitively
- Reduce access to the means of suicide
- Evaluate our work to measure impact

Our key messages about suicide prevention

We all have a role to play in suicide prevention; it's everyone's business
Talking about suicide could be all it takes to prevent a tragedy and helps to tackle stigma
1 in 5 of us has thought about suicide at some point
Asking about suicide is the right thing to do if you are worried - it won't put the idea in a person's head
You don't need to be a health professional to help; you just need to be able to listen
If you are feeling suicidal and / or are struggling to cope, help is available in Manchester

Our priorities

The Plan follows the structure of the internationally recognised model for Suicide Safer Communities based on eight key pillars.

Pillar	Action area
Leadership	● Manchester Suicide Prevention Partnership will continue to meet including: -Steering group to oversee the delivery of the local plan - scrutiny and accountability through Health Scrutiny committee and health and wellbeing board - sub groups and task and finish groups to support different aspects of the plan -Regular fora and network events to address key topics and encourage collaborative working
Evidence, data and intelligence	● Maintain a joint strategic needs assessment for suicide prevention ● Continue to develop a real time data surveillance system and community response plan to ensure learning about emerging themes and appropriate support is in place ● Identify priority locations and coordinate a public health response ● Research suicide risk in BAME communities in Manchester
Suicide Prevention campaigns and communications	● Promote the Shining a Light on Suicide campaign as widely as possible and target those most at risk ● Develop targeted campaigns and messages appropriate to priority groups and communities. ● Regular e-bulletin to share activities, learning and opportunities for engagement and networking
Training the workforce	● Develop a comprehensive workforce development strategy to ensure training is embedded across organisations and communities informed by Health Education England competence frameworks ● Continue to deliver suicide awareness sessions using a train the trainer model within

	the partnership
Suicide Interventions and clinical services	● Ensure that clinical pathways are robust from primary and secondary care for people in crisis ● Ensure we have effective clinical services that meet the needs of people who may experience suicidal distress focusing on the following priorities: - Managing distressing thoughts - Long term conditions and chronic pain - Self Harm - The leaving prison population - Pharmacy ● Include suicide prevention training in the Primary Care Standards
Suicide bereavement and postvention support	● Promote the Greater Manchester Suicide Bereavement Service to increase referrals and self referrals for those who need support. ● Work with the GM service to identify gaps in support for those bereaved by suicide and how needs can be met ● Develop a robust offer and 'team around the school / college' in the event of a suspected suicide incident ● Ensure that practitioners have the awareness and confidence to provide compassionate support to people bereaved by suicide
Evaluation	● Evaluate the impact of the plan in improving access to and delivery of effective suicide prevention in Manchester. ● Work with our wider partners (Public Health England / Greater Manchester Mental Health Foundation Trust) to develop a robust approach to evaluate the impact of suicide prevention interventions in the city on the rates of suicide in Manchester.
Capacity building and sustainability	● Encourage and support all organisations to have a suicide prevention policy ● Work to embed suicide prevention into strategies, plans and relevant commissioned services ● Develop a suicide prevention delivery plan template to support organisations to capture their contribution to the local plan.

In the first year 2020-2021 we will target actions on children and young people, middle aged men, and LGBT+ in line with evidence of increased risk in these groups. Specifically we will take action to address the findings and recommendations from the recent learning circle on suicide in children and young people commissioned by Manchester Safeguarding Partnership and incorporate learning from national research[3] **.** This action plan is set out below.

10 action areas for children and young people

Training for workers and young people: including suicide awareness and risk factors, mental health first aid, online safety, resilience, adverse childhood experiences (ACEs), supporting young people with physical conditions
Social media: including online safety, learning from good practice, tackling cyber bullying, equipping young people to respond to communications from other young people
Support and resources: promoting resources and services available for professionals and young people from approved providers
Transition: considering suicide risk during transition and passing on relevant information from school to college that could increase risk e.g. bereavement by suicide
Robust postvention response to an incident: including 'team around the school', bereavement support, use of existing expert materials and support provided by Samaritans and Papyrus
High risk groups: including young people working long hours / on zero hours contracts who may be under stress, LGBT young people, young people in the criminal justice system, young women who are self harming, unaccompanied asylum seeker children, young carers and young care leavers
Clinical services and assessments: robust pathways for young people in crisis, effective management of self harm, incorporating broader risk factors into assessments e.g. family mental illness
Awareness and campaigns: including targeting young people at festivals and events, promoting services and self-help resources, raising awareness about how to support friends expressing distress and sharing concerns
Safeguarding and information sharing: include Papyrus or Samaritans support pack in safeguarding materials for schools, multi-agency risk assessment and safety planning
Colleges and universities: including strengthening health links to further education, ensuring students sign up with a GP, partnership work with universities and student mental health services to understand issues and share learning, including sixth form

[3] Suicide by children and young people. National Confidential Inquiry into Suicide and Homicideby People with Mental Illness (NCISH). Manchester:University of Manchester, 2017.

colleges in postvention response

Help in Manchester

In an emergency or crisis, help is available:

Samaritans

Samaritans offer emotional support 24 hours a day

Telephone: 116 123 (free to call)
Email: jo@samaritans.org
https://www.samaritans.org/

Crisis Point

This is a short-term residential mental health service for people suffering mental distress aged 18 and over and living in Manchester. Please contact the service on 0161 238 5149 for more information.
https://www.turning-point.co.uk/services/mental-health/crisis-support.html

Papyrus Prevention of Young Suicide

HOPEline UK

If you are having thoughts of suicide or are concerned for a young person who might be you can contact HOPELINEUK for confidential support and practical advice.

- **Call: 0800 068 4141**
- **Text: 07860039967**
- **Email: pat@papyrus-uk.org**

Opening hours:
9am – 10pm weekdays, 2pm – 10pm weekends, 2pm – 10pm bank holidays

https://papyrus-uk.org/

Useful links and resources

http://www.shiningalightonsuicide.org.uk/
http://supportaftersuicide.org.uk/#start
https://youngminds.org.uk/
http://42ndstreet.org.uk/
https://kooth.com/
https://hsm.manchester.gov.uk/

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 22 January 2020

Subject: Manchester Pharmaceutical Needs Assessment (2020-2023) Final Draft

Report of: Director of Population Health

Summary

The provision of pharmaceutical services falls under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA). The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB).

The PNA steering group has been leading the development of the next PNA for 2020-2023 on behalf of the HWB Board. The regulations state that the HWB must undertake a consultation on the content of the PNA and it must run for minimum of 60 days. The HWB agreed to the commencement of the consultation in August 2019. This report includes the Executive Summary (Appendix 1) of the final draft of the PNA. The full final draft of the Manchester PNA can be accessed via the web link below.

https://www.manchester.gov.uk/pna

Recommendation

The Board is asked to approve the final report for publication.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The PNA ensures that the provision of pharmaceutical services meets the needs of Manchester residents across the life course. It ensures that there is appropriate access to pharmaceutical services for Manchester residents, and allows residents to receive appropriate advice and treatment for self-care.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	

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

Contact Officers:

Name: Barry Gillespie
Position: Consultant in Public Health
Telephone: 0161 234 3486/07507 545887
E-mail: b.gillespie@manchester.gov.uk

Name: Susan McKernan
Position: Lead Pharmacist and Deputy Head of Medicines Optimisation
Telephone: 0161 675 6225
E-mail: susanmckernan@nhs.net

Background documents (available for public inspection):

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

Manchester Pharmaceutical Needs Assessment 2017

Report on the PNA consultation process to the Manchester Health & Wellbeing Board on 28 August 2019

1. Introduction

1.1 The Health and Social Care Act 2012 transferred responsibility to develop and update the Pharmaceutical Needs Assessment (PNA) from Manchester Primary Care Trust to Manchester Health and Wellbeing Board (HWB). NHS England has responsibility for the application process and the management of pharmacies compliance with their terms of service. The PNA informs the application and decision-making process, however, NHS England have the responsibility for approving or rejecting new applications.

1.2 The provision of pharmaceutical services falls under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations cover the production of the PNA, the application and decision making process for opening pharmacies, and details the term of services for pharmacies, dispensing appliance contractors and dispensing doctors.

1.3 The PNA looks specifically at the current provision of pharmaceutical services in Manchester. It determines whether these pharmaceutical services meet the needs of the population and will:

- be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractors, or applications from existing pharmaceutical provides to change their regulatory requirements.
- help work with providers to target services to the areas where they are needed.
- inform interested parties of the PNA and enable collaborative work to plan, develop, and deliver pharmaceutical service for the residents of Manchester.
- help inform commissioning decisions by local commissioning bodies

2. Background

2.1 The PNA has been produced using a standard methodology in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Service) Regulations 2013.

2.2 The views of a wide range of stakeholders were sought to identify local health needs and priorities, and to inform the future commissioning of pharmaceutical services in Manchester.

3. Other Strategic Developments

3.1 The publication of “Our Healthier Manchester” (2016), detailed the ambition to transform the City’s health and care services to deliver Manchester’s element Greater Manchester Plan “Taking Charge of our Health and Social Care in Greater Manchester” (2016). The formation of the Manchester Local Care Organisation (MLCO) on 1st April 2018 was a major step in developing 12 integrated neighbourhood teams across the city with the aim of delivering integrated community based care, promoting the health and wellbeing of

residents at a neighbourhood level, and taking forward the Our Manchester approach. The delivery of this is based upon utilising and working in partnership with the assets in neighbourhoods, such as pharmacies, that are the most accessible and frequently visited source of healthcare.

3.2 The Manchester Population Health Plan (2018- 27) is the City's overarching plan for reducing health inequalities and improving health outcomes. There is clear potential for community pharmacies to contribute to the Plan's five priorities:

- Improving outcomes in the first 1000 days of a child's life
- Strengthening the positive impact of work on health
- Supporting people, households and communities to be socially connected and make changes that matter to them
- Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
- Taking action on preventable early deaths

3.3 At a Greater Manchester (GM) level the GM Population Health Plan (2017- 21) outlines the role community pharmacy has to play in improving population health at a neighbourhood level. This is supported by the GM Pharmacy Healthy Living Framework that encourages a population approach to improving health and care through the delivery of place-based care. The Healthy Living Pharmacy scheme recognises the valuable role that community pharmacies can play in supporting people to live healthier lives and in promoting health and wellbeing. It fits with the vision of community pharmacies as the first port of call for vital healthcare and health and wellbeing advice.

APPENDIX 1

1.0 Executive Summary

1.1 Introduction

From 01 April 2013, Manchester Health and Wellbeing Board (HWB) has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

The PNA aims to identify whether current pharmaceutical service provision meets the needs of the population. The PNA considers whether there are any gaps to service delivery.

The PNA may be used to inform commissioners, such as clinical commissioning groups (CCG) and local authorities (LA), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended ('the 2013 Regulations'). The relevant NHS England Local Offices (LO) will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA.

The City of Manchester covers an area of approximately 116 square kilometres with a population of 545,501, giving a density of 47 persons per hectare (based on the Office for National Statistics mid-2018 population estimates).

Manchester is a city of change, the birthplace of the industrial revolution, and the powerhouse of the north-west region. The city boasts several key drivers that help sustain the economic growth of the area. These include its world-class universities, a knowledge-based economy, a thriving city centre, a skilled workforce, and Manchester International Airport.

Despite this Manchester has a higher proportion of working-age residents claiming Employment Support Allowance (7.7%) compared to the England average (5.4%). It also has some of the poorest health in England. Within its own boundaries, people die younger and experience higher levels of illness in some parts of the city than others.

1.2 How the assessment was undertaken

This PNA describes the needs for the population of Manchester. It considers current provision of pharmaceutical services across 12 neighbourhoods in the Manchester HWB area (see section 4).

The PNA uses the current system of Manchester ward boundaries to create 12 clear neighbourhoods.

This approach was taken because

- These neighbourhoods reflect ward areas already in use by Manchester City Council,
- The majority of available healthcare data is collected at ward level, and
- Wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The PNA includes information on

- Pharmacies in Manchester and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users;
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC);
- Relevant maps relating to Manchester and providers of pharmaceutical services in the HWB area;
- Services in neighbouring HWB areas that may affect the need for services in Manchester;
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from Manchester pharmacies, Manchester City Council, Manchester CCG, NHS England and neighbouring Health and Wellbeing Boards.

1.3 Results

Manchester currently has 135 pharmacies providing a range of essential services, advanced services, enhanced services and locally commissioned services on behalf of Manchester City Council, Manchester CCG and NHS England.

Of those pharmacies, 22 are 100 hour pharmacies and eleven are distance selling or wholly mail order (internet) pharmacies.

There are no dispensing doctors within Manchester, however, there are two dispensing appliance contractors (DACs) who provide access to dispensing and services associated with appliances for some patients.

60% of pharmacy contractors said that they were able to dispense all types of appliances.

The draft PNA has concluded no gaps in pharmaceutical services have been identified. This is clearly demonstrated by the following points;

- Manchester has 25 pharmacies per 100,000 population, which is higher than the Greater Manchester and England averages;
- Manchester has fewer prescription items dispensed per pharmacy per month than the Greater Manchester and England average;
- The majority of residents live within one mile of a pharmacy;
- The majority of residents can access a pharmacy within 15 minutes, either by walking, public transport or driving;
- The location of pharmacies within each of the 12 neighbourhoods;
- The number and distribution of pharmacies within each of the 12 neighbourhoods and across the whole HWB area;
- The choice of pharmacies covering each of the 12 neighbourhoods and the whole HWB area;
- Over 85% of patients surveyed have a preferred pharmacy that they use regularly;
- Over 80% of patients surveyed are aware there are pharmacies in Manchester that open early mornings, late nights and weekends;
- Manchester has a choice of pharmacies which are open a range of times including early mornings, evenings and weekends;
- Manchester pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.4 Consultation

The PNA process requires a minimum 60 days statutory consultation period to take place. This will ensure pharmaceutical providers and services, which support the population, are recognised. Manchester's HWB consultation took place between 2nd September and 1st November 2019.

The PNA was updated in line with responses received, and no significant information was received that materially changed the content of the PNA.

1.5 Conclusions

Taking into account the totality of the information available, the HWB considered the location, number, distribution and choice of pharmacies covering the whole of Manchester's HWB area that provide essential and advanced services during the standard core hours to meet the needs of the population.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion within the lifetime of this PNA.

Based on the information available at the time of developing this PNA, no current gaps have been identified;

- In the need for essential service provision during and outside of normal working hours;
- In the provision of advanced and enhanced services;
- In the need for pharmaceutical services in specified future circumstances;
- In essential services that if provided either now or in the future would secure improvements, or better access, to essential services;
- In the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services;
- In respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.