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MANCHESTER CITY COUNCIL

Health Scrutiny Committee

Date: Tuesday, 4 February 2020
Time: 2.00 pm
Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 1.30pm in Committee Room 6 (Room 2006), 2nd Floor of Town Hall Extension

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

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Nasrin Ali, Clay, Curley, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Agenda

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

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

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

4. Minutes 5 - 10
To approve as a correct record the minutes of the meeting held on 7 January 2020.

5. The Councils Updated Financial Strategy and Budget Reports 2020/21 - To follow

5a. Adult Social Care and Population Health Budget 2020/21 - To follow

6. Delivering the Our Manchester Strategy 11 - 22
Report of the Executive Member for Adults, Health and Well Being

This report provides an overview of work undertaken and progress towards the delivery of the Council's priorities as set out in the Our Manchester Strategy for those areas within the portfolio of the Executive Member for Adults, Health and Well Being.

7. Manchester's Approach to Prevention and Wellbeing Services - an update focused on social prescribing 23 - 36
Report of the Director of Population Health and Consultant in Public Health Medicine

This report provides an overview of current social prescribing provision in Manchester within the context of the Prevention Programme, and outlines the high level plans for the future

development of prevention and wellbeing services in the city, through the 2021 Wellbeing Model.

8. Manchester Healthy Weight Strategy (Draft) 37 - 86

Report of the Director of Population Health and Consultant in Public Health

This report provides an introduction to the draft Manchester Healthy Weight Strategy 2020-2025, which will take a whole system, partnership approach to tackling obesity in the city. The strategy has been developed across four key themes; Food & Culture, Physical Activity, Environment & Neighbourhoods and Support & Prevention, it has been informed by a wide variety of stakeholders, and supports the Public Health England (PHE) guidance 'Reducing obesity is everybody's business' (PHE 2018).

9. Update on the work of the Health and Social Care staff in the Neighbourhood Teams - To follow

10. Living Wage accreditation 87 - 94

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

This report provides the Health Scrutiny Committee with an overview of the living wage accreditation status of Manchester Health and Wellbeing 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 the locality social value approach and also supports the embedding of 'good work' practice to improve health outcomes for the collective health and social care workforce.

11. Overview Report 95 - 104

Report of the Governance and Scrutiny Support Unit

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

Information about the Committee

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

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

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

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Joanne Roney OBE
Chief Executive
3rd Floor, Town Hall Extension,
Lloyd Street
Manchester, M60 2LA

Further Information

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

Lee Walker
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

This agenda was issued on **Monday, 27 January 2020** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Mount Street Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 7 January 2020

Present:
Councillor Farrell – in the Chair
Councillors Clay, Holt, Newman, O'Neil, Riasat and Wills

Apologies: Councillor N. Ali and Mary Monaghan

Also present:
Councillor Craig, Executive Member for Adults, Health and Wellbeing
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning
Katy Calvin-Thomas, Deputy Chief Executive, Manchester Local Care Organisation
Laura Foster, Director of Finance, Manchester Local Care Organisation
Claire Yarwood, Chief Finance Officer, Manchester Health and Care Commissioning
Laurence Webb, Assistant Director, Inclusion, LGBT Foundation

HSC/20/01 Minutes

Decision

To approve the minutes of the meeting held on 3 December 2019 as a correct record.

HSC/20/02 Updated Financial Strategy and Budget Reports 2020/21

The Committee considered a report of the Chief Executive and the Deputy Chief Executive and City Treasurer, which provided an update on the Council's overall financial position and set out the next steps in the budget process. In doing so, the report outlined Officer proposals for how the Council could deliver a balanced budget for 2020/21.

In conjunction to the above, the Committee also received and considered the draft Council Business Plan for 2020/21 and the Adult Social Care and Population Health Budget 2020/21.

Officers highlighted that the 2020/21 budget would be a one year roll over budget. It would reflect the fact the Council had declared a climate emergency and would also continue to reflect the priorities identified in the previous three-year budget strategy.

Taken together, the reports illustrated how the directorate would work to deliver the Our Corporate Plan and progress towards the vision set out in the Our Manchester Strategy.

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

- A fair financial settlement for Manchester and a commitment for appropriate future levels of funding to deliver social care was required from central government;
- Future reports should include how success was measured to demonstrate how pooled budget arrangements and the integration of health and social care was improving the health outcomes for residents;
- Clarification was sought on how the Transformation Fund awarded to Greater Manchester had been allocated across the authorities;
- Had Learning Disabled citizens, their families and carers been consulted with and involved in the development of the reported Learning Disability Services;
- Further information was sought on the approach to the care market and the reported potential need for capital investment to allow market intervention; and
- Concern was expressed regarding the move towards technology enabled care, commenting that this should never replace human interactions and emphasised the importance of ensuring that people's data was protected.

The Executive Member for Adults, Health and Wellbeing commented that despite the failure by central government to adequately fund social care and the pressures experienced in this area as a result of increased demand, Manchester had responded by pioneering the integration of health and social care to protect the most vulnerable people in the city. She stated that the reliance on increased Council Tax to support social care was a political decision imposed by central government and was not fair or sustainable in the long term and she called upon the government to provide a fair, long term financial settlement to deliver social care.

The Executive Member for Adults, Health and Wellbeing responded to the comments regarding technology enabled care by stating that this would be used where appropriate and never be used to replace human interaction. She commented that in an age where technology and apps were more accessible and widely used, citing for example the prevalence of smart watches that already monitored a variety of activities, future generations would be increasingly familiar with this technology and it could be used to monitor people's health where appropriate. She stated that reports on this approach could be provided to the Committee.

In response to the question regarding the capital investment into the care market, the Executive Member for Adults, Health and Wellbeing stated that the care market was a vital component of the Adult Social Care system supporting Manchester to meet statutory responsibilities and supporting Mancunians to live as independently as possible. She informed the Committee that the options for capital investment were currently in the early stages of development and the Health Scrutiny Committee would be informed of this and views sought as this work progressed.

In response to the Members question, the Executive Director of Adult Social Care confirmed that Learning Disabled citizens, their families and carers would be fully involved with and central to the co-design of the Learning Disability Plan.

The Chief Finance Officer, Manchester Health and Care Commissioning informed the Committee that the £450m Transformation Fund, allocated to Greater Manchester over a five-year period from 2016 to 2021 had been allocated to each authority based on their local population size. She stated that an evaluation of this scheme would be undertaken and this would inform lobbying for future funding. In response to a

question regarding Mental Health Services, Members were advised that this activity was provided by specific NHS funding and therefore did not form part of these budget reports.

The Director of Policy, Performance and Reform commented that measures of success would be provided in the budget reports submitted to the February 2020 meeting.

In response to a question raised by a Member in relation to dialysis services in South Manchester, the Director of Corporate Affairs, Manchester Health and Care Commissioning stated that he would follow this up following the meeting.

Decisions

The Committee recommend that their comments be submitted for consideration by the Executive at their meeting of 15 January 2020.

HSC/20/03 Discussion item: Health improvement interventions for LGBT communities in Manchester

The Committee welcomed Laurence Webb, Assistant Director, Inclusion, LGBT (lesbian, gay, bisexual and trans) Foundation who had been invited to discuss with Members specific health improvement interventions for LGBT communities in Manchester.

Mr Webb delivered a presentation to the Committee that provided an overview of the range of initiatives and projects designed to ensure the needs and experiences of the diverse LGBT community were included within the development of wide ranging services in public health and wider society. This included;

- Provided an overview and brief history of the LGBT Foundation;
- Bring Dementia Out, focusing on the needs of LGBT people affected by dementia;
- Macmillan LGBT Cancer Programme, noting that LGBT people had higher risk factors for cancer, were more likely to receive late diagnoses, and were less likely to engage with screening programmes;
- Making Smoking History LGBT Programme, noting that LGBT people were significantly more likely to smoke than the general population. Prides and LGBT spaces and events had been targeted by the tobacco industry, and smoking cessation services were underutilised by LGBT people;
- Pride in Practice, a quality assurance and social prescribing service that strengthened and developed primary care services relationships with their LGBT patients within the local community;
- Trans Programme, noting that Our Trans Programme was the first in the UK and supports upwards of 1,500 trans and non-binary people every year; and
- Demographic and equalities monitoring to be achieved by working with local organisations to ensure their data collection aligned with best practice within LGBT communities.

A Member commented that he welcomed the 'Bring Dementia Out' initiative, noting that whilst an individual's experience of dementia was different, and could affect different age groups it was important to recognise and respond to the needs of older LGBT people. Mr Webb acknowledged this comment and stated that often the perception of the LGBT community was that of young people, however it was important to recognise the needs and offer appropriate support to older people.

In response to a question from a Member regarding the current challenges to the LGBT Foundation, Mr Webb stated that they were increasingly experiencing people approaching them for assistance and advice who had complex needs, including issues around homelessness; substance misuse; domestic violence and mental health. He said that the LGBT Foundation were responding to this by working with a range of partners, including the local Mental Health Trust to provide Improving Access to Psychological Therapies.

Mr Webb further commented that it was important to recognise that despite an increased awareness of, and increased visibility of the LGBT community, it was important to acknowledge that homophobia and transphobia still existed in society and this needed to be challenged. He further commented that the trans and non-binary community experienced difficulties in accessing advice, support and health services. He advised that work was currently ongoing to address this, however due to the current commissioning process he was limited to as to the information he could currently share with the Members.

Mr Webb replied to a question from a Member regarding support for BAME, disabled and learning disabled LGBT people by commenting that it was recognised that the LGBT community is a multifaceted community and the Foundation offered a range of services and programmes to recognise and support the many different groups within the LGBT community. He further commented that work was ongoing to address racism within the LGBT community.

Members heard that Pride in Practice was a support package that enabled health professionals to effectively and confidently meet the needs of LGBT patients. In response to a question from the Chair regarding turnover of staff in GP Practices, Mr Webb confirmed that they would refresh the training as and when required and they remained a point of contact for support and advice for Practice Managers. He stated that the accreditation status was awarded for one year and Practices were then reassessed. He stated that posters were displayed in Practices to promote the LGBT Foundation telephone number to encourage people to access and contact the service.

In reply to a specific question from the Chair who asked what the Council could do to support the work of the LGBT Foundation, Mr Webb responded by stating that the Council and all of its partners should ensure that their data collection aligned with best practice within LGBT communities.

Decision

To note the presentation and thank Mr Webb for attending the meeting.

HSC/20/04 Overview Report

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

Decision

To note the report and approve the work programme.

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 4 February 2020

Subject: Delivering the Our Manchester Strategy

Report of: Executive Member for Adults, Health and Well Being

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Summary

This report provides an overview of work undertaken and progress towards the delivery of the Council's priorities as set out in the Our Manchester Strategy for those areas within the portfolio of the Executive Member for Adults, Health and Well Being.

Recommendations

The Committee is asked to note and comment on the report.

Contact:

Name: Councillor Bev Craig
Position: Executive Member for Adults, Health and Well Being
Tel: 0161 234 3311
Email: cllr.b.craig@manchester.gov.uk

1.0 Introduction

The Our Manchester Strategy was formally adopted by the Council in January 2016 and sets the ambitions for the city for the next ten years, to 2025, for Manchester to be:

- Thriving – creating great jobs and healthy businesses;
- Filled with talent – both home-grown talent and attracting the best in the world;
- Fair – with equal chances for all to unlock their potential;
- A great place to live – with lots of things to do; and
- Buzzing with connections – including world-class transport and broadband.

Executive Members are collectively and individually responsible for supporting the delivery of the Our Manchester Strategy and for providing political oversight and direction to officers for the better outcomes for Manchester residents. Our priorities are aligned to the Our Manchester Strategy and the Council adopts the political manifesto

This report sets out how I as the Executive Member for Adults, Health and Well Being have sought to deliver these priorities since taking up my post on in May 2017, and is the latest of my six monthly updates.

2.0 Executive Member for Adults, Health and Well Being - Portfolio

As Executive Member for Adults, Health and Well-Being, my portfolio includes:

- Adult Social Care;
- Population Health and Prevention;
- Learning Disabilities;
- Mental Health;
- Supporting People;
- Advice Services
- Health Services as part of MHCC and MLCO
- Health and Social Care Integration (Manchester and GM)
- Public Service Reform (Health and Social Care);
- Asylum Seekers and Refugees

I took up this position in May 2017 and from Day 1 have focused my attentions on the role in a full time capacity. I regularly visit staff and front line teams, take part in Our Manchester Listening in Actions Sessions and the Our Manchester work, while encouraging colleagues from across the council and health to do the same.

I’m passionate that as a council we talk more about the positive and great work that our health and social care do, helping to boost morale and increase the reputation and appeal of the sector. I want to continue to take this opportunity to thank all of our staff across health and adults services for the valuable jobs they do.

3.0 Overview and Improvement journey

Since taking up this role in 2017, I have spent time working with our staff to understand what areas of our service need the most focus, attention and in places improvement. Eight years of austerity and local government cuts have impacted on our services, and indeed the lives of Manchester people and we see this on the front line in adult social care. This why the Council took the decision in 2017 to invest £35m over 3 years in the adult's budget and provide extra investment for the Improvement plan in 2018/19. The Annual budget before the committee today sees that budget increase that responds to the growing need of people in our city.

There is a growing demand for our services, and similar to Children's Services the number of people being referred for safeguarding concerns has grown, almost doubling in the last 3 years. Detailed analysis of our services has been pulled together as part of the Adults Services Improvement Plan which was passed in February using extra investment to ensure that improvements happen in the right place- this is covered in more detail later on in the agenda.

The 2019 Manifesto committed the following pledges, and these are covered in more detail in this report.

1. **Investing to support the most vulnerable, improving core services and recruiting over 100 frontline staff: On track to achieve**
2. **Support for unpaid carers: Committed extra £1m investment- On track**
3. **Improving mental health services and fighting discrimination: On track**
4. **Protect our public services: Ongoing**
5. **Building a workforce for the future: Ongoing**

In addition to these, some other priority areas for me this year are:

- Continuing Health and Care integration that works for our residents, improving services and health outcomes.
- Developing our new Learning disability plan and services for people with autism.
- Improving Homecare and Residential Care: our ambitious new homecare model will deliver improvements both for our citizens receiving care and our workers delivering it.

4. <u>Update on Priority Areas:</u>

4.1 Investing to support the most vulnerable, improving core services and recruiting over 100 frontline staff: On track to achieve

The Adults Service Improvement Plan is in place with a large recruitment programme underway.

A key service is the **reablement service**, which is vital to supporting people to live well in their own homes. Unlike some local authorities this is still provided

by committed City Council staff and evidence shows how well it works, so the service was expanded with additional funding for over 90 new staff. A key piece of this work was also helping Manchester residents who had been unemployed get access to these jobs. In a joint partnership with the work and Skills Team and the Manchester Growth Company we ran a Pre-Employment Development course recruiting a number of people who were previously struggling to access work.

Success: The North Reablement team was recently awarded a GOOD CQC rating.

Success: Our new staff have supported over 1500 people to stay in their homes. This alongside our extra care schemes and neighbourhood apartments (short stays) has seen more people able to stay at home with the right level of support.

The Neighbourhood Apartments which is a reablement focused short stay in an existing extra care scheme, for example in Wythenshawe 135 Village we have 6 apartments for people requiring something different to hospital, home or a residential home with beds across the city. This scheme continues to do well and we continue to expand as more extra care sites come on board.

Equipment, adaptations and Blue Badge Team: In Feb 2018 we recruited and additional 6 occupational therapists and 2 blue badge assessors, and recruited an additional 3 members of staff to the Blue Badge Team in October. There have been changes in national guidelines around eligibility and assessment which have created an increase in demand, and the additional staff will work to ensure they deliver an effective and responsive service.

Shared Lives – Shared Lives is an in house service that can support any one, aged 16 and up with care and support needs. Following additional investment which was well received by staff we have recently recruited 2 new placement staff to the Shared Lives team (recruited on a values based approach). There are some great stories about the kind of support they offer to individuals and it would be good for you to hear from the team at some point.

Day Services: Giving support in the community. Alongside transforming our services, it is important not to lose sight of the great work our staff do for people in our in house day services. I asked them to highlight some good examples of work including:

- Following CQC inspection in January 2020 received a Good rating across all KLOEs for Short Term Intervention team
- In the last quarter there has been a 35% increase in people receiving reablement support
- Citizen's at Hall Lane have formed the Beheard Choir which over the last few months have been rehearsing with their music teacher and will be taking to the road to sing
- As part of the Sow the City Project Hall Lane staff and citizens will be planting 3,000 bulbs which will be part of a large display in Castlefield and

the Roman Ruins, they are also growing 1,000 geraniums for Hooper Street and also as part of grow the city they are setting up an edible community garden by developing a plot of land at the side of Hall Lane

- Heathfield are supporting Healthy Eating by setting up diabetes prevention sessions as well as working with CLDT to organise a drop in sessions to look at Epilepsy Care Plans for citizens who attend the centre and live in supported housing in the North.

4.2 Support for unpaid carers: On track to achieve

I previously brought a report to Scrutiny outlining our ambitious new approach for supporting carers in the city, both in terms of a new charter and also a new model of service. I have now signed off additional significant investment of over £1million over 3 years which will come in to force in the coming months.

As an employer we lead by example, having signed up to deliver a carers charter and make sure we are an inclusive and supportive employer, and encourage all other Manchester organisations and businesses to do the same.

4.3 Improving mental health services and fighting discrimination: On track

I meet regularly with GMMH and Manchester Commissioners to monitor the progress of the ambitious two-year programme of service transformation, to improve both the mental health outcomes for people receiving services and support the wider mental wellbeing of Manchester residents. Regular updates come to scrutiny on services, areas of progress include access to therapies and the significant reduction of Out of Area bed placements which have thankfully reduced dramatically.

Greater Manchester Mental Health have given out over £1.5m in VCSE grants to improve mental wellbeing to 194 different groups and projects.

I have previously updated on the work to improve Harpurhey Wellbeing Centre led by GMMH, supported by council and health commissioners to improve access to services for people in the North of the city. It was an investment of over £800,000 for services that support people with mental health difficulties and local wellbeing groups and launched before Christmas.

In the coming months, Manchester will be looking to begin a city wide conversation on what we can do to improve mental health, and we will be organising a number of ways for members to get involved.

4.4 Developing our new Learning disability plan and services for people with autism

I Chair the Learning Disability Board. We have been working with colleagues across GM to see where we can work together to improve outcomes and services for people with Learning Disabilities and have signed up to a new GM Plan. We are focusing on developing and implementing a new Learning Disability Plan and a truly integrated health and care learning disability

service. Since the last update work is underway setting out the key priorities, continuing with our co-production approach involving people who have Learning disabilities and their carers. This work in on track to come to scrutiny in the spring.

Autism and ASD- we are currently reviewed what we can do to make Manchester an Autism friendly city and looking at the services and support we have available. I have asked for Cllr Ilyas as my Assistant to lead on this piece of work.

Transition from childhood to adulthood: This has been an area that continues to improve and we now have a Transitions policy and action plan. This will deliver more effective transition service and response for the young people of Manchester and has involved children and education services as well as health and youth justice as key players.

4.5 Improving Homecare and Residential Care: our ambitious new homecare model will deliver improvements both for our citizens receiving care and our workers delivering it

Manchester people tell us repeatedly they want good quality care, close to home to help keep them active and independent for as long as possible to get the most out of life. A priority for me of the last 2 years has been to look specifically at how we deliver homecare in the city.

Homecare: Manchester hadn't reviewed its homecare model in a decade, and I was concerned that the model was outdated and deliver best for Manchester people so in June 2017 I made it a priority area of work. We began to review existing services, engage with people in receipt or caring for people in receipt of services, and began a new model. In April 2018 we brought in the Real Living Wage for Homecare Workers. The new model went to scrutiny in 2019 and since then the procurement process took place. We chose to commission on a model of 50% Quality, 30% Social Value and 20% Cost. A mobilisation plan has been in place from the summer to make sure that this was done successfully in a way that made for a smooth transition over a number of months and is in its final stage of completion.

Residential and nursing care remains under pressure and for too long we have had too many inadequate and requires improvement nursing and residentially homes in this city, and I have set an ambitious target of getting all homes to Good or Outstanding. Starting with inadequate homes we have been reducing them, and are developing targeted programmes to get Requires Improvement Homes to Good or Outstanding. This might mean doing this differently that we have done in the past, and potentially being more active in the nursing and residential care sector in a way that shapes the sector to be exemplar in the future. I will be bringing a strategy in the coming months.

5. Population Health and Prevention of ill-health

As Executive Members for Adult Health and Wellbeing I maintain oversight of the statutory functions (e.g. health protection) and mandated responsibilities (e.g. sexual health services) of the Director Public Health at MCC who is also the Director of Population Health for MHCC.

The death rate from causes considered preventable has fallen (improved) from 326.7 per 100,000 in 2015-17 to 311.3 per 100,000 in 2016-18 and programmes such as Winning Hearts and Minds have been designed to reduce the number of preventable deaths from heart disease and stroke.

The Social Prescribing Service is designed to improve the health and wellbeing of local residents with long term health conditions or whose social circumstances mean that they are at increased risk of poor health. The presentation at committee will bring this to life, but I wanted to ensure we had an ambitious and properly funded scheme in Manchester that doesn't just provide funding for the service but capacity, funding and support for the VCSE groups that deliver vital community support.

Winning Hearts and Minds is a programme of work to improve heart and mental health outcomes in the city, with an initial focus in north Manchester. In this part of the city, the rate of early deaths from heart disease is 96.2 deaths per 100,000 people compared to the England rate of only 40 deaths per 100,000 people. Funding for the programme from NHS resources was agreed by the Manchester Health and Care Commissioning Board to roll this out primarily across North and East Manchester. I now Chair the Winning Hearts and Minds Board, and as the work enters its next stage, I will ensure that local Councillors receive regular briefings on the implementation of the programme and have proper involvement in projects in their area.

Making Smoking History

Manchester still has one of the highest smoking rates, and therefore early preventable death rates in the country. I'm pleased to report that last year's smoking rates in Manchester year dropped from 22% to 17%. I have talked previously at Scrutiny that due to cuts to public health funding our Smoking Services have been hit hard and given that Manchester has one of the highest rates of smoking in the country we need effective stop smoking services. The new Manchester Tobacco Addiction Service will be live city wide from April and will offer integrated and targeted support around smoking.

Sexual Health and HIV

Sexual health services in Manchester are under increasing pressure from a growing population and rising demand. The public health budget allows for an increase in Capacity of services. We are also looking at early models of what an integrated Greater Manchester Sexual Health Service might look at, and are in involved in a GM wide HIV campaign which will be released imminently.

Drugs and Substance Abuse

Manchester City Council was the first local authority in the country to commission an annual substance use survey, Manchester Emerging Substance Use Survey (MESUS). The 2019 survey was coordinated by Manchester Metropolitan University and will be used to inform the commissioning and delivery of substance misuse services. A summary version of the survey will be circulated to members of the Committee and work is now underway on the 2020 survey.

6. Towards a Real Living Wage City

We know that poverty and income drive health inequalities and poor health outcomes. If we want a truly equal city, wealth and health go hand in hand. Manchester City Council has paid its own Manchester Living Wage for some years and has finally become Real Living Wage Accredited. It is my ambition that health and care organisations across the city lead the way as a sector. In recent weeks Manchester Health and Care Commissioning have also become accredited, and this is why I wanted to bring the report on the Living Wage to Health Scrutiny.

7. Climate Emergency

Since my last report the City Council declared a climate emergency, and this was followed suit by the Greater Manchester Health and Social Care Partnership on behalf of all GM NHS organisations. We all have a role to play on the Council, and I have been showing leadership in this area across the sector as a Manchester and GM level. We know that the NHS contributes to 3.4% of Manchester's carbon emissions, without the consideration of public travel and personal behaviours. Health and Wellbeing Board have been overseeing the development of a Manchester Health and Care Action Plan with practical examples of moving towards carbon neutral services, energy provision, commissioning with carbon footprints in mind and emerging examples of good clinical practice.

8. Asylum Seeker and Refugees

Due to Council Budget cuts since 2010, the capacity of the council to support asylum seekers and refugees has decreased. We still fund some of our voluntary and community sector partners, and have a close relationship with a number of groups in the city.

Our No Recourse to Public Funds Team is small but really committed, and do a great job in difficult circumstances. Despite growing demand they deliver an 8 working days average turnaround from Referral to Support for destitute families. The team recently reported that they saw two long standing cases (8 and 9 years respectively!) resolved and positive status achieved through their collaborative work.

Since the Government outsourced the responsibility for and the provision of housing for asylum seekers, the Council has no control over support and placements. When a person receives a decision (positive or negative) their housing with the private provider ends and even with a positive decision they can face immediate homelessness. We have put extra investment in ensuring that the council can support someone with a positive decision much earlier in the process and avoid homelessness.

There has also been considerable progress with the inclusive health agenda, and specialist support for vulnerable migrants is now delivered in over half Manchester GPs surgeries.

ESOL has been cut dramatically and I am currently exploring options on how we can expand provision in the city.

9. Marmot City Region

Sir Michael Marmot shaped health thinking's around the wider determinants of health such as poverty and housing (things many in local government already suspected to be true!). 10 years on from the seminal Marmot report in 2010 on Health Equity in England, GM and Manchester have been working with him on his new report 10 years on. This will be launched in the coming months, and aligns with our ambition of being a population health focused region that prevents rather than passively treats ill health and the root causes of ill health.

10. North Manchester General Hospital

Through the Council and partnership working with Manchester Foundation Trust, GMMH and other NHS partners there are ambitious plans for North Manchester General Hospital that will protect and improve services while developing the site to improve the health and wellbeing (physical, mental and economic) of the whole community. A presentation came to the previous scrutiny and I continue to support this wok.

11. Ongoing issues and commitments

Greater Manchester Health and Social Care Board and Executive

I attend this strategic partnership board on behalf of Manchester and sit as one of two local government representatives on the GM HSC Executive (meeting monthly). This body covers a range of issues around health and social care devolution across GM. We have formed a GM Joint Commissioning Board which brings political and GP accountability to the decisions made by Commissioners at a GM level.

Some of the issues we have made decisions on and discussed include: Population health, Hospital Services, Mental Health, the VSCE, Learning Disabilities; Autism; Population Health; Stopping Smoking and Acute Hospital Services. I am the elected member lead for Workforce development in Social care at GM.

HR and Staff Engagement

Since taking over this portfolio I have made staff morale and engagement a key priority, recognising that amidst the difficulties of local government and social care- we need to demonstrate the value we place on all our staff. This year's annual Bheard survey built on the success of 18/19 when there was a massive boost in number of responses and positivity of responses from Adults Services. This year showed increasing improvements and continue to be the second highest rated area of the council.

A key priority is the Strengths Based Development Programme which is a way of working that improves outcomes for citizens and work is continuing to be rolled out across the adult social care and then health with the first priority area being Adults Social Care assessment staff aligned to the introduction of a strengths based model of assessment. There is a new and improved supervision process in place from January 2020 (which has been discussed at Audit). Training and workshops have been in place for supervisors and communications gone out via broadcast. There is also a new team manager development programme to better support our staff.

Since the last meeting we welcome our new Deputy Director Keith Darragh and have appointed Jolaade Anjorin as our Principal Social Worker.

Manchester Health and Care Commissioning

Manchester Health & Care Commissioning (MHCC) was formally established in May 2017, between Manchester City Council and NHS Manchester Clinical Commissioning Group to jointly commission health and wellbeing services for the city. I sit on the Board as Deputy Chair (non-remunerated of course), chair the newly formed strategy committee and sit on the finance committee.

Local Care Organisation

The Manchester Local Care Organisation, a public sector partnership between MCC, Manchester Foundation Trust, GPs and the Mental Health Trust went live on 1st April 2018. As a city we are committed to this being delivered on a firm basis of a publically funded and publically delivered health and social care system. I sit as one of the council's two places on the Shadow Provider Board (made up equally of the 4 partners; MCC, Manchester Foundation Trust; GP Federations and the Mental Health Trust). This involves monthly board meetings, and frequent meetings with senior LCO staff to monitor progress and shape services.

Visits to services: I like to visit staff and partner organisations such as hospitals as much as possible and am currently working through a cycle of front line visits to see what staff have to say. If you have an issue or service in your ward, I am more than happy to arrange a visit, or if you would like to come with me on a visit to a service, please let me know.

I welcome any feedback and suggestions from members of Scrutiny on the information in this document or other areas of work in this portfolio

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 4 February 2020

Subject: Manchester's Approach to Prevention and Wellbeing Services – an update focused on social prescribing

Report of: Director of Population Health
Consultant in Public Health Medicine

Summary

This report provides an overview of current social prescribing provision in Manchester within the context of the Prevention Programme, and outlines the high level plans for the future development of prevention and wellbeing services in the city, through the 2021 Wellbeing Model.

The report provides information on:

- The national and local strategic context for social prescribing;
- A summary of the model for social prescribing, and information on how this is being delivered in Manchester; and
- Plans for further developing prevention and wellbeing support services.

Representatives from Big Life who deliver social prescribing services in Manchester will attend the meeting and deliver a presentation that includes video case studies of residents who have used the service.

Recommendations

The Health Scrutiny Committee is asked to:

1. Note the contents of the report; and
2. Comment on the initial proposals for developing prevention and wellbeing support services through the 2021 Wellbeing Model.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
More residents walking and cycling and using public transport will support the achievement of zero carbon target and also have very positive benefits for their health and wellbeing

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	
A highly skilled city: world class and home grown talent sustaining the city's economic success	Employment, and working conditions, are one of the social determinants of health. A third of people of working age have a long-term health condition (LTC) or disability. In many cases this will affect their ability to work, as well as affecting a range of other everyday activities. Social prescribing can support people with health conditions to stay in work or return to employment. It has been estimated that health inequalities in Manchester give rise to at least £300-320m in economic losses and £53m in costs to the NHS per year.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Person and community-centred prevention and wellbeing support addresses the social determinants of health, improves physical and mental wellbeing, reduces isolation and connects people to promote community resilience and reduce health inequalities.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: David Regan
Position: Director of Population Health, Nursing and Safeguarding
Telephone: 0161 234 5595
Email: d.regan@manchester.gov.uk

Name: Dr Cordelle Mbeledogu
Position: Consultant in Public Health Medicine
Telephone: 07903 272 337
E-mail: c.mbeledogu@manchester.gov.uk

Name: Lydia Fleuty
Position: Programme Lead, Population Health and Wellbeing Team
Telephone: 0161 219 6931
E-mail: l.fleuty@manchester.gov.uk

Background documents (available for public inspection): None

1.0 Introduction

1.1 Development of Manchester's five year Prevention Programme began in 2016. The aim of the programme is to enable Manchester's Local Care Organisation (MLCO) to take a community-centred and asset-based approach to delivering care, and promote health and wellbeing for residents of the city, working through the MLCO's 12 Neighbourhoods. Delivery of the programme will enable more people to have the knowledge, skills and confidence to manage their own health and care. This will reduce demand on health and care services, whilst promoting community resilience and improving health outcomes.

1.2 The development of a coherent citywide social prescribing model is one of the core components of the Prevention Programme. This aims to give people who access health and care services, a link to social and non-medical support within the community to address the social determinants of health.

1.3 The purpose of this report is to provide the Committee with an overview of the current progress in establishing and delivering citywide social prescribing provision. It also outlines the future plans for development of social prescribing within prevention and wellbeing approaches from 2021 onwards.

2.0 Background

2.1 Strategic context

2.1.1 In recent years there has been an increasing focus on the role of individuals and communities in promoting health, and the opportunities for developing prevention and wellbeing support through community-based, integrated, primary care-led approaches. The NHS Five Year Forward View (2014) emphasised a focus on prevention and patient and community engagement and empowerment, to maintain improvements in healthy life expectancy, reduce the burden of preventable diseases, and avoid further increases in health inequalities. The subsequent NHS General Practice Forward View (2016) proposed social prescribing, using practice-based 'navigators' to support patients to access external services and activities, as one of its ten 'high impact actions' to increase capacity within primary care.

2.1.2 The current NHS Long Term Plan (2019) sets out a framework for increasing personalised care for physical and mental health by 2023/24, including a commitment to building an infrastructure for social prescribing within primary care, supported by resources for Primary Care Networks (PCNs_ to develop social prescribing link worker roles within their multi-disciplinary teams. This has been supported by guidance from NHS England on 'Social prescribing and community-based support' (2019), for PCNs and others leading local implementation of social prescribing.

2.1.3 The Greater Manchester Population Health Plan (2017) also sets out a vision for a health and care system that is based on person and community-centred approaches. Central to this is developing the way health and care services

support people's wider health and wellbeing, focusing on the whole person, their life and circumstances and not just treating people for a particular illness. The Greater Manchester Health and Social Care Partnership's strategy for Person and Community Centred Approaches (PCCA) includes a focus on social prescribing, aiming to support the ten Greater Manchester localities to develop and embed social prescribing as an integrated part of their health and care system.

2.1.4 Manchester's Population Health Plan (2017) sets out a ten year plan for reducing health inequalities and improving health outcomes for the city's residents, reflecting the ambitions of the Our Manchester Strategy (2016-2025) for the development of the city, and supporting the strategic aims of the 'Our Healthier Manchester' Locality Plan (2016-2021). One of the five priorities for the plan is supporting people, households, and communities to be socially connected and make changes that matter to them to improve their health and wellbeing. The Population Health Plan supports the objectives of the Manchester Health and Care Commissioning (MHCC) Operational Plan for preventing and tackling health inequalities and transforming community-based care, and the Manchester Local Care Organisation objectives of promoting healthy living and building on vibrant communities.

2.1.5 A programme of Person and Community Centred Approaches (PCCA) has been established to support delivery of the Our Healthier Manchester Locality Plan across the health and care system. This is overseen by the Manchester PCCA Programme Collaborative, which brings together leaders from across the system to facilitate cross-working and identify and act on opportunities to progress these approaches. The PCCA programme includes work streams on:

- Person-centred care: workforce development, access to information and person-centred records
- Social Prescribing: Be Well services, connectivity and support for Primary Care Networks
- Community-centred approaches: Neighbourhood Health & Wellbeing Development and the Our Manchester Population Health Targeted Fund
- Integrated Personal Budgets: Personal Health Budgets, Personal Budgets (Social Care)

2.2 The health of Manchester's population

2.2.1 The health of people living in Manchester remains among the worst in England, with a high number of preventable deaths. Manchester currently has the third lowest life expectancy at birth for men and the second lowest life expectancy at birth for women. The largest contributors to the gap in life expectancy between Manchester and England are circulatory diseases, cancers and respiratory diseases; these are also among the high spend areas for healthcare. All the lifestyle behaviours that lead to these poor health outcomes are highly prevalent in Manchester; adults in the city have higher rates of obesity and alcohol misuse, and smoke more than the average levels for England. There is also considerable variation within Manchester, with some wards and areas and particular groups in the population, showing considerably

higher levels of ill health and deprivation than others. It has been estimated that health inequalities in Manchester give rise to at least £300-320m in economic losses and £53m in costs to the NHS per year (based on losses estimated for England in the Marmot Review and extrapolated to the Manchester population). These estimates will be greater if the relative deprivation and existing levels of inequality are taken in to account.

2.2.2 The North West Mental Wellbeing Survey for 2012/13 shows that low mental wellbeing among people living in Manchester is associated with employment status, poor general health and a higher prevalence of diagnosed medical conditions. Long term conditions are responsible for a large proportion of GP consultations, result in high expenditure on unplanned care and are projected to rise with the ageing population.

2.3 Manchester's Prevention Programme

2.3.1 Identifying people with mental and physical long-term conditions as early as possible, and ensuring that they receive optimal treatment will improve the quality of life for this population and limit the costs of these conditions to the system. In the mid to long-term, however, the greatest impact will be seen by preventing these conditions from occurring in the first place. This can be achieved by supporting changes to lifestyles and behaviours and, more significantly, by addressing the social determinants of health and intervening in the early years of life. This can only be achieved by working more effectively with the groups, organisations and services best placed to have an impact on these areas.

2.3.2 Manchester's Prevention Programme sits within the PCCA Programme outlined above, and aims to embed community-centred and asset-based approaches within the MLCO's neighbourhood teams, with five key objectives:

- Supporting residents to strengthen the social determinants of health.
- Supporting the adoption of healthy lifestyle behaviours across the life course.
- Early identification and proactive management of long-term conditions.
- Optimising the health of people with long-term conditions through good quality clinical care, and supporting patients' mental health and social needs.
- Using asset-based, personalised and holistic approaches to enable self-care.

2.3.3 The Prevention Programme has three delivery workstreams:

- Neighbourhood Health and Wellbeing Development, which aims to enable the leadership teams of the 12 MLCO Neighbourhoods to develop and implement neighbourhood plans that (i) make the most of local assets to target local needs and (ii) are co-produced with local community groups and residents. This is supported by 12 Health Development Coordinators.
- Community Links for Health, which aims to embed a coherent citywide social prescribing model to enable community-based health and care

practitioners (initially focusing on primary care) to quickly and easily introduce patients to a social prescribing hub where social prescribing link workers and health coaches work with referred individuals to understand their strengths and goals and support them to connect to sources of community-based support to address social determinants and improve health.

- Community capacity building, which aims to support neighbourhoods and voluntary and community sector groups and organisations to develop approaches that will support the prevention programme objectives and strengthen communities to support health and wellbeing.

3.0 Prevention and wellbeing services – social prescribing

3.1 Background

3.1.1 Social prescribing is a means of enabling health and social care services to refer people to a range of local, non-clinical support, often provided by voluntary and community sector organisations. The approach is commonly targeted to primary care settings, in response to the capacity issues arising from the proportion of time GPs spend dealing with non-medical issues such as housing, unemployment and debt. This is estimated to be 20% of consultation time, and increasing; 60% of GPs surveyed recently said that social prescribing would help reduce their workload. Social prescribing seeks to address people's needs in a holistic way, taking into account the social, economic and environmental factors that influence their health, and aims to support individuals to take greater control of their own health and wellbeing. Targeting these approaches at the groups who are most at risk as a result of health behaviours or social circumstances will reduce the inequalities in health between the most and least deprived areas.

3.1.2 Social prescribing services in the UK have developed independently and organically over recent years, however most are based on a similar model, which has three core components:

- A single point of contact for referrals from primary care and other health and care services.
- Workers (often called social prescribing or community link workers) who provide strength-based, person-centred, 1-1 support to individuals at varying levels of intensity for a limited period of time.
- Supported connection to a range of local community-based activities, groups and sources of support.

3.1.3 Established social prescribing services across the country have reported a range of outcomes for individuals, communities and local health and care systems, including:

- improvements in individuals' physical and/or mental health and wellbeing, social connections, ability to manage their own health; and other positive benefits such as reduced isolation/loneliness.

- increases in access to a range of community-based sources of support, stronger connections between health and care services and communities/VCSE sector, and improved opportunities for asset-based community development to support health and wellbeing.
- reductions in use of primary, acute and secondary healthcare services and savings in health and care system costs.

3.2 Social prescribing in Manchester

3.2.1 The Prevention Programme is a 5 year programme, which was originally intended to become operational in 2016/17, and include a single citywide social prescribing service. However due to different funding sources and timescales, there has by necessity been a phased approach to establishing the Prevention Programme, including the social prescribing infrastructure for the city. Early implementation began in north Manchester funded through North Manchester CCG Investment Reserve, from 2017/18. Following a competitive Tender process Greater Manchester Mental Health Foundation Trust were awarded the contract for the north Manchester social prescribing service, which became operational in December 2017 as the Be Well – North service. Implementation in the remainder of the city funded through Greater Manchester Transformation Fund and MHCC Population Health and Wellbeing Directorate, followed from 2018/19. After a competitive Tender process the Big Life Company were awarded the contract for the central and south Manchester social prescribing service, which became operational in November 2018 as the Be Well – Central & South service.

3.2.2 Both Be Well services are commissioned to provide the same social prescribing model, although as a result of being provided by different organisations, there are some different approaches to operational delivery by each current lead provider. Additionally, commissioners at the time decided to include a specialist stop smoking service within the current Be Well – North service; this is not included within the Be Well – Central & South service.

3.2.3 The citywide social prescribing model delivered by both Be Well services is as follows:

- A single point of access ('social prescribing hub' – one for each Be Well service) for primary care practitioners (GPs and others) and other health and care workers to refer patients to, by EMIS, phone or secure email.
- Initial strength-based assessment of referred individuals' non-medical needs to establish whether they require support from the service; if no support is required the service can provide signposting to appropriate sources of other support.
- Allocation to a named key worker (community link worker or health coach) depending on initial assessment of needs and goals, who then provides ongoing 1-1 support for the duration of the individual's involvement in the service. Support can be at varying levels of intensity depending on the individual's needs, and may include work on social determinants (e.g. employment, housing, money), health behaviours (e.g.

weight management, alcohol use), and supporting people to connect with local groups and networks or other specialist services.

- Both Be Well services also offer intensive work-related health support for people who are employed and need support to stay in work whilst managing a health condition, or who are unemployed and need support to return to or move closer to employment, delivered through specialist partners operating as part of the Be Well service.
- Depending on the intensity of initial support received, individuals can remain connected to the service for a follow-up period, in case they require further support to help them sustain the progress made during their initial involvement with the service.

3.2.4 The social prescribing model for Manchester is based on a set of principles that embody the 'Our Manchester' approach and underpin the way that social prescribing should be delivered locally, these are:

- Person-centred: listening to what people need and want and involving them in decisions and plans about their support.
- Asset-based: building on people's strengths and supporting them to be in control of the things that matter to them and help them stay healthy.
- Collaborative: developing empowering supportive relationships and connections with and between individuals, communities and health and care services.

3.2.5 Manchester's social prescribing infrastructure is still in a relatively early stage of development, having only been established for 2 years in the north of the city, and 1 year in central and south localities. Nevertheless, in that time the Be Well services have received over 10,700 referrals for support (mainly from primary care services) and supported over 7,800 individuals to address social and health issues and connect with sources of community support. As noted previously, a key initial priority for both services has been engagement with primary care services, as a result the vast majority of primary care practices (97%) are now actively referring their patients to the Be Well services. Feedback from service users indicates that over 80% of individuals who have received support from the Be Well services say that it has improved their physical and mental health and wellbeing.

4.0 Future developments – prevention and wellbeing services

4.1 Be Well services

4.1.1 The current contract with GMMH for provision of the Be Well – North service expires in March 2020, and a Tender exercise has recently been completed to select the future provider for the service. The outcome of this process is due to be formally announced at the end of January 2020. The new service will retain the name Be Well – North and will deliver the social prescribing model outlined in section 3.2.3 of this paper. Specialist smoking cessation support will not be included in the Be Well – North service under the new contract; a separate Tender exercise is currently underway to identify a provider for a citywide Tobacco Addiction Treatment service.

4.1.2 As outlined above, social prescribing services in Manchester are already receiving referrals and providing support for high numbers of patients, particularly given the relatively short time they have been in operation. As one of Manchester's Transformation Fund New Models of Care, there is an ambitious plan for the scale and reach of the Prevention Programme over its first five years of operation. To achieve this, commissioners and providers are working closely together to further increase the number of referrals to social prescribing services, and the uptake of support by referred patients. An action plan for this has been developed, which includes:

- Development and maintenance of relationships with primary care and Integrated Neighbourhood Teams;
- Extending referral pathways for social prescribing to other services, including Health Visiting and the VCSE "host" organisations for Be Well;
- Strengthening the approach to initial engagement with patients, including resources for referrers;
- Using multiple methods for establishing contact with referred individuals;
- Communications to clarify differences between social prescribing and other 1-1 support services (e.g. care navigation)

4.1.3 Initial operational delivery of social prescribing services indicates that individuals referred to the Be Well services are more complex than was anticipated in the modelling carried out during the development of the Prevention Programme. This impacts on service capacity and caseloads for Be Well, as more time is required to work with more complex patients who require higher intensity support. It is also being reported by Be Well providers that there are often limited options in terms of other non-medical holistic 1-1 support for patients who are too complex for Be Well services. Commissioners will continue to monitor these issues to inform future developments.

4.2 Prevention Programme

4.2.1 An independent evaluation of the Prevention Programme has been commissioned, to run for the duration of the programme. Following a tender process through the Manchester City Council Data Sciences Framework, SQW were appointed to carry out the evaluation. The evaluation is based on a 'theory of change' approach and will consider a range of outputs, outcomes and impacts for the programme and its component parts, for individuals, communities and the wider health and care system. The evaluation is due to report in March 2021, with SQW providing interim updates to the Prevention Programme Steering Group to inform ongoing programme development.

4.2.2 The voluntary community and social enterprise (VCSE) sector is an integral component in the successful delivery of social prescribing provision, which is contingent on being able to connect individuals to local groups and sources of support in order to achieve sustainable change and improved health and wellbeing outcomes. There are anecdotal reports from VCSE groups and Be Well services that the increased referrals resulting from social prescribing may be impacting on capacity within some parts of the VCSE sector. In order to

develop a robust and systematic approach to building capacity in the VCSE to support social prescribing, a proposal is in development for a time-limited piece of work to model the impact of social prescribing on the VCSE, to be carried out in the remainder of the financial year 2019/20.

4.2.3 This piece of work will inform a responsive and focussed approach to building and maintaining capacity in the VCSE for social prescribing, through a social prescribing development fund. The proposed approach will form an integral part of Manchester's social prescribing scheme that directly supports the needs and goals of service users and allows outcomes of the fund to be tracked.

4.3 Primary Care Networks (PCNs) – social prescribing link workers

4.3.1 In the 2019 Long Term Plan, NHS England committed to building the infrastructure for social prescribing in primary care by putting 1000 new social prescribing link workers in place by 2020/21, and setting a target for 900,000 people to be referred to social prescribing by 2023/24. The social prescribing link workers will become an integral part of the multi-disciplinary teams which are part of PCNs, and form one of five additional roles in the five year framework for GP contract reform, with 100% reimbursement for the salary costs of the link workers.

4.3.2 The decision on how this funding will be used locally lies with each of the 14 PCNs in Manchester, however it is hoped that it will be used in a way that aligns with the existing social prescribing provision in the city. The final position for Manchester's PCNs is still emerging, however it appears at time of writing that around two thirds of PCNS are in advanced discussions to partner with Be Well to recruit link workers aligned to current provision. MHCC commissioners across population health and primary care are working together to support this as appropriate.

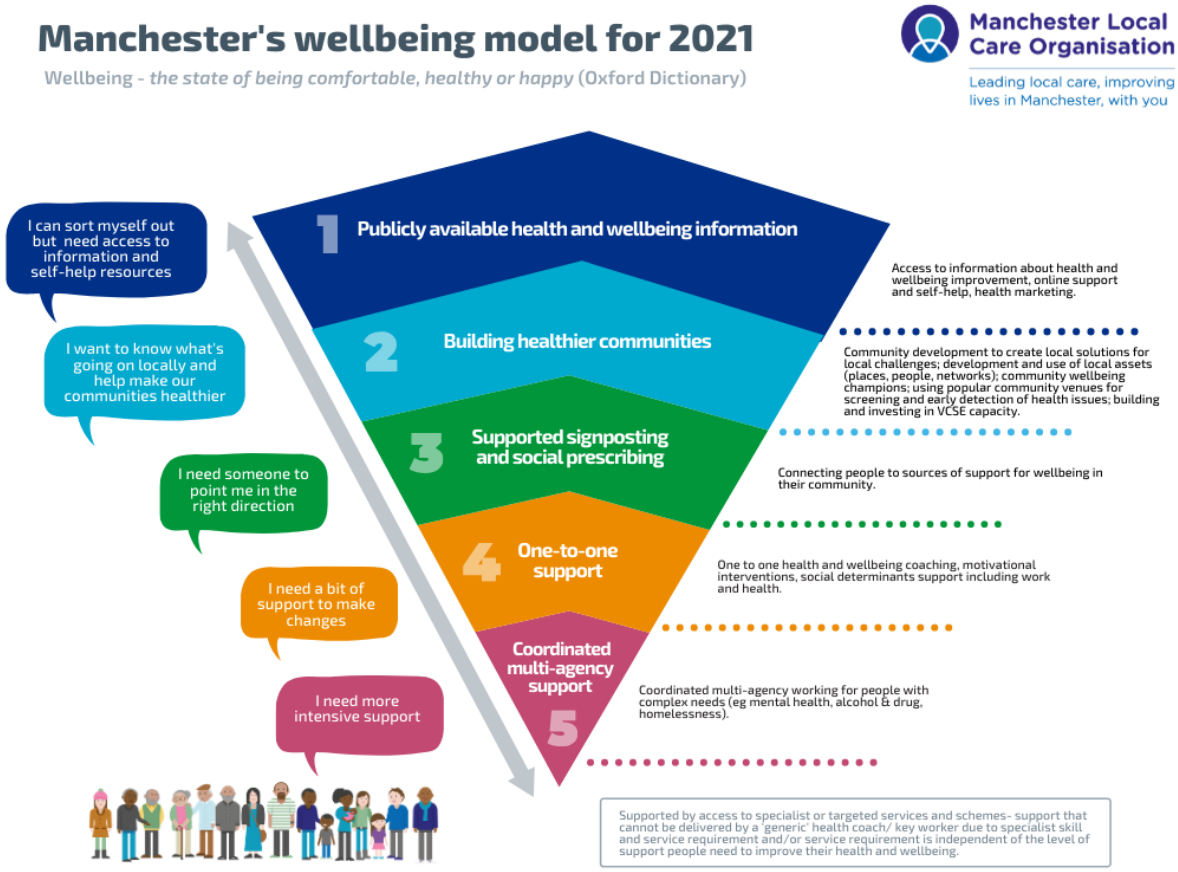
4.4 2021 Wellbeing Model

4.4.1 As noted earlier, the Prevention Programme was conceived as a 5 year model to establish the infrastructure needed to embed person and community-centred ways of working within the MLCO's developing Integrated Neighbourhood Teams and other associated services. Outcomes and impact of prevention initiatives and approaches on population health take time to be seen although benefits for individuals can be achieved sooner. The modelling for the development of the Prevention Programme indicated that benefits to our communities and to the health and care system would start to emerge from 3-5 years of the programme becoming operational. The programme became fully operational towards the end of 2018/19.

4.4.2 The Prevention Programme is based on good quality evidence of the approaches that will yield good outcomes for the health and wellbeing of Manchester's population, and continuous reflection and learning are central to the delivery of the programme. This allows the programme to be developed to continue the trajectory for improving population health outcomes across the

health and care system that has been established, and to do so in a sustainable and long-term way.

4.4.3 The 2021 Wellbeing Model (see Figure 1) sets out the next stage of development of prevention and wellbeing approaches for Manchester, building on the successes of the Prevention Programme, and learning from the delivery of that programme to date. It is a framework for services and approaches to improving the wellbeing of Manchester's residents, based on the level of support people need to look after their own health and wellbeing. Included within the model, is a focus on integrating approaches to prevention and wellbeing service provision, particularly those that address behavioural risk factors e.g. weight management, smoking, physical activity. These will be delivered within a comprehensive model that supports individuals at all levels of need, underpinned by a focus on the social determinants that influence individuals' health behaviours.



4.4.4 There are 5 levels of support within the model, depending on the circumstances and needs of individuals.

i) The majority of the population require only very basic support (first level), which can be achieved by providing good quality health and wellbeing information in accessible formats that give clear advice that individuals can follow for themselves.
ii) The second level of the model outlines the community-centred approaches to prevention and wellbeing support at a neighbourhood level and within

communities of interest. This will help to develop environments and networks that support good health and wellbeing across the city.

iii) The third and level builds on the current social prescribing and wellbeing support provision.

iv) The fourth level will establish a more integrated approach that can support individuals in a person-centred way depending on their circumstances, goals and level of need. It will also connect them into their community for ongoing support.

v) The fifth level of the model recognises that there is a smaller number of individuals in more complex circumstances and/or with more complex support needs. They are likely to require more intensive support to be co-ordinated across a range of health, social care and other services, building on approaches to this that are being established in parts of the system (e.g. care navigation).

4.4.5 Development of the 2021 Wellbeing Model is currently in its early stages, however a number of design and delivery principles have been established. These will underpin the future development of the model and its component parts. The model is intended to:

- Be strength-based, person-centred, holistic and integrated.
- Provide continuity and a long-term approach to prevention and wellbeing provision that is sustainable and creates social value.
- Focus on communities and the people who live in them – to develop capacity and assets, to enable involvement, participation, and co-production; and to ensure services are neighbourhood-based (where appropriate) and accessible to all.
- Take a 'whole family' approach across the whole life course, recognising that individuals live within systems, responding to the transitions between life stages, and considering the impact of changing populations.
- Give parity to mental and physical health and wellbeing, and address the causal factors that can compromise both of these and impact on lifestyle behaviours (e.g. social circumstances, childhood experiences).

4.4.6 The next 12-18 months will see continued development of different aspects of the model, which will be implemented later in 2021. Developments will include:

- Population mapping – currently underway working with partners across the health and care system, to understand and describe the health and support needs of individuals at each level, the differences in needs between each level of the model, and how this maps to the current health and care system.
- Engagement with senior stakeholders including Elected Members will agree outline proposals for the model to integrate approaches to prevention and wellbeing across population health, primary care, social care and community health services.
- Development and delivery of stakeholder, resident, service user and community engagement plans to ensure development of the model is done in partnership and reflects the strengths, needs and views of the population

- Development of more detailed cohort modelling using business and population health intelligence to inform finance strategy and business case planning.

5.0 Recommendations

5.1 The Health Scrutiny Committee is asked to:

1. Note the contents of the report; and
2. Comment on the initial proposals for developing prevention and wellbeing support services through the 2021 Wellbeing Model.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 4 February 2020

Subject: Manchester Healthy Weight Strategy (Draft)

Report of: Director of Population Health and Consultant in Public Health

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Summary

This report provides an introduction to the draft Manchester Healthy Weight Strategy 2020-2025, which will take a whole system, partnership approach to tackling obesity in the city. The strategy has been developed across four key themes; Food & Culture, Physical Activity, Environment & Neighbourhoods and Support & Prevention, it has been informed by a wide variety of stakeholders, and supports the Public Health England (PHE) guidance 'Reducing obesity is everybody's business' (PHE 2018).

Recommendations

The Health Scrutiny Committee is asked to:

1. Note the report; and

2. Comment on the draft Healthy Weight Strategy 2020-25

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
The Healthy Weight Strategy can make a significant impact on reducing carbon emissions in the city, as it seeks to introduce behaviour changes in our population. Key themes in the strategy advocate for increased physical activity and improving our food consumption. The strategy promotes reduced vehicle travel where walking could be an option, and encourages town planners to consider obesogenic environments when constructing new developments, opening opportunities for residents to access green spaces or to develop cycle routes to work and school. Considering our food culture and nutritional intake is a key part of the strategy. Encouraging more plant-based meals and reducing red meat consumption is identified in the Council's carbon-literacy training as one opportunity to reduce global warming. Having been developed using a 'whole-system approach' with input from a wide variety of sectors across the city, the strategy embraces numerous organisations who are involved in reducing carbon emissions (Registered Social Landlords, Environmental Organisations, Growth & Neighbourhoods, Transport). Addressing the unhealthy weight of our population has a very strong strategic fit with the zero carbon agenda.

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	A healthy start in life that continues throughout adulthood enables people to be able to make the most of the employment opportunities in the city.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Improving educational outcomes is essential for young people to gain qualifications and contribute to Manchester's economic success. Ensuring our children are healthy contributes to school readiness and reduced school absence through poor health conditions.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Ensuring the best health of our children is critical in addressing inequalities and the wider determinants that cause poor health. It is essential that children and their families have access to good health care and that referral is in place for early and additional help.
A liveable and low carbon city: a destination of choice to live, visit, work	See Environmental Impact Assessment above

Contact Officers:

Name: David Regan
Position: Director of Public Health/Population Health
Telephone: 0161 234 5595
E-mail: d.regan@manchester.gov.uk

Name: Sarah Doran
Position: Consultant in Public Health, Population Health Team
Telephone: 0161 234 3742
E-mail: s.doran@manchester.gov.uk

Name: Peter Cooper
Position: Commissioning Manager (Starting Well), Population Health Team
Telephone: 0161 219 2322
E-mail: p.cooper1@manchester.gov.uk

Name: IK Ogbonmwan
Position: Manchester Healthy Weight Strategy Lead author
E-mail: ikponmwonsa.ogbonmwan@manchester.gov.uk

Background documents (available for public inspection): None

1.0 Introduction

1.1 This report introduces Manchester's draft five year Healthy Weight Strategy. The Strategy recognises the challenges faced by the city relating to the increasing weight of our population across the life course.

1.2 Public Health England guidelines have informed the content, methodology and development of this strategy. The 2018 report *'Making obesity everybody's business; A whole systems approach to obesity'* advocates addressing the obesogenic environment, acknowledging that a broad spectrum of professionals and organisations are required to solve a multi-layered and complex issue.

1.3 The development of the draft strategy has been led by the Population Health Team at Manchester Health and Care Commissioning (MHCC)/Manchester City Council (MCC), who have facilitated consultation and input from colleagues and partner organisations.

2.0 Background

2.1 Obesity is now the greatest threat to the health of our country as we enter a new decade. Nearly a quarter of children in England are obese or overweight by the time they start primary school at age five and this rises to one third of children at age eleven. The North West region has the second highest childhood obesity rate in the country.

2.2 In Manchester, the prevalence of obesity in both Reception and Year 6 is significantly above the regional and national average. The figures had been increasing since 2014/15 but saw small reductions in 2018/19 compared to the previous year.

2.3 For adults our Active Lives survey in 2018 demonstrated that two in three adults (63%) are overweight or obese, this is 1% above the national average.

3.0 Strategy Development

3.1 The draft Manchester Healthy Weight Strategy 2020-2025 is built on four key themes.

i) Food & Culture

Food bank providers, community allotment holders, voluntary sector organisations, schools and GM food sector organisations, have informed thinking around the culture of our consumption of food. The challenges of our consumer choices, access to healthy produce and upskilling residents in cooking and budgeting to lead healthier lives have also been considered.

ii) Physical Activity

Manchester's 10 year Sport and Physical Activity Strategy, launched in June 2019 by MCRactive has been a key point of reference in informing debate and key actions in developing the physical activity element of the strategy.

iii) Neighbourhood and Environment

Growth and Neighbourhoods, Economic Regeneration leads and Registered Social Landlords have been integral to developing this element of the strategy, using real life examples such as the Northern Gateway (Irk Valley/Rochdale Road corridor) to provoke wider discussions about the role of the built environment in facilitating obesity.

iv) Support and Prevention

This strand of the strategy will inform our future commissioned approach to weight management services. Health Visitors, Midwives, Weight Management Providers, Early Help and Early Years Practitioners have been consulted and engaged. This is a pivotal area of the strategy given the link to childhood obesity and safeguarding as referenced in the Children's Neglect Strategy. The strategy will seek to reduce the number of adults and children who require a social care intervention due to unhealthy weight.

3.2 A wide range of partners were brought together on 8th January 2020 and the Population Health Team hosted a Healthy Weight Strategy workshop. There were over seventy attendees at the Hough End Centre and the event was opened by the Executive Member for Adult Health and Wellbeing. Presentations from Dr Aisha Malik (Clinical Lead Winning Hearts & Minds) and Dr Mars Skae (Lead Paediatric Clinician- Childhood Obesity, Royal Manchester Children's Hospital) demonstrated that positive outcomes can be achieved and we can learn from other parts of the world.

3.3 This event was a real success and ideas were generated for required actions in the strategy. Feedback and images from the event were tweeted with the hashtag #ManchesterHWS

3.4 The final version of the strategy will be signed off in March at the Manchester Health and Wellbeing Board alongside a Healthy Weight Declaration. The declaration will be a joint agreement based on the one that is being developed by the Health Equalities Group (HEG) and Food Active in the North West, which requires the commitment of senior leads from the organisations they represent, to promote healthy weight and improve health and wellbeing in the city.

4.0 Next steps

4.1 Following comments by the Health Scrutiny Committee and the Manchester Patient and Professionals Advisory Group the final draft of the Strategy will be produced for the Health and Wellbeing Board.

5.0 Recommendations

5.1 The Health Scrutiny Committee is asked to note the report and comment on the draft Healthy Weight Strategy 2020-25.

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Manchester Health & Care Commissioning
A partnership between Manchester City Council and NHS Manchester CCG

MANCHESTER CITY COUNCIL

NHS Manchester Clinical Commissioning Group

Manchester DRAFT Healthy Weight Strategy

2020-2025

A whole system approach

Contents

Foreword

Councillor Bev Craig, Executive Member for Adult Health and Wellbeing

This will be inserted following the meeting of the Health Scrutiny Committee in advance of the Health and Wellbeing Board meeting.

Acknowledgements

To be added.

Introduction

David Regan, Director of Population Health and Wellbeing, Manchester City Council

The 2020-2025 Healthy Weight Strategy sets our priorities and partnership approach to promote a healthy weight and tackle unhealthy weight in Manchester.

The World Health Organisation (WHO) regards obesity as one of the most serious public health challenges of the 21st century. Obesity has long been identified as a major problem within the UK. Being overweight or obese is associated with an increased risk of a number of common diseases and causes of premature death, including diabetes, cardiovascular disease and some cancers.

This strategy sets out the vision and strategic objectives needed to ensure that everyone in Manchester is able to achieve and maintain a healthy weight across the life-course.

Our strategy aims to translate national policies into local action, whilst also meeting the needs of local people based on evidence of what works. It will outline a **whole systems approach** to tackle the elaborate nature of obesity. A whole systems approach encompasses 'Health in All Policies' and draws upon the many complex behavioural and societal factors that combine to contribute to the causes of excess weight and recognises the value of engaging with the local community and maximising local assets to achieve better results long term.

This strategy aligns with a number of key national strategies including *'Healthy Lives, Healthy People: A call to action on obesity in England', 'Childhood Obesity: A Plan for Action' Chapter 1 and 2 and 'The NHS Long Term Plan'*. It also complements the following current Manchester and Greater Manchester strategies and documents:

- *Our Manchester: The Manchester Strategy (2016-2025)*

- *Our Healthier Manchester (2016-2021)*
- *Manchester Population Health Plan (2018–2027)*
- *Our Manchester, Our Children (2016-2020)*
- *Manchester Reducing Infant Mortality Strategy (2019)*
- *Manchester ACES Strategy (2019)*
- *Manchester's Park Strategy (2017–2027)*
- *Manchester Sport and Physical Activity Strategy*
- *Greater Manchester Strategy: Our People; Our Place (2017-2020)*
- *Greater Manchester Transport Strategy 2040*
- *Greater Manchester Moving Plan (2017-2021)*

We know that up to 80% of a population's health status is attributable to factors outside the health services. The successful delivery of these strategies will make a huge positive difference to health outcomes in Manchester, as they inherently address the social determinants of health.

The delivery of the strategy in Manchester will be based on a set of principles that embody the 'Our Manchester' approach namely:

- Person-centred: listening to what residents need and want and involving them in decisions and plans about their support
- Asset-based: building on people's strengths across the lifecourse and supporting them to be in control of the things that matter to them and help them stay healthy
- Collaborative: developing supportive relationships and connections with and between individuals, children and families, communities and health and care services

What we know

A healthy weight is a weight that promotes and sustains health relative to the height of an individual.

What is obesity?

- Overweight and obesity are terms which refer to an excess accumulation of body fat, to the extent that health and wellbeing may be impaired.
- Excess weight increases the risks of a number of chronic conditions including cardiovascular disease, diabetes, cancers, and joint problems.

Measuring Obesity in Adults

- There are various ways in which to measure different aspects of obesity. They include Body Mass Index (BMI), skin fold thickness, waist circumference, and waist to hip ratio.
- For adults, the most common method of measuring obesity is the BMI.
- BMI is calculated by dividing body weight (kilograms) by height (metres) squared
- It is important to note that it is not a direct measure of body fat mass or distribution, and BMI measures may be skewed by very high muscle mass.

Classification	BMI (kg/m²)
Underweight	< 18.5
Normal	18.5–24.9
Overweight	25.0–29.9
Obese:	
Class I	30.0–34.9
Class II	35.0–39.9*
Class III	≥ 40.0

Notes. BMI, body mass index; WHO, World Health Organization.
*Morbid obesity can be defined as a BMI ≥ 40, or class II with significant comorbidities.

Measuring Obesity in Children

- The method of assigning a BMI classification for children is different from that already described for adults.
- For children it is important to adjust for the continuous height and weight changes during normal growth.
- It is important when using BMI in children that age and gender appropriate growth references are used to correctly determine weight status.
-

In England, the UK90 Growth Reference chart is used to determine weight status. Clinical thresholds are defined as follows:

- **Healthy Weight** = BMI greater than **2nd** and less than the **91st** centile.
- **Overweight** = BMI equal to or greater than the **91st** centile
- **Obesity** = BMI equal to or greater than the **98th** centile.
- **Severe (extreme) Obesity** = BMI equal to or greater than the **99.6th** centile.

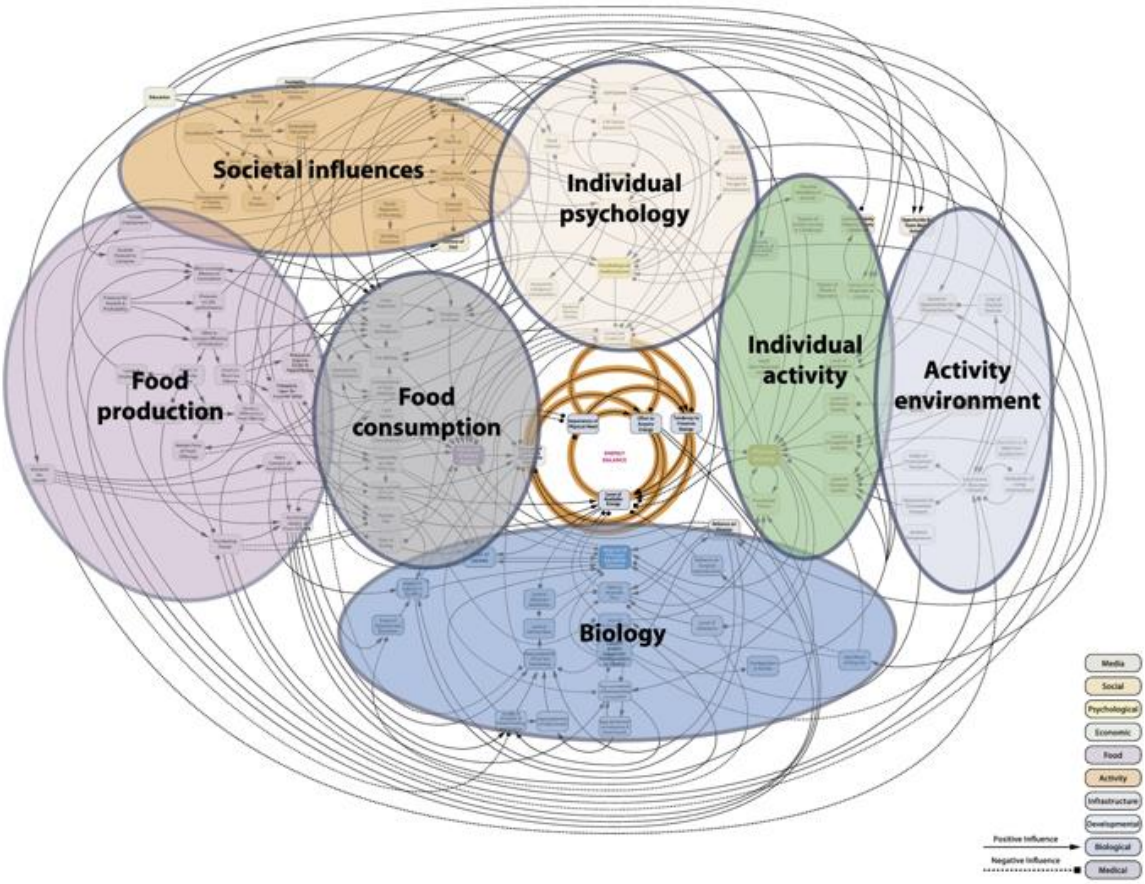
In Manchester, the mandatory National Child Weight Management Programme is place and children in Reception Year (age 4-5 years) and in Year 6 (age 10-11 years) are weighed and have their height measured in school.

Include growth reference chart example here

Causes of Obesity

Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture.

- The Foresight Report (2007) presents an obesity system map that illustrates over 100 variables directly or indirectly affecting energy balance. (The key 7 themes are illustrated below)
- At its root, obesity is caused by an energy imbalance: taking in more energy through food than we use through activity. Long term excess energy consumption relative to an individual's energy use leading to an accumulation of excess fat.
- The multiple determinants of obesity mean that to tackle it requires coordinated action across society. [1]



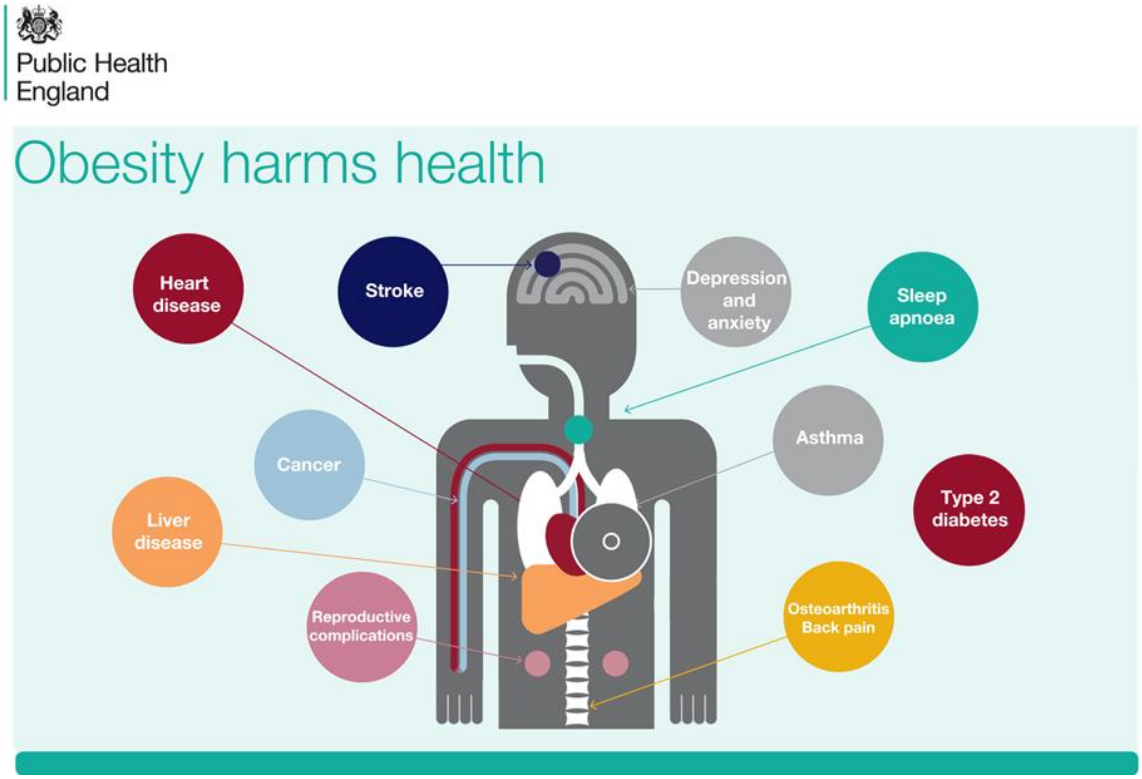
[1] *(Foresight. Foresight Report: Tackling Obesity, 2007. Government Office for Science. London. October 2007)*

What is the impact ?

The impact of obesity can be felt at an individual and societal level.

Health impact

- The risks to health from being overweight and/or obese are well recognised.
- It is estimated that obesity is responsible for more than 30,000 deaths each year.
- On average, obesity deprives an individual of an extra nine years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death. [2]
- The most common health problems associated with obesity are outlined below:



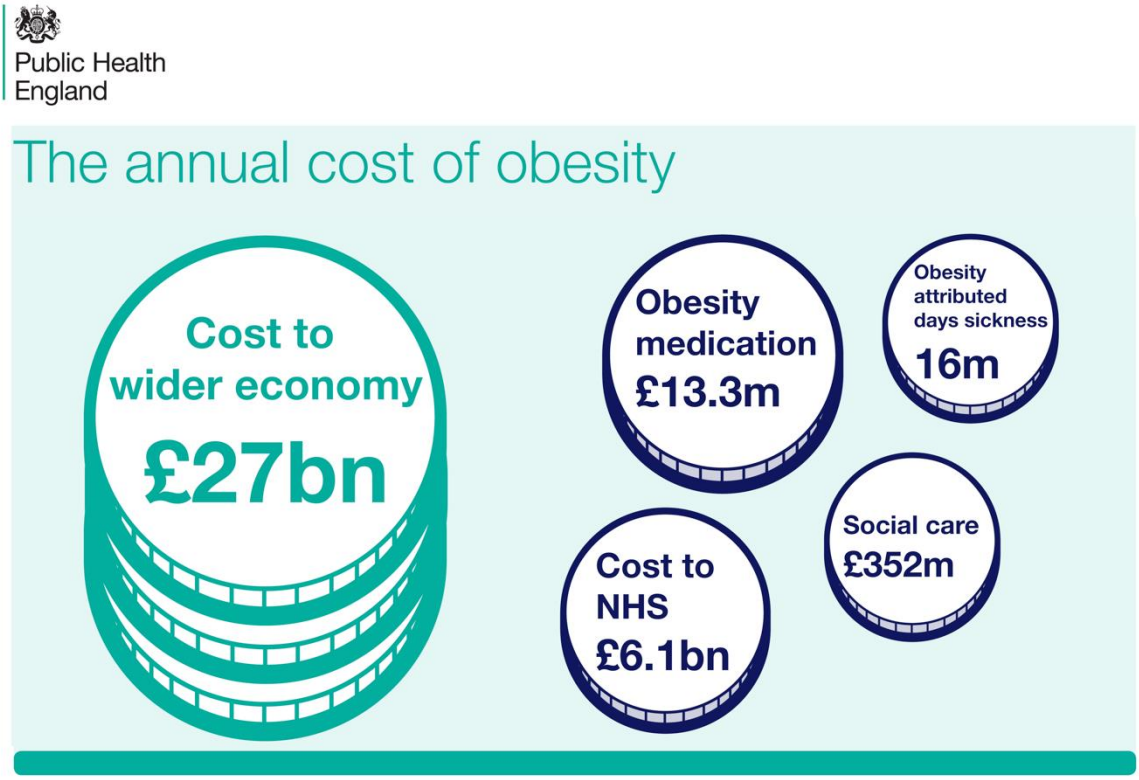
[2] (*Comptroller and Auditor General, Tackling Obesity in England, Session 2000-01, HC 220, National Audit Office, February 2001; Committee of Public Accounts, Tackling Obesity in England, Ninth Report of Session 2001-02, HC 421, January 2002.)*

Individual impact

[3]

[3] *(NHS Digital, Health Survey for England, 2017* https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017)

Financial impact



- There are significant health and social care costs associated with the treatment of obesity and its consequences, as well as costs to the wider economy arising from chronic ill health.
- The NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion/year.[4]
- There is evidence that obesity may reduce the wage levels of those in employment and that obese people are less likely to be in employment than people of a healthy weight. [5] [6] [7]
- There is no current data on the costs to the NHS or society of childhood obesity.

[4] *(Foresight. Foresight Report: Tackling Obesity, 2007. Government Office for Science. London. October 2007)*

[5] *(Morris, S. Body Mass Index and Occupational Attainment. Journal of Health Economics, 2006. 25:347-364),*

[6] *Erikkson, J., Forsen, T., Osmond, C. and Barker, D. 2003. Obesity from Cradle to Grave. International Journal of Obesity. 2003. 27:722-727)*

[7] *(NHS Digital, Health Survey for England, 2017* https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017)

Local costs

- In Manchester it was estimated that the costs of disease related to overweight and obesity during 2015 was £185.1million. [8]
- The Spend and Outcome Tool produced by Public Health England shows the relationship between spend and outcomes enabling comparisons across public health interventions to be made. Manchester has a relatively high spend on children's physical activity but is not getting better outcomes as measured by obesity. This tells us that we need to change our approach and use our resources in a different way.

[8] *(Department of Health (2008) Healthy Weight, Healthy Lives: Toolkit)*

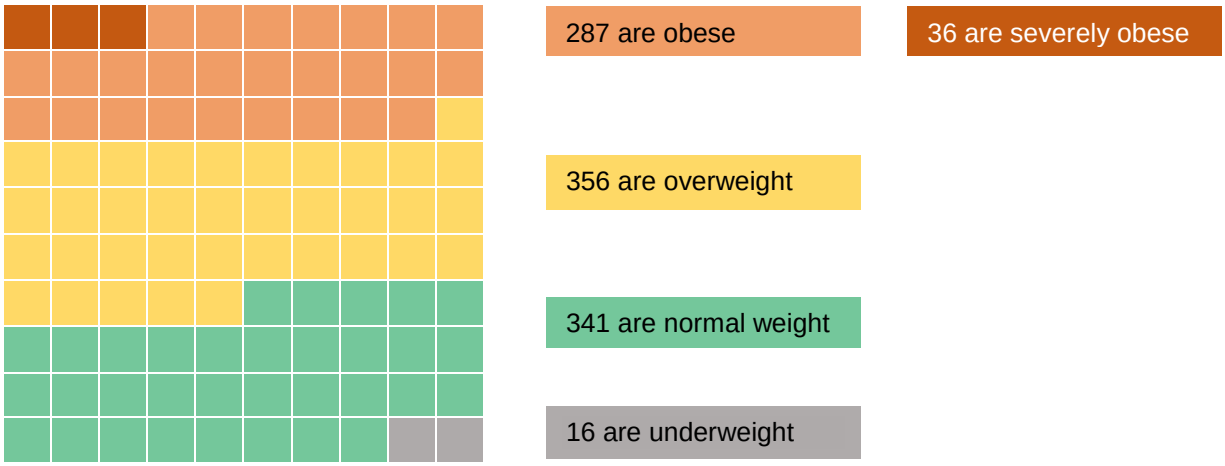
Where are we now ?

National Picture

*In England, **overweight** is now the average weight.*

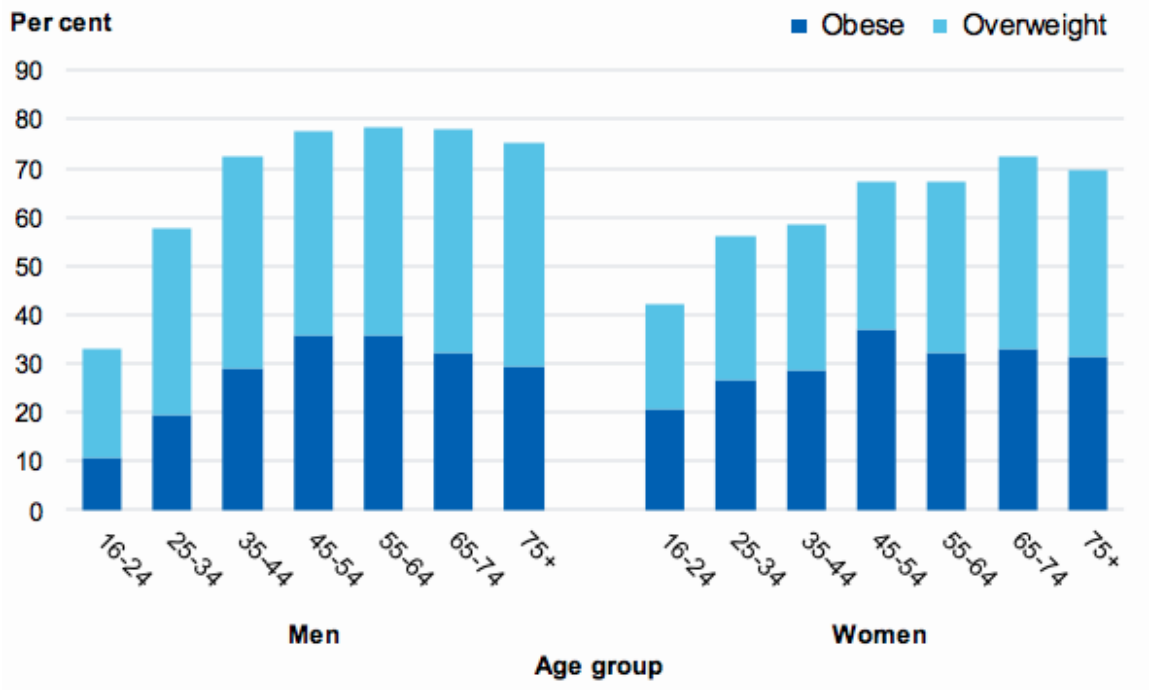
Adults

Out of every 1,000 adults in England…



of which

Prevalence by age and gender in England



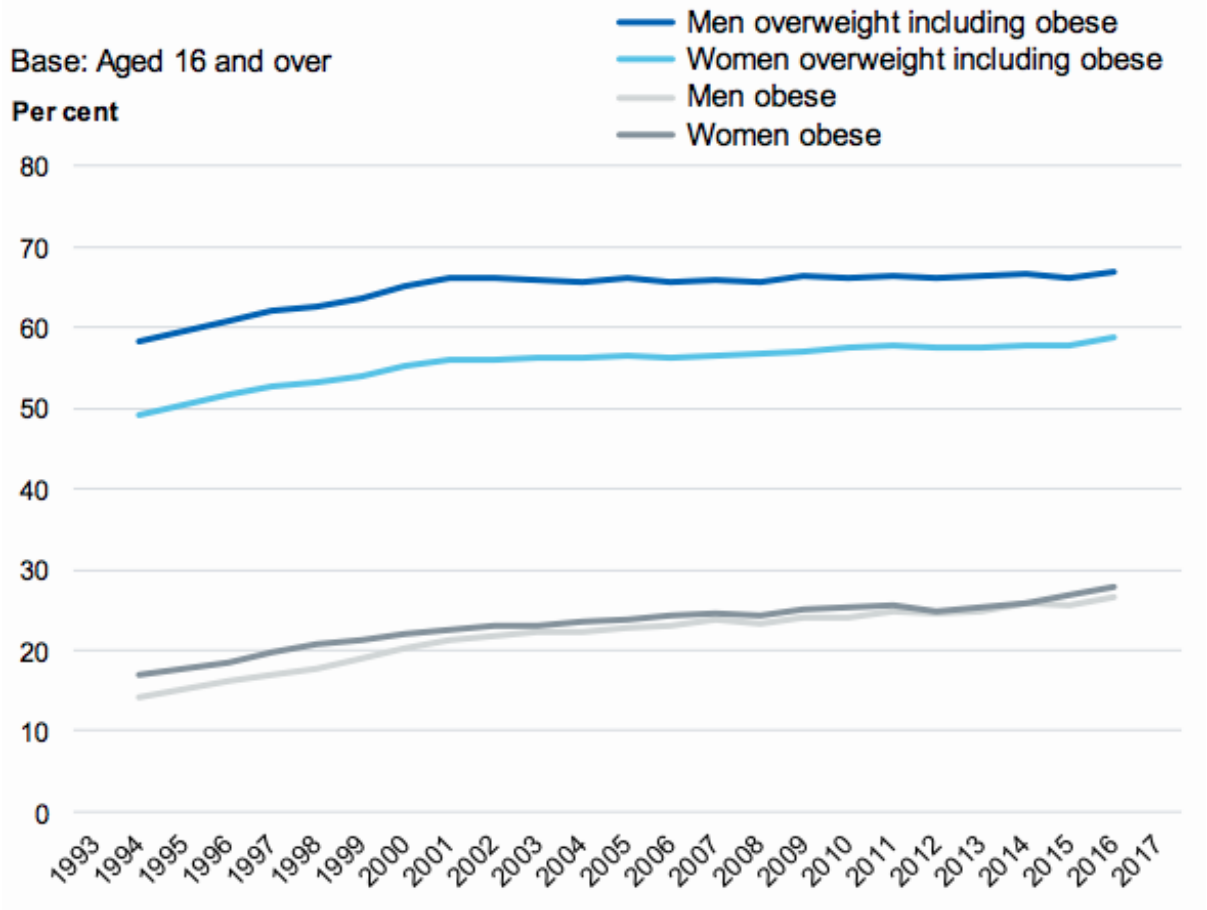
[9]

[9] *(NHS Digital, Health Survey for England, 2017 https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017)*

Manchester Healthy Weight Strategy 2020:2025

- In England, obesity prevalence increased steeply between 1993 and around 2000, and there was a slower rate of increase after that.
- The prevalence of obesity has generally fluctuated between 23% and 27% from 2003 to 2016. In 2017, it was 29%; higher than in recent years.
- Severe obesity has also increased since 1993, with 2% of men and almost 5% of women morbidly obese in 2017, compared with fewer than 0.5% of men and just over 1% of women in 1993.

Adult trend in overweight and obesity, 1993-2017 (three year moving average)



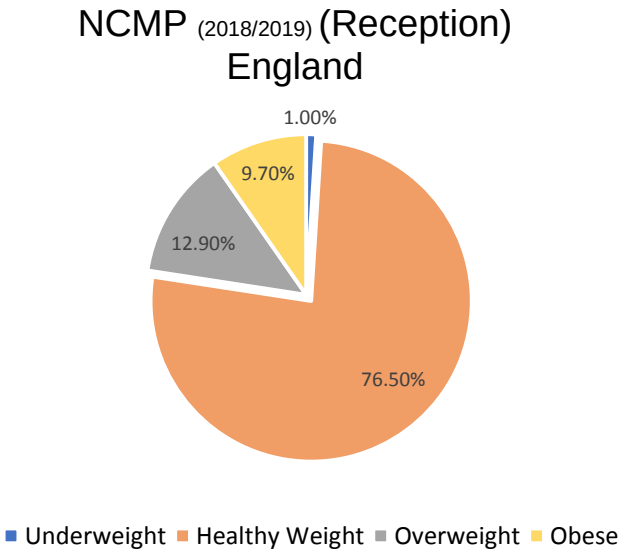
[10]

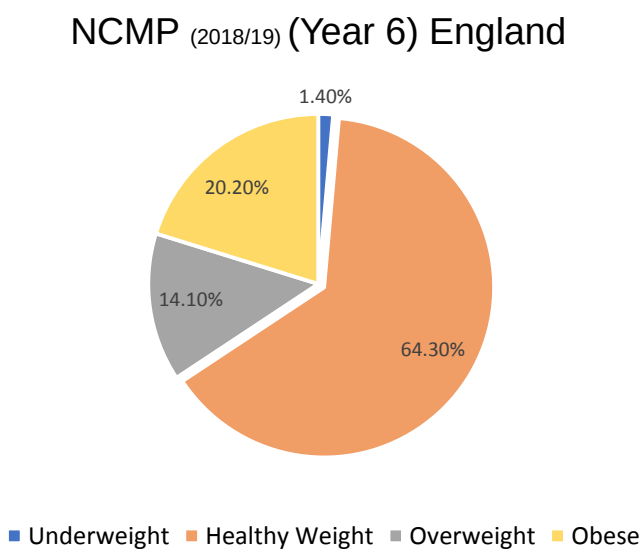
[10] *(NHS Digital, Health Survey for England, 2017* https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017)

Manchester Healthy Weight Strategy 2020:2025

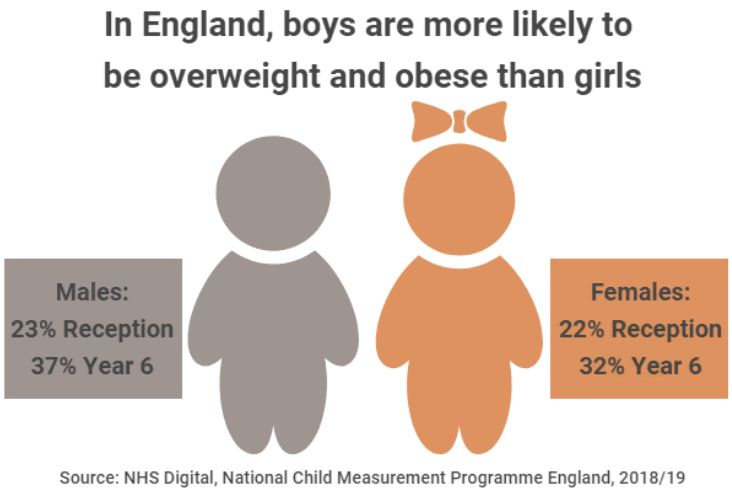
Children

- The latest National Child Measurement Programme (NCMP) data (2018/2019) reveals that 9.7% of Reception age children (age 4-5) were obese, with a further 12.9% overweight.
- These proportions were significantly higher among Year 6 children (age 10-11), with 20.2% being obese and 14.1% overweight. [11]



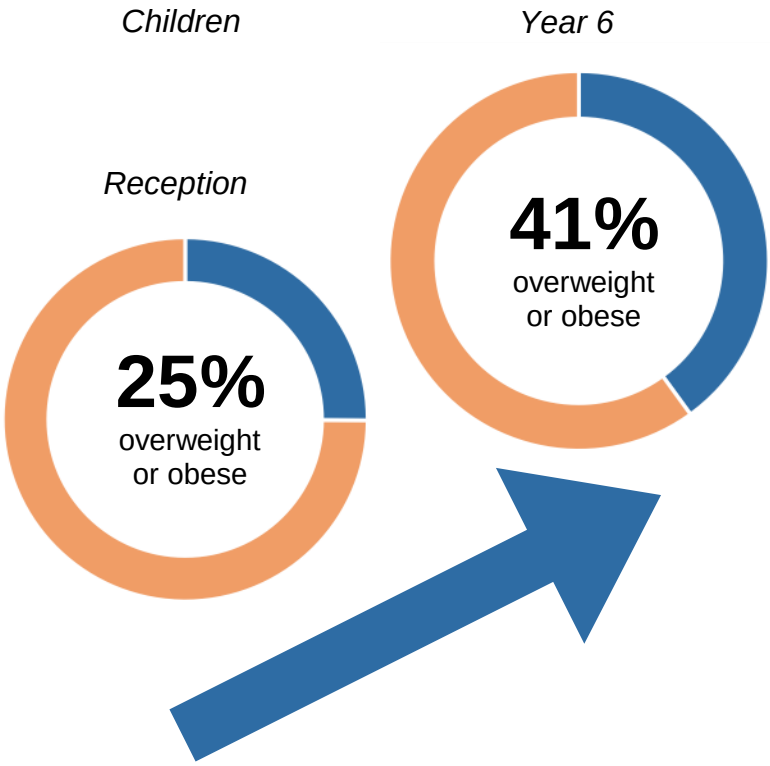


*In England, **boys** are more likely to be overweight and obese than girls.*

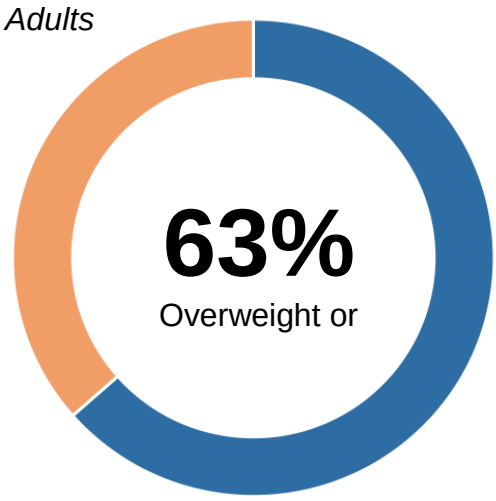


[11] *(NHS Digital, National Child Measurement Programme England, 2018/19 school year)*

Local Picture



[12] [13]



Manchester is consistently significantly higher than the national average for overweight and obesity at reception, year 6 and in adults.

[12] *(NHS Digital, National Child Measurement Programme England, 2018/19 school year)*

[13] *(NHS Digital, Health Survey for England, 2017* https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017)

Manchester in numbers…..

- Highest obesity rate (11.9%) at reception in Greater Manchester
- Second highest obesity rate (26.2%) at Year 6 in Greater Manchester
- Second highest obesity rate (26.2%) at Year 6 in the North West of England

Rates of recorded overweight and obesity are

Rising in Adults and Children

faster than the national average.

	Adult	Year 6	Reception
2017/2018	*63%(62%)*	*41%(34.3%)*	*25.1%(22.6%)*
2015/2016	*60.7%(61.3%)*	*40.2%(34.2%)*	*24.9%(22.1%)*

**(UK average in brackets)*

14

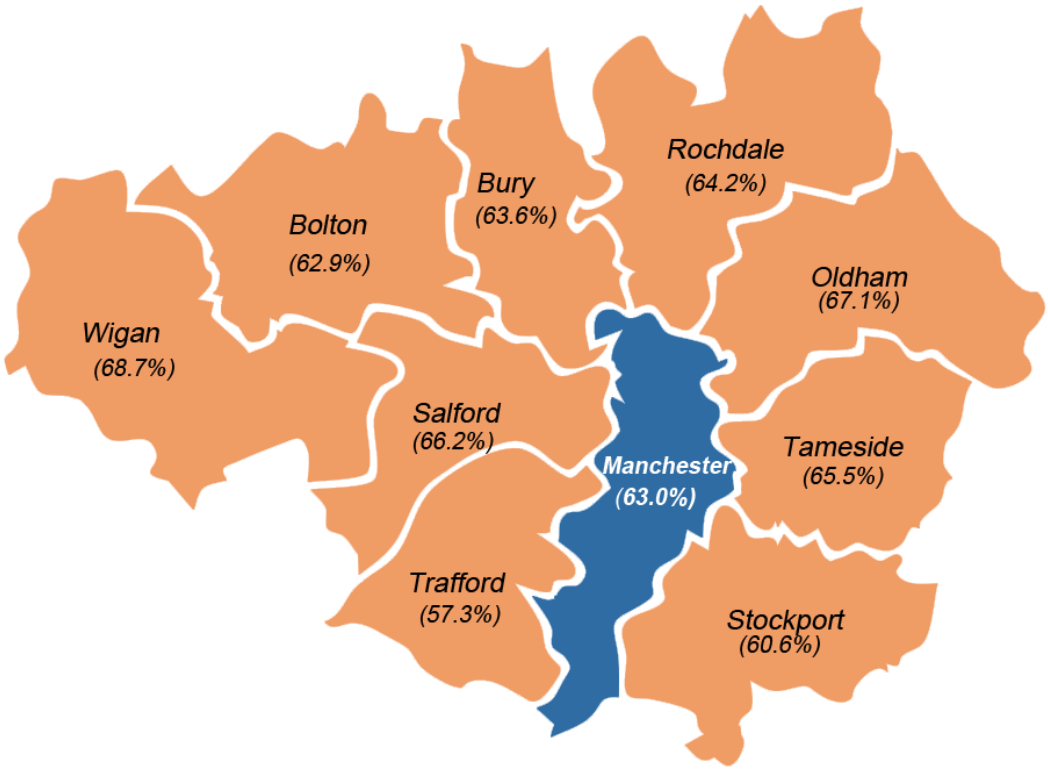
15

[14] *(NHS Digital, National Child Measurement Programme England, 2018/19 school year)*

[15] *(NHS Digital, Health Survey for England, 2017* https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017)

Manchester Healthy Weight Strategy 2020:2025

Greater Manchester Prevalence of Overweight and Obesity in Adults (2017/2018)



Manchester Health Profile

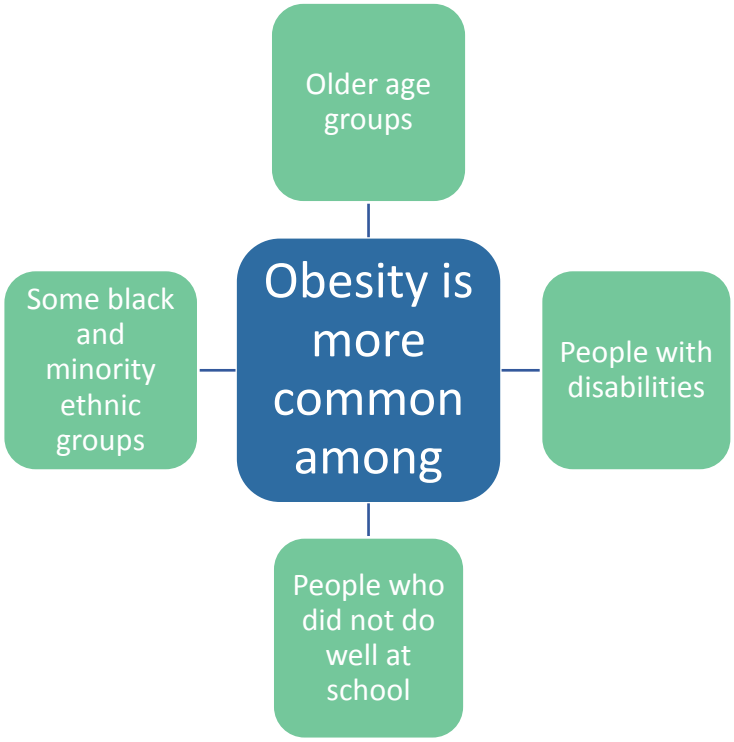
- The level of **excess weight** (overweight and obesity) (63%) is higher than the national average (62%)
- The level of **physical activity** (67.8%) is higher than the national average (66.3%)
- Proportion of adults meeting the recommended **'5-a-day on a 'usual day'** (47.6%) is lower than the national average (54.8%)
- Proportion of **five year old children free from dental decay** (57%) is worse than the national average (76.7%)
- The proportion of women '**Breastfeeding at 6-8 weeks'** (40%) is lower than the national average (47.3%)

16 17 18

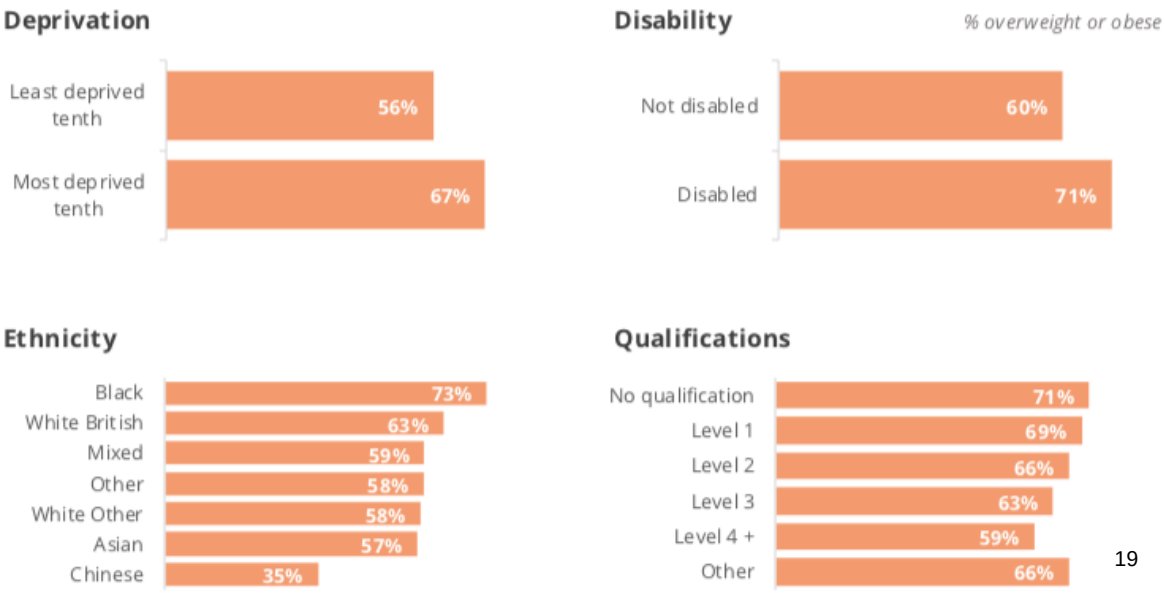
[16] (*NHS Digital, Health Survey for England, 2017* https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017)
[17] *Active Lives survey, Sport England (Public Health England) 2019*
[18] *National Dental Epidemiology Programme for England 2016/2017*

Inequalities

Excess weight in adults is not equally distributed among social groups.



National Picture



[19]

[19] *Active Lives Survey data 2017/18, extracted from (Public Health England)*

- Inequalities in health outcomes between the most affluent and disadvantaged members of society are well established, deep-rooted and have proved difficult to change. Obesity is no different, with a strong relationship existing between deprivation and prevalence of obesity.
- Individuals from lower socioeconomic backgrounds have been shown to have diets rich in low cost energy dense foods,[20] participate less in sports and physical activity[21] and have lower weight control awareness.[22]
- The Marmot Review[23] highlighted that focusing resources solely on the most disadvantaged will not necessarily reduce health inequalities sufficiently. He suggested that actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage - 'proportionate universalism'.

[20] *Lu N, Samuels ME, Huang K (2002) Dietary behavior in relation to socioeconomic characteristics and self-perceived health status. J Health Care Poor Underserved 213:241–57*

[21] *Stamatakis E. Physical activity (2004). In: Sporston K, Primatesta P, eds. The Health Survey for England 2003, Cardiovascular Disease. London: The Stationery Office, 2004.*

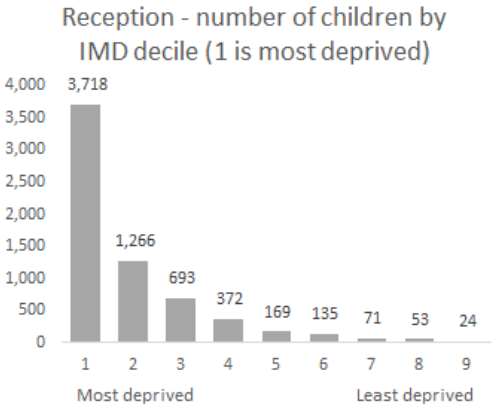
[22] *Wardle J, Griffith J (2001) Socioeconomic status and weight control practices in British adults. J Epidemiol Community Health; 55:185–90*

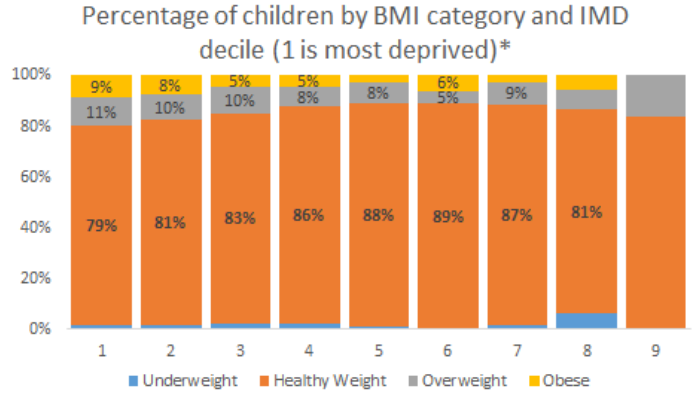
[23] *Marmot M, Allen J, Goldblatt P et al (2010) Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: Marmot Review Team*

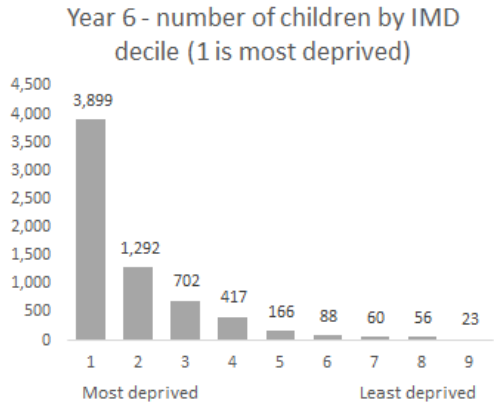
Local Inequality Picture

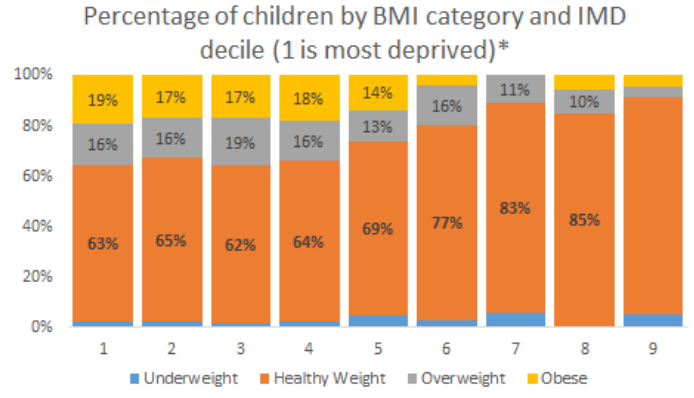
Deprivation

In 2018/19 in Manchester, most of the children weighed and measured as part of the National Child Measurement Programme lived in Lower Super Output Areas (LSOAs) that were amongst the most deprived 10% in the country (57% for children in Reception and 58% for children in Year 6). These children had the lowest percentage who were at a healthy weight, and the highest percentages who were overweight and obese in Reception. At Year 6, this was slightly different with children from slightly less deprived areas having greater percentages who were overweight and obese but the most deprived areas still had very high levels in comparison.



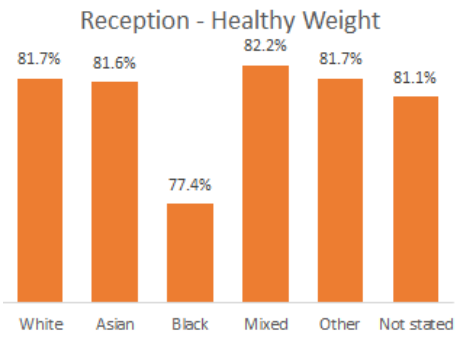


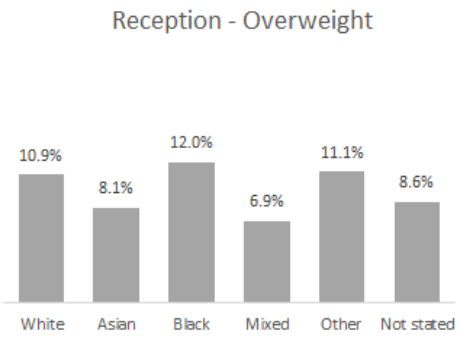


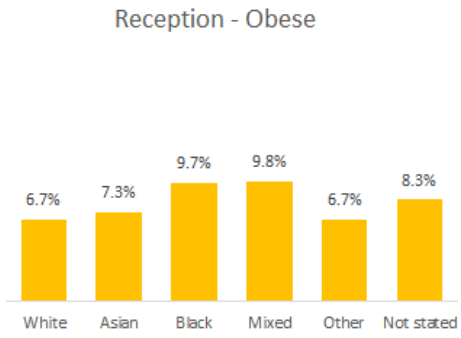


Ethnicity

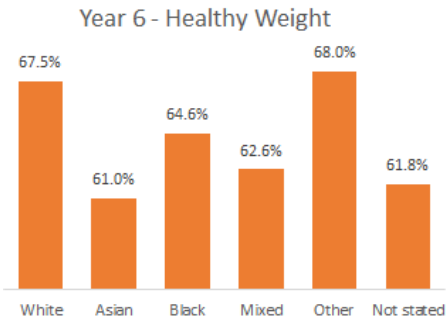
Ethnicity is another factor that affects inequalities in Manchester. At Reception in 2018/19 Black children had the lowest percentage who were healthy weight and the highest percentage who were overweight. Children with a mixed ethnic background had the highest percentage who were obese.

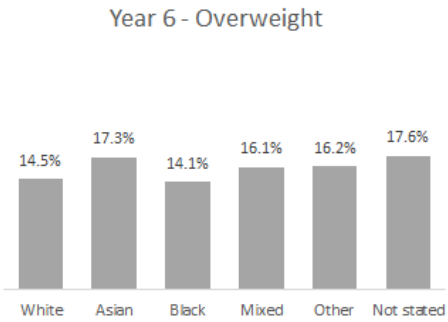


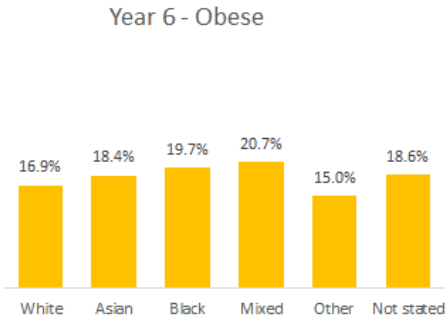




At year 6, differences by ethnic group were slightly different in 2018/19. Asian children had the lowest percentage who were at a healthy weight, and amongst the highest percentages who were overweight. Children with a mixed ethnic background had the highest percentage who were obese. The differences by ethnic category in the percentages who were overweight appear much less in Year 6 than at Reception.





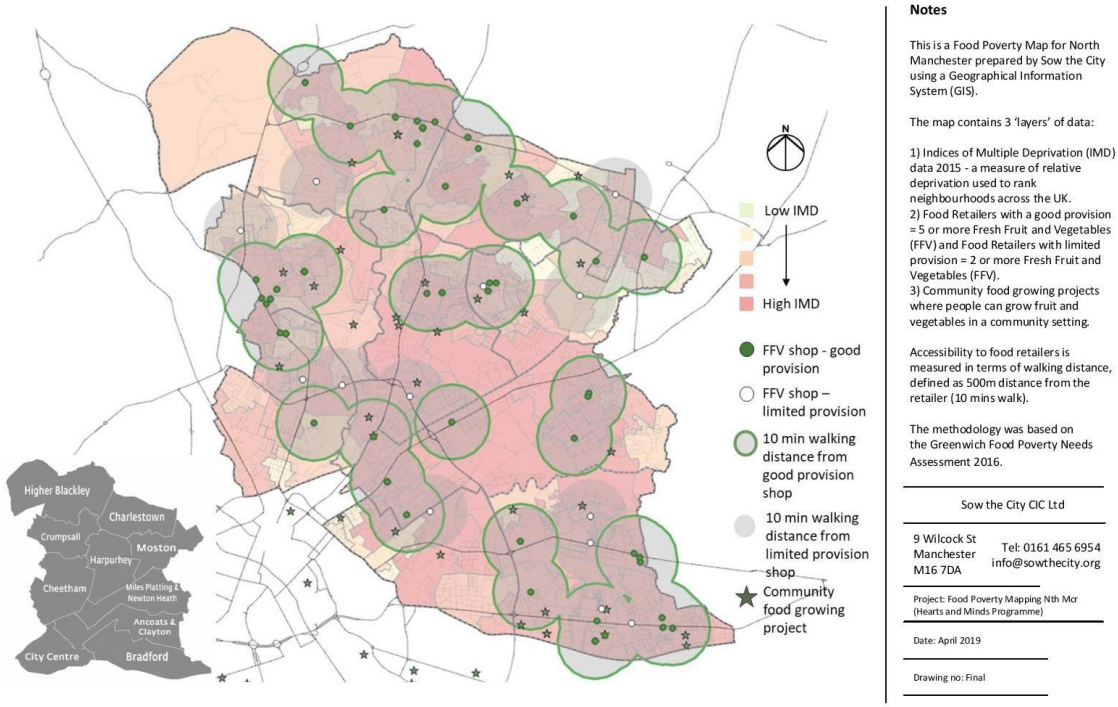


Food Poverty

Inability to access healthy and affordable food.

- Having limited money for food after paying for other household expenses.
- Living in areas where food choice is restricted by local availability and lack of transport.
- Lacking knowledge, skills, cooking equipment or space necessary to prepare healthy meals.

Food Poverty Map for North Manchester



- A number of areas in North Manchester were identified as 'Food deserts'. A food desert being an urban area in which it is difficult to buy affordable or good-quality fresh-food.
- Smaller retailers tended to focus on ready meals/confectionary with long shelf-lifes and ability for larger mark-ups.
- In June 2019 Greater Manchester Poverty Action identified 130 registered food banks in Greater Manchester. [24]

[24] *Greater Manchester Poverty Action (2019) Food Poverty Action Plan for Greater Manchester 2019-2022, Available at: https://www.gmpovertyaction.org/wp-content/uploads/2019/10/GMPA-Food-Poverty-Action-Plan-Summary-October-2019.pdf*

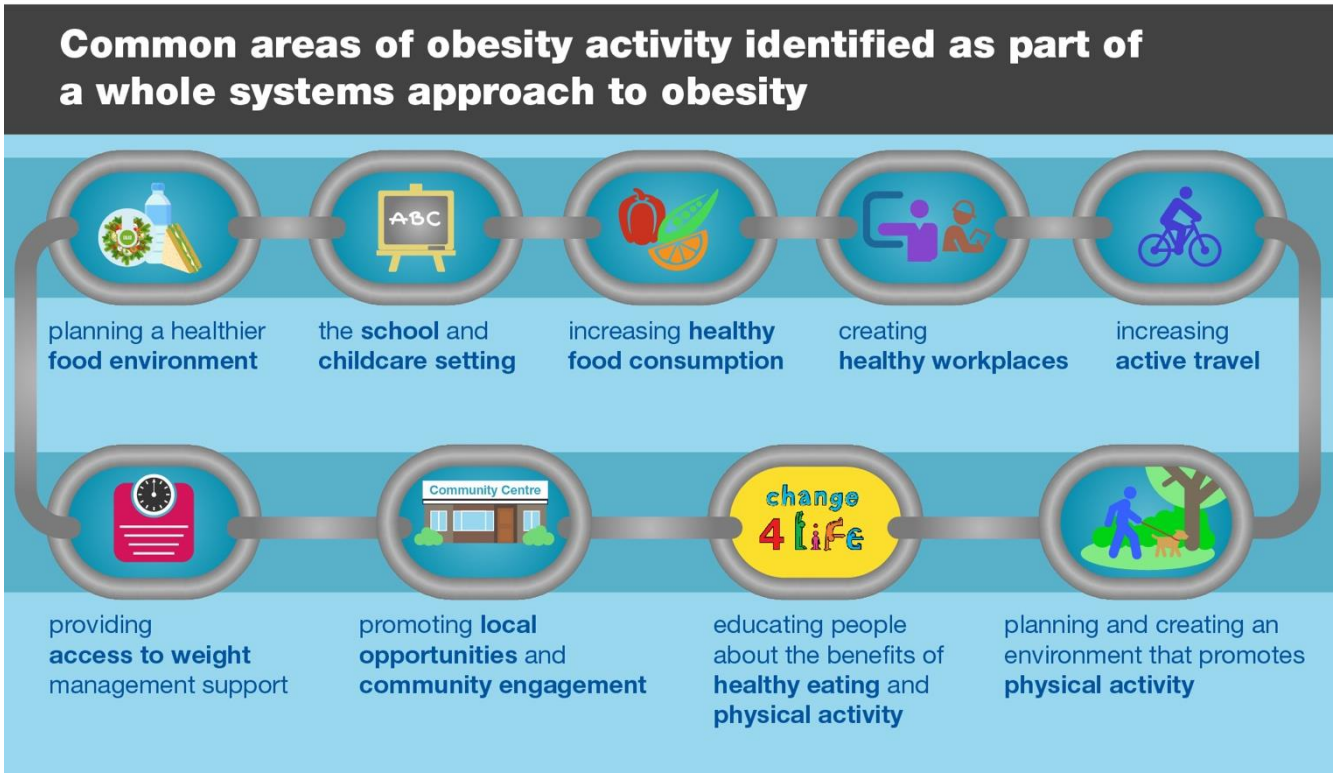
Whole Systems Approach

Tackling obesity is everyone's business – there is no single individual, group or organisation that can do this alone.

- Obesity is the result of a complex web of interlinking interactions and influences across the entire system.
- In order to tackle obesity effectively we need an approach that involves the whole system, with action at the individual, environmental and societal level.
- 'A Whole Systems Approach to Obesity' brings all stakeholders together in partnership to develop and agree on a shared plan of action.
- In order to create a culture in which a healthy weight is the default for everyone, a wide range of different interventions, at different levels within the obesity system, are required.

- We believe that partnership truly is the key to success when it comes to tackling obesity.
- Strong communication and partnership working will enable a more comprehensive, holistic, better coordinated and therefore more effective package of measures to be developed and delivered.
- In development of this strategy several new partnerships have been created and existing ones nurtured.

Public Health England **Health** Matters



Strategy

Our vision is to create an environment and culture where all people of Manchester have the opportunity and are supported to eat well, be physically active and achieve and maintain a healthy weight.

Aim

- To reverse the rising trend of overweight and obese children and adults in Manchester utilising a whole systems approach.

Cross Cutting Themes

- The healthy weight strategy is structured around four strategic themes, these themes are derived from the multiple determinants of obesity from the Foresight report.[25]
- Each theme recognises objectives needed to achieve our vision.
- The themes are interlinked and activity is needed in all areas to give us the best chance of supporting people to have a healthy weight.

[25] *(Foresight. Foresight Report: Tackling Obesity, 2007. Government Office for Science. London. October 2007)*

Manchester Healthy Weight Strategy 2020:2025

Strategic Objectives and definition

Food & Culture

"Reduce food poverty, challenge our consumer culture, understand the social and emotional links to food and support change in behaviours"

- Reduce food poverty in Manchester and make healthy affordable food the easy option.
- Challenge our consumer culture and the way we eat, reducing high fat and sugar intake
- Promote lifestyles around work, home and school that support a healthy lifestyle
- Upskill individuals to grow, shop or cook, gaining the skills for themselves and their families to live healthily
- Increase awareness of the relationship between adverse childhood experiences and trauma and food consumption

Physical Activity

"Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour."

- Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.
- Ensure an affordable sport and leisure offer that covers the whole life course from baby yoga to health walks
- Promote active travel (Walking, Cycling etc)
- Expand physical activity on referral to support social prescribing models

Environment & Neighbourhood

"Ensure that the built and natural environment is developed to promote and enable physical activity and healthy food choices"

- Work together in partnership to counter obesogenic development in planning applications
- Work towards reduction in unhealthy food provision eg) takeaways, milkshake bars, burger vans etc
- Ensure community safety to allow streets and neighbourhoods to active places
- Facilitate active travel in local transport plans

Prevention & Support

"Commission services and develop partnerships that enable identification and early intervention for vulnerable children and adults"

- Deliver accessible community weight management provision across the life course
- Ensure health & social care professionals can recognise signs of unhealthy weight and have strength-based conversations.
- Reduce the number of children or adults requiring clinical or surgical intervention
- Ensure safeguarding of vulnerable individuals

Life-course approach

- Achieving our strategic aim across the four cross-cutting delivery themes requires action across the entire life course.
- This evidence-based approach supports targeting specific interventions at each of the key life stages.
- Each key life stage presents opportunities where support could be tailored and interventions targeted to the different needs of individuals and families at the different stages in their lives:

1. Pregnancy and first year of life

- Increasing & supporting breastfeeding
- Weaning and introducing healthy food choices
- Equipping midwives and health visitors with the resources to start positive conversations about healthy weight at key contact visits.

2. Early years and pre-school

- Encouraging active play and physical activity for the whole family
- Accessing the local Early Years offer.
- School readiness; Parenting support and Early Help to reduce obesity at reception age.

3. Young children (Key Stage 1 & 2)

- Developing taste and experiencing a wide range of food.
- Promoting physically active travel (e.g. walking to school)
- Increasing the capacity of School Nursing and Healthy Schools to enable more contact with overweight and obese children.
- Participation in physical activity in and out of school.

4. Young people (11-19yrs)

- Understanding food and nutrition, developing independent skills to support healthy choices
- Promoting physically active travel (e.g. walking to school)
- Increasing the capacity of School Nursing and Healthy Schools to enable more contact with overweight and obese children.
- Participation in physical activity in and out of school.
- Food and drink on offer in schools support healthy choices.

5. Adults (20-65yrs)

- Supporting families out of food poverty and low cost/high fat convenience food.
- Key Public Health messages on the impact of alcohol and smoking.
- Active workplaces enabling staff to lead healthier lifestyles
- Healthy lifestyles promoted through further and higher education establishments.
- Promoting physically active travel
- Advice from surgeries and pharmacies on healthy weight particularly to population groups at more risk.
- Preconception advice to women tailored to groups at risk of obesity.
- Neighbourhood offer of physical activity and weight management support for whole families

6. Older people (66+yrs)

7.

- Reducing isolation to support physical activity
- Equip care professionals with the capacity and knowledge to support weight management particularly following change in health condition
- Support older people to access community settings, cookery and growing clubs
- Supporting older people out of food poverty
- Ensure good nutrition in residential care accommodation

- By using the life course approach we can support people during significant transition points in their lives. These key life stages present an important opportunity for targeting interventions. As described in *Inequalities* (Page 21) particular individuals are prevalent across these stages that are more vulnerable to becoming obese:

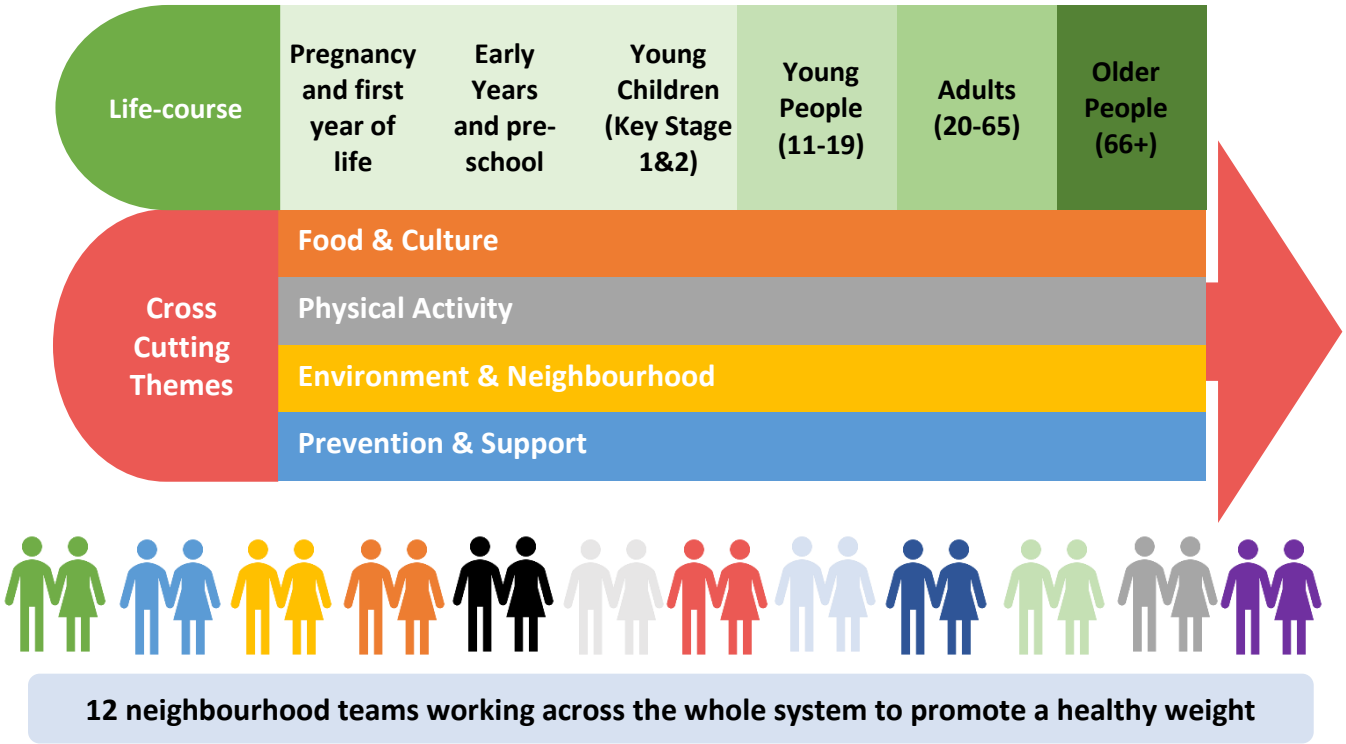
- Low income families, particularly children
- Children from families where at least one parent is obese
- Care Leavers
- Single Parents
- Individuals of Asian, particularly South Asian origin
- Adults with economic stability and sedentary employment
- People with a physical disability
- People with a learning disability
- People with a mental health condition
- Older people who are unemployed

Neighbourhood approach

- We are committed to empowering local communities to take action to promote a healthy weight.
- We understand that local neighbourhoods are made up of different population groups and will have different requirements. What is needed in North Manchester, for example, may not be the same as the priorities for South Manchester and there will be differences at a smaller, neighbourhood level.
- We aim to utilise the local knowledge and relationships which have been developed in the Manchester Integrated Neighbourhood Teams (INTs) to help deliver and shape healthy weight work in partnership with local people.
- Empowering INTs and communities to lead local action in their own area, will be most effective to influence behaviour at a community level.
- We also acknowledge the importance of our voluntary sector and recognise the major role they have in supporting local communities to improve their health.

Delivering the Strategy

- Achieving our strategic aim requires action across the life-course from conception to older age with a particular focus on early intervention.
- Our integrated neighbourhood teams will be crucial in the successful delivery of our four key cross-cutting themes.
- Signing of the local Healthy Weight Declaration will help towards a city-wide commitment to the strategic plan. *(NB See reference to this in the cover report).*
- A Healthy Weight Steering Group will be established to oversee the delivery of the strategy and will include a broad network of stakeholders that have a role in promoting healthy weight.
- As successfully evidenced from the Amsterdam Healthy Weight Programme, strong senior leadership will also be crucial in order to drive action.
- We are committed to normalising the conversation about weight and providing clear and consistent messaging to our population.



Food & Culture

What you said were the key issues ?

- *Many residents don't have the knowledge or equipment to prepare a healthy meal.*
- *Food banks largely offer lower quality processed food.*
- *Fast-food is marketed better than healthier options.*
- *Many residents believe it is cheaper to eat takeaway food regularly than to prepare healthy food at home.*
- *Childhood experiences with food influence current habits and practices.*
- *More deprived areas of Manchester have higher number of fast-food outlets and and lower availability of affordable healthy food options.*
- *It is much easier to eat unhealthily than it is to eat healthily.*

Strategic Objectives:

"Reduce food poverty, challenge our consumer culture and change behaviours"

What things we are doing now

- **Breastfeeding-Friendly Manchester** is a city-wide scheme established to encourage breastfeeding in public places. Over 100 businesses and public spaces in Manchester have registered and have appropriately trained staff to welcome breastfeeding mums.

- **Healthy Schools Manchester Programme** delivers education and programmed activities for schools in Manchester on healthy eating and healthy lifestyles. They offer food and drink policies for school meals and lunchboxes and deliver the National Child Measurement Programme in identify support needs at an early stage.

- **Southway housing food trust** facilitate the volunteer-run *'Quids In'* food club membership which offers subsidised food including fresh and chilled items for households who are receiving Housing Benefit or Universal Credit in South Manchester.

- **Growing Manchester** is a community food growing support programme that helps individuals and communities to access the support they need to develop successful food growing projects in their local area.

- **The bread and butter thing** is a sustainable membership model that helps local businesses redistribute their food surpluses to low-income families who are in need. Through 27 hubs they supply food to over 7000 registered families in Greater Manchester.

- **Real Food Wythenshawe** is a Lottery-funded urban food project that aims to inspire the people of Wythenshawe about food and to help residents to learn to grow their own food and to cook from scratch.

What else we will do

I. Through **Greater Manchester Food Poverty Alliance** we aim to support communities to plan and adapt to the challenge of food poverty and help address structural and economic issues that underlie food poverty, such as the benefits system, unemployment and precarious and low-paid employment.

II. From September 2020 it will become compulsory to include health and wellbeing education in the Personal, Social, Health and Economic (PSHE) curriculum in all state

primary schools. This will create an important opportunity to help schools to shape and co-create positive policies and resources on food and culture.

III. Develop and implement a communications campaign targeting the priority population demographic (young mothers from lower socioeconomic backgrounds) to increase breastfeeding rates.

IV. Work with our licensing and planning departments at the council to improve the criteria new businesses are required to meet to open fast-food outlets in the city. Supporting businesses which aim to offer fresh, sustainable and healthy produce.

V. Increase opportunities and support existing initiatives which focus on educating residents how to cook and prepare nutritious food.

VI. Work in partnership with the **Trussell Trust** and other providers of emergency food to help to improve the nutritional quality of the food parcels offered to residents in need.

VII. Develop a robust and engaged food board who can develop a unique Food strategy to ensure all Manchester residents have access to healthy and sustainable food.

Physical Activity

What you said were the key issues ?

- *Lack of awareness of the available options in the local area.*
- *Lack of available swimming pool access.*
- *Feeling afraid to go for walks in certain parks and areas due to safety concerns.*
- *The cost of activities like '5-A-Side' Football was too expensive.*
- *Lack of knowledge regarding what exercises to do and how much.*
- *Lack of confidence to undertake physical activity in public.*

Strategic Objective:

"Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour."

What things we are doing now

- Manchester is a key partner in the **Greater Manchester Moving** initiative and is committed to encouraging all residents to get moving and adopt 15 minutes of physical activity every day.

- **Fit-tastic** in Wythenshawe offers a range of inclusive programmes for people of all ages and backgrounds to promote physical activity and healthy living.

- **Be Active Manchester** (BAM) is a city-wide project delivered by Big Manchester. Working with voluntary sector agencies a family based approach is utilised to increase physical activity predominantly in wards at most need.

- **MCRActive** utilise 800+ publicly accessible sport and leisure facilities across Manchester to promote physical activity.

- **Manchester Active Ageing Programme** has shown great success at offering outdoor and indoor activities for over 55's, ranging from "*A brew, loo and something to do*" to *"Canal-a-size".*
- **BUZZ** – one of Manchester's Health and wellbeing services offers a physical activity referral service *(PARS)* that helps people living with long term health conditions to increase their levels of physical activity in a safe and structured way. This is now being piloted as an Under 18's model.

What else we will do

I. Through **MCRActive** we have committed to launching an innovative online resource in Spring 2020. This aims to provide a single-point of access for all programmed sport and leisure activities across the city, including booking facilities.

II. Through **MCRActive** we aim to increase pool access to people from all backgrounds and ages across the city.

III. We aim to collaborate with the with the local care organisation (LCO) and 12 integrated neighbourhood teams in order to better embed physical activity interventions and management services into the Manchester neighbourhoods.

IV. We aim to launch and adopt an annual Manchester Physical Activity Month. *#MoveForMay*. In doing this we aim to replicate the success of popular awareness months such as 'Movember' to create a buzz to raise awareness and promote physical activity.

V. Offer support to further develop and educate community champions who have strong local engagement in the community.

VI. Work with our wider partners to create city environments that promote active travel and opportunities for wider physical activities in our residential neighbourhoods and green spaces.

VII. Utilise the expertise of our specialist Sport & Exercise Medicine specialists in the city to triage, risk assess and prescribe exercise in our residents with the most challenging and complex needs.

Environment & Neighbourhood

What you said were the key issues ?

- *Lack of well-lit public spaces.*
- *Hygiene concerns due to dog fouling in public parks and spaces.*
- *Lack of maintenance of current outdoor facilities especially running tracks.*
- *Lack of 'community' presence and engagement in areas of North Manchester.*
- *Ensuring new housing developments are inclusive and have facilities for exercise.*
- *Ensuring existing communities are continued to be improved and developed and not 'left behind'.*

Strategic Objective:

"Ensure that the built and natural environment is developed to promote and enable physical activity and healthy food choices"

What things we are doing now

- **'Beelines'**- Transport for Greater Manchester's proposal to develop a city-wide cycling and walking network made up of more than 1,000 miles of routes.

- Engaging with the whole system on the planned development of new large residential developments such as Northern Gateway, Eastern Gateway and Great Jackson Street.

- Working towards the vision of **Manchester Park Strategy 2017-2027** of Manchester's parks being vibrant, active places, reflecting and complementing the diversity and activity in the local community.

What else we will do

I. Develop an agreed quality standard for parks that is appropriate for different types of parks.

II. Bring together all information about the city's parks and facilities so that their use can be maximised.

III. Develop inclusive facilities and activity programmes across selected parks for all age groups and underrepresented groups, such as people with an impairment.

IV. Ensure that new developments support sustainable transport, and that our town centres are well connected.

V. Work with partners to review licensing and location of unhealthy food outlets (e.g. hot food takeaways, milkshake bars burger vans) particularly near schools.

VI. Through **Transport for Greater Manchester** we will offer genuine alternatives to the car for travel across the wider city region, with good orbital connections between town centres. This will include the purchase of new trams and expansion of the tram line and the addition of £160m of new walking and cycling infrastructure across the city.

VII. Seek to balance advertising messages across our Public Transport network, to promote healthy food options.

VIII. Support workplace policies and programmes that deliver effective preventative and early intervention approaches for employees, such as healthy lifestyle programmes.

IX. Support **Manchester University NHS Foundation Trust (MFT)** to lead by example through the healthy enhancement of food and drink provision for patients, staff and visitors, within canteens, vending and retail outlets on NHS sites.

What you said were the key issues ?

- *Preventing any future obesity-related deaths.*
- *Reducing the number of children starting school with an unhealthy weight.*
- *Difficulty accessing current weight management services.*
- *Inadequate follow-up care post completion/discharge from weight management interventions.*
- *Significant differences between parents' perceptions of child's weight and actual child weight status.*
- *Inadequate consistency on healthy eating and physical activity advice across different services.*

Strategic Objective:

"Commission services and develop partnerships that enable identification and early intervention for vulnerable children and adults"

What things we are doing now

- **Integrated Infant Feeding Service** in North Manchester offering infant feeding clinics, drop in sessions and a home visiting service.
- **Health Visiting Service** - monitoring baby growth and providing advice on weaning, healthy eating and physical activity for young children.
- **School Nursing Service** - delivering the NCMP programme in Manchester (>90% take-up) including the identification of children at an unhealthy weight, and support and signposting to interventions.

- **The Healthy Weight Project** is a close collaboration between Manchester NHS Foundation Trust and the Healthy Schools team. It is an intensive one to one

intervention which manages reception children identified as severely obese (≥ 99.6 centile) by the NCMP.

- The **Tier 2 Adult Weight Management Service** is a referral scheme provided via the *Be Well* Social Prescribing Service. This is targeted at adults and offers 12 weeks free attendance at Slimming World at any one of two hundred sessions in the city. It is also available to 11-15 year olds, where a parent attends the group.
- **Tier 3 Adult Weight Management Service** provided by *MoreLife* utilises an MDT approach to manage adults with a BMI of 35 or above in a 12 month intensive programme.

What else we will do

I. Develop, remodel and commission weight management provision city-wide for adults and children, delivering services that support referral pathways for overweight and obese individuals, at Tier Two (BMI<30), Tier Three (BMI<35) and at the 96th centile and above.

II. Prioritise resourcing our Early Years and Healthy Schools workforce. Build capacity in the **Healthy Weight Project** to expand the BMI criteria of children included in the service and reduce unhealthy weight in pre-reception age, targeted healthy weight intervention at 0-5 Years.

III. **Reduce the number of children requiring clinical referral** to Endocrinology at 99th centile (morbid obesity), through continued development of our Obesity Safeguarding Pathway, ensuring that all professional stakeholders are engaged.

IV. Work with our partners in the neighbourhoods who are offering support to adults with **adverse childhood experiences (ACEs)** to develop an integrated approach to include weight management support and advice.

V. **Improve the interface between Children's Health and Children's Social Care** to support those children at highest risk, where parental neglect and lack of engagement in intervention is a continued cause of obesity.

VI. Engaging non-statutory organisations such as private nurseries and schools and academies to ensure they are meeting the same level of standards for nutrition, physical activity time and support for maintaining a healthy weight.

VII. Train our workforce in raising sensitive and difficult conversations about weight in key contacts (e.g. home visits, clinic appointments) that are strength-based and support having a healthy weight.

VIII. Increase resources in the school nursing service in order to improve the early recognition and management of children who are overweight and obese especially in high risk areas of Manchester.

IX. Promote the development of and actively support existing initiatives and interventions focused on reducing overweight and obesity in Black and Ethnic minority residents.

X. **MatchFit** – A project to utilise the draw of the top football clubs we have in our city to encourage adults to attend for a health check.

Monitoring the strategy

- In conjunction to the strategy an action plan will be developed that outlines a framework for actions demonstrating a range of preventative and management interventions required to meet the strategic objectives.

- The resources required, milestones, and timescale for achievement will be agreed by the Healthy Weight Steering Group. This group will be led by Manchester Health and Care Commissioning and Manchester City Council and will involve all key partners.

How will we know if we have made a difference?

- We will utilise indicators from the national Public Health Outcomes Framework (PHOF).
- The PHOF includes health improvement indicators that will demonstrate the progress being made towards a reduction in excess weight at a local level and include:

  Relevant PHOF Indicators:

  - 2.02 - Breastfeeding rates at initiation and 6-8 weeks
  - 2.06 - Child excess weight in 4-5 and 10-11 year olds
  - 2.11 - Fruit and vegetable consumption
  - 2.12 - Percentage of adults classed as overweight or obese
  - 2.13 - Proportion of physically active and inactive adults

- Additional specific local outcome measures, key performance indicators and qualitative outcomes will be utilised where applicable.

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 4 February 2020

Subject: Living Wage accreditation

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

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Summary

This report provides the Health Scrutiny Committee with an overview of the living wage accreditation status of Manchester Health and Wellbeing 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 the locality 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 Health Scrutiny Committee is asked to:

1. Note the report; and

2. Comment on the progress to date and areas for further scrutiny.

Wards affected: All

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

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	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our	Living wage accreditation is a key mechanism to support delivery of this strategic priority and falls under 'ensuring good work for all'.

communities	
A liveable and low carbon city: a destination of choice to live, visit work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

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

Name: Karin Connell
Position: Strategic Lead: Social Value, Work and Health, MHCC
Telephone: 07932 730 514
E-mail: karin.connell@nhs.net

Background documents (available for public inspection): None

1. Introduction

1.1 This report provides an overview of the benefits of living wage accreditation for the individual Health and Wellbeing 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 are 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 achieved accreditation in January 2020. As MCC included all contracts for which MCC has a legal and financial responsibility, MHCC's application therefore only incorporated CCG funded contracts and was 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 Committee is asked to note and comment upon the significant progress made.

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	2023/24	2024/25
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	**N/A**	**£8.66**	**£9.11**	**£9.56**	**£10.01**	**£10.51**

			19/20 are based on the Government's pre-election announcements. N.B. The Chancellor has since modified this position.						
'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 City Council
Report for Resolution

Report to: Health Scrutiny Committee – 4 February 2020

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

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

Recommendation

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

Wards Affected: All

Contact Officers:

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

Background document (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.

None

1. Monitoring Previous Recommendations

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

Date	Item	Recommendation	Response	Contact Officer
5 November 2019	HSC/19/41 Healthwatch: Primary Care Access in Manchester	The Committee recommend that the Deputy Director, Primary Care Integration, MHCC ensures that leaflets and posters promoting evening and weekend appointments are prominently displayed in all GP surgery waiting areas, in addition to reception staff informing their patients and online information.	A response to this recommendation has been requested and will be reported back to the Committee via the Overview report.	Tony Ullman Deputy Director, Primary Care Integration, MHCC

2. Key Decisions

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

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

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

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

An extract of the most recent Register of Key Decisions, published on **27 January 2020,** containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

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

Decision title	**What is the decision?**	**Decision maker**	**Planned date of decision**	**Documents to be considered**	**Contact officer details**
Carers Strategy (2019/08/22A)	Allocation of Our Manchester Funding to support the Our Manchester Carers Strategy over a period of two years.	Executive	16 October 2019	Report to the Executive	Zoe Robertson z.robertson@manchester.gov.uk

Subject **Care Quality Commission (CQC) Reports**

Contact Officers Lee Walker, Scrutiny Support Unit
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

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

Provider	Address	Link to CQC report	Published	Types of Services	Rating
Dr Kavitha Kanakanti	Eastlands Medical Practice 89 North Road Manchester M11 4EJ	https://www.cqc.org.uk/location/1-5908051539	17 December 2019	Doctors/GPs, NHS GP practice	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Zeno Limited	Zeno Limited Newall Green Farm 2 Newall Road Manchester M23 2TX	https://www.cqc.org.uk/location/1-4857926830	24 December 2019	Residential Home	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Beech House Care Homes Ltd	Chestnut House 69 Crumpsall Lane Crumpsall Manchester M8 5SR	https://www.cqc.org.uk/location/1-126288055	28 December 2019	Residential Home	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Requires Improvement

BoJo Care Services Ltd	BoJo Care Services Ltd 808 Hyde Road Manchester M18 7JD	https://www.cqc.org.uk/location/1-1921056762	31 December 2019	Homecare Agency	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Good Responsive: Good Well-led: Inadequate
Spamedica	Spamedica - Citygate City Gate Central Blantyre Street Manchester M15 4SQ	https://www.cqc.org.uk/location/1-164309798	31 December 2019	Surgery	**Overall: Good** Safe: Good Effective: Outstanding Caring: Good Responsive: Good Well-led: Good

Health Scrutiny Committee
Work Programme – February 2020

Tuesday 4 February 2020, 2pm (Report deadline Friday 24 January 2020)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget 2020/21 – final proposals	The Committee will consider refreshed budget proposals following consideration of original proposals at its January 2020 meeting.	Cllr Ollerhead Cllr Craig	Bernadette Enright David Regan	There will be no detailed business plans for Directorates included in this report.
Delivering the Our Manchester Strategy	This report provides an overview of work undertaken and progress towards the delivery of the Council's priorities as set out in the Our Manchester Strategy for those areas within the portfolio of the Executive Member for Adult Health and Wellbeing.	Cllr Craig	-	
Prevention and Wellbeing Services - Social Prescribing	To receive a report on social prescribing that includes information on the rationale and theory for this approach, information on the uptake and how this approach is monitored.	Cllr Craig	Dave Regan	
Healthy Weight Strategy	To receive a report on the Healthy Weight Strategy.	Cllr Craig	Dave Regan	
Update on the work of the Health and Social Care staff in the Neighbourhood Teams	To receive an update report describing the work of the Health and Social Care staff in the Neighbourhood Teams. This report will provide information on plans for the coming year and will include case studies / examples.	Cllr Craig	Bernadette Enright	
Overview	The monthly report includes the recommendations monitor,	-	Lee Walker	

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

Tuesday 3 March 2020, 2pm (Report deadline Friday 21 February 2020)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Manchester Autism Plan	To receive a report on the Manchester Autism Plan.	Cllr Craig	Bernadette Enright	
Health Equity: The Marmot Review 10 Years On	Published in 2010, The Marmot Review: Fair Society, Healthy Lives was a landmark study of health inequalities in England. The new report, Health Equity in England: The Marmot Review 10 Years On, will be published in February 2020.	Cllr Craig	David Regan	
Residential Care Strategy	To receive a report on the Residential Care Strategy.	Cllr Craig	Bernadette Enright	
Overview Report		-	Lee Walker	

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Manchester Health and Care Commissioning Strategy	To receive a report on the Commissioning Strategy for Health and Care in Manchester. The Committee had considered this item at their July 2017 meeting.	Cllr Craig	Bernadette Enright	See minutes of July 2017. Ref: HSC/17/31
Public Health and health outcomes	To receive a report that describes the role of Public Health and the wider determents of health outcomes.	Cllr Craig	David Regan	
Manchester Macmillan Local Authority Partnership	To receive a report on the Manchester Macmillan Local Authority Partnership. The scope of this report is to be agreed.	Cllr Craig	David Regan	See Health and Wellbeing Update report September 2017. Ref: HSC/17/40
Single Hospital Service progress report	To receive a bi-monthly update report on the delivery of the Single Hospital Service.	Cllr Craig	Peter Blythin, Director, Single Hospital Service Programme	See minutes of 17 July 2018. Ref: HSC/18/32
Workforce Strategy	To receive a report on the Workforce Strategy.	Cllr Craig	Bernadette Enright	
Assistive Technology and Adult Social Care	To receive a report on how assistive technology will be used to support people receiving adult social in their home. The Committee will hear from individuals who have benefited from using assistive technology to learn of their experience.	Cllr Craig	Bernadette Enright	

NHS Dental and prescription charges	To receive a report on NHS Dental and prescription charges.	Cllr Craig	NHS England	
Air Quality and Health	To receive a report on the work being done to address air quality and the effect this has on health.	Cllr Craig	David Regan	To be scheduled for May / June 2020.
Reablement services	To receive a report that describes the activities to improve Hospital discharge rates; the activities to prevent hospital admissions and reablement services	Cllr Craig	Bernadette Enright	
Inclusive Health Care	To receive a report that describes the activities and initiatives to engage with and deliver health care to traditionally hard to reach groups.	Cllr Craig	Nick Gomm	
Estates and the delivery of Primary Care	To receive a report on the estates in which Primary Care is delivered.	Cllr Craig	Nick Gomm	
Manchester Mental Health Transformation Programme	To receive a progress report on the delivery of Manchester Mental Health Services.	Cllr Craig	Nick Gomm	
Falls Prevention	To receive a report on the Falls Collaborative work.	Cllr Craig	Nick Gomm Sue Ward Manisha Kumar	
Supporting People Housing Strategy - Update	To receive an update report on the Supporting People Housing Strategy (including extra care, dementia friendly and learning disabilities.)	Cllr Craig Cllr Richards	Kevin Lowry	
Adverse Childhood Experience (ACE)	To receive a report on the Adverse Childhood Experience (ACE) pilot delivered in Harpurhey.	Cllr Craig	David Regan	Invitations to Cllr Bridges and Cllr Stone.
Healthier Together Update	To receive an update report on the Healthier Together Programme.	Cllr Craig	Nick Gomm	