

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 7 February 2024
Executive - 14 February 2024

Subject: Public Health Budget 2024-27

Report of: Director of Public Health

Summary

Local Government is under profound financial pressure, largely due to externally driven cost and demand pressures at a national level particularly affecting Adults Services, Children's Services and Homelessness. It is in this context that the Council must set a balanced budget.

Following the provisional finance settlement announced 18 December the Council is forecasting an estimated budget shortfall of £38m in 2024/25, £79m in 2025/26, and £90m by 2026/27. After the application of approved and planned savings, and the use of c.£17m smoothing reserves in each of the three years, the budget is balanced for 2024/25 and the remaining gap reduces to £29m in 2025/26 and £41m by 2026/27. This position assumes that savings of £21.4m will be delivered next year.

This report provides a further update to members on the priorities for the services in the remit of this committee and details the changes to the initial revenue budget options proposed by officers in November 2023. Each scrutiny committee is invited to consider the proposed budget changes that are within its remit and to make recommendations to the Executive before it agrees to the final budget proposals on 14 February 2024.

Recommendations

The Committee is recommended to:

- (1) To consider and comment on the forecast medium term revenue budget.
- (2) Consider the content of this report and comment on the proposed changes which are relevant to the remit of this scrutiny committee.

The Executive is recommended to approve these budget proposals.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on	The budget reflects the fact that the Council has declared a climate emergency by making carbon reduction a key consideration in the Council's planning and budget proposals.
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achieving the zero-carbon target for the city	
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	Consideration has been given to how the proposed savings could impact on different protected or disadvantaged groups. Where applicable proposals will be subject to completion of an Equality Impact Assessment (EqIA) and an Anti-Poverty Assessment.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The effective use of resources underpins the Council's activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

The changes included within this report will, subject to Member comments and consultation, be included in the final 2024/25 revenue budget set by Council on 1 March 2024.

Financial Consequences – Capital

None directly arising from this report.

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Background documents (available for public inspection):

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

[Medium Term Financial Strategy and 2023/24 Revenue Budget – Executive 15 February 2023](#)

1. Introduction and purpose

1.1. The report sets out the proposals for the Public Health budget for 2024/25 to 2026/27. It provides:

- (i) An overview of Public Health services and key priorities;
- (ii) A detailed overview of the budget; and
- (iii) An update on Making Manchester Fairer (MMF).

2. Service overview and priorities

2.1. The Department of Public Health's overarching aims are to develop strategies and delivery plans, policies, work programmes and commission of services to; improve the health and wellbeing of the population of Manchester, protect them from threats to their health, prevent and mitigate risks to support better health outcomes, and create the conditions in society and the environment that lead to better health. This work is done using the best available evidence, data and insight.

2.2. The key Department priorities are to:

- Lead the implementation the Making Manchester Fairer Action Plan including delivery of the integrated anti-poverty strategy
- Strengthen the resilience and capacity of commissioned services to respond to population needs and inequalities driven by the cost-of-living crisis and the legacy of the COVID-19 pandemic
- Ensure that work to improve population health and reduce inequalities across the Manchester Locality Partnership is supported by high quality, useable evidence and intelligence

Health Improvement and Wellbeing

- Strengthen our capacity to improve health and wellbeing for children and young people
- Refreshing the Manchester Age Friendly Strategy
- Lead the development of an all-age mental wellbeing strategy for the city
- Relaunch CHEM as Community Health Equity Manchester with redefined focus, and programme of work to build trust, amplify voice and provide insight for specific communities

Health Protection and Healthy Environments

- Maintain a robust health protection system that can deal with business as usual as well as being able to respond to unexpected events including outbreaks, surges in infections and emerging health protection issues with a focus on reducing health inequalities

Health Care Public Health and Partnerships

- Support the Manchester Partnership Board to deliver the health and wellbeing priorities for the city, integrating population health and prevention of ill health approaches in Manchester locality and neighbourhood arrangements.

3. Service budget and proposed changes

- 3.1. Public Health is funded nationally through a specific ringfenced grant. However, the Greater Manchester locality has been part of the governments business rates pilot for a number of years whereby the funding ringfence is removed and an equivalent allocation received as an adjustment to business rates.
- 3.2. The gross 2023/24 budget detailed in the table below is £54.126m and the net budget of £43.266m. Income of £10.860m includes use of reserves £3.753m, government grants £4.489m and other contributions from NHS partners, from other local authorities and Better Care Fund totalling £2.618m.

Table One: Base budget 2023/24

Service Area	2023/24 Gross Budget £'000	2023/24 Net Budget £'000	2023/24 Budgeted posts (FTE) £'000
Children's:			
Health Visitors	11,164	11,164	
Schools Health Service	4,155	4,155	
Other Children's	415	415	
Sub Total	15,734	15,734	-
Wellbeing:			
Be Well Service	2,921	1,585	
Weight Management	599	599	
Smoking Prevention	812	570	
Falls Service	768	768	
Other Wellbeing	2,793	2,176	
Sub Total	7,892	5,696	-
Drug & Alcohol Services:			
Integrated Treatment & Support Service	11,816	6,932	
In-patient Detox & Residential Rehab	944	944	
Young People Services	652	652	
Other Drug & Alcohol	736	736	
Sub Total	14,148	9,264	-
Sexual Health Services:			
Sexual Health	7,216	6,387	
HIV	1,227	1,227	
Other Sexual Health	1,599	1,408	
Sub Total	10,042	9,021	-
Making Manchester Fairer:			
COVID Health Equity Manchester (CHEM)	160	160	
Sub Total	160	160	-
Other Staffing, Management & Support:			
Core Staffing	3,833	2,904	59.00
Locality budget	0	0	

Other	2,317	487	
Sub Total	6,150	3,391	59.00
Total Public Health	54,126	43,266	59.00

- 3.3. The latest 2023/24 global monitoring report to the Executive outlined a £0.8m underspend. Savings of £0.730m have been achieved in full. There are underspends across the staffing budgets due to vacant posts and the maximisation of external funding, and underspends on other indirect staffing costs.

Savings Plan 2024-27

- 3.4. There is a minor additional vacancy savings allocation of £0.015m for 2024/25. Planned non recurrent use of reserves in 2023/24 of £0.330m is replaced in 2024/25 with the planned use of headroom in the budget set aside for contract uplifts as detailed in the report to Health Scrutiny February 2023. The approved savings schedule for 2024-26 is detailed in **Appendix 1**.

Growth and Pressures 2024-27

- 3.5. The provisional public health settlement has been received for 2024/25, a 1.318% increase totalling £0.752m. The final confirmation is expected before the end of March 2024. No additional growth and pressures were approved for 2024-26. Provision has been made for inflationary price increases and potential pay awards. This is held corporately and will be allocated to service budgets when the details are available and considered together with the funding settlement for Public Health.
- 3.6. The 2023/24 budget for the Manchester Locality Structure for health was provisionally set at £8.3m, which is lower than the existing cost of the locality structure. The budget and structures were subject to consultation prior to a final agreed position with the ICB. The final allocation for running costs was £7.8m. To avoid losing capacity that is essential to the provision of NHS services in Manchester and to ensure there is a managed transition to reducing costs, the Council agreed to fund the public health, population health and equality, inclusion and engagement teams, recurrently by applying £0.5m of public health grant. In addition, a one off £1m from the Public Health reserve to smooth the transition from the CCG to the locality place based budgets and underwrite any potential shortfall.
- 3.7. Further work is being undertaken to reduce costs and ensure the 2024/25 budget is within the resources available. The 2024/25 planning round is currently underway to understand what recurrent allocations are available from the ICB to support running costs. This is focused on further aligning health and care within Manchester, working across the partnership to create a more integrated model for the City focused on delivering the right outcomes for Manchester's population in a financially sustainable way. £1m of the funding was allocated on a one-off basis in 2023/24 to support the locality integrated

model. Further discussions are being held on the locality budget and there is a need to manage the use of all available resources to support the integration of health and care across Manchester. The public health budget has been allocated to ensure sustainable funding for the previously funded CCG/GMICB health protection posts and the CCG/GMICB Engagement and Equalities function, which will be fully integrated into the Manchester Locality (MLCO and MCC) from 1 April 2024. The other budget priorities for public health relate to the demand pressures on commissioned services such as sexual health, along with the investments in the Making Manchester Fairer Programme which is a priority for the City Council and partners. This work needs to be concluded before the final decisions on the allocation of the funding can be made.

Government Grants and Joint Funding 2024-27

3.8. The key arrangements are as follows:

- (i) Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) funding scheme, to support local delivery of the strategy. Use of the SSMTRG should directly address the aims of the treatment and recovery section of the drug strategy. Local delivery of these ambitions aims to drive an improvement in the quality of the service for Manchester residents, ensure more people can access our community treatment services, and support a reduction in the number of caseloads of our practitioners and clinicians delivering substance misuse services. The 2023/24 allocation is £2.394m, rising to £4.621m in 2024/25. Discussions are taking place regarding funding beyond this date.
- (ii) Supplementary Substance Misuse Treatment and Recovery Housing Support Grant to provide a menu of options to improve the recovery outcomes of people in treatment (or in contact with the treatment system) with a range of housing support needs. Manchester's annual allocation for 2023-25 is £0.889m.
- (iii) Grant for delivery of 'Individual Placement Support' (IPS) to provide employment support within alcohol and drug treatment services. The funding allocation in 2023/24 is £0.162m rising to £0.167m in 2024/25.
- (iv) Drug & Alcohol Treatment for Rough Sleepers Grant to provide wrap around engagement and support to support individuals in accessing, engaging with and sustaining engagement with drug and alcohol treatment and relevant services. Manchester's annual allocation for 2023-25 is £1.044m.
- (v) Stop smoking services grant. The 2024/25 additional allocation is £0.929m. There will be a specified reporting regime, which will include information about activity levels and "quit rates", the latter being a recognised Performance Indicator. Subject to conditions and further adjustments, the city can expect a similar allocation in the following years up to 2028/29.

- (vi) Additional funding is attached to the above for Inpatient Detoxification, and this is targeted to increase the number of people accessing support for inpatient detoxification services. A Greater Manchester Consortium is in place to enable the 10 local authorities to work together as a regional integrated care system to commission additional medically managed capacity in local hospital or inpatient settings. Manchester’s annual allocation for 2023-25 is £0.139m.
- (vii) Early Years Pilot (Oral Health Grant) to improve oral health interventions in Manchester, Tameside and Trafford, and deliver an Oral Health Conference. The annual allocation for 2023-25 is £0.313m (to be distributed fairly across the 3 localities based on need.)
- (viii) Family Hubs Grant (received via Children’s Services) to provide infant feeding enhancements in north and south Manchester, speech and language and learning development enhancements. The funding allocation in 2023/24 and 2024/25 is £0.409m.

3.9. **Appendix 3** provides an overview of the forecast medium-term budgets by service. **Appendix 4** provides an objective analysis of the 2023/24 budget to also set out the key areas of income. The forecast grants are listed at **Appendix 5**.

4. Making Manchester Fairer and Anti Poverty Strategy

4.1. Making Manchester Fairer (MMF) is Manchester City Council’s five-year action plan to address health inequalities in the city focussing on the social determinants of health.

4.2. In the wake of the COVID-19 Pandemic and the cost-of-living crisis, the need to tackle inequalities in the city continues to be a corporate and political priority. The delivery of MMF can be by its 8 themes, 4 ways of involving communities and 6 principles that underpin the way the programme will be delivered. Implementation of the plan has focused on the foundational workstreams required to ensure robust delivery of the plan.

MMF Delivery Plan Themes, Principles and Ways of Involving communities.

Eight Themes:	Six Principles:	Four Ways of Involving Communities*:
Early years, children and young people	Proportionate universalism and focus on equity	Listen to us
Poverty, income and debt	Respond to and learn from the impact of COVID 19	Trust us
Work and employment	Tailor to reflect the needs of Manchester	Employ us
Prevention of ill health and preventable deaths	Collaboration, creativity, and whole system approach	Create and support the conditions for social

Eight Themes:	Six Principles:	Four Ways of Involving Communities*:
		connections to develop and flourish
Homes and Housing	Monitoring and evaluate to ensure we are Making Manchester Fairer – narrowing gaps with Manchester as well as regional and national averages	
Places, transport and climate change	Take a life course approach with action on health inequalities starting before birth and right through to focus on ageing and specific needs of older people	
Communities and power		
Systemic and structural racism and discrimination		

*Based on insight from community group engagement

- 4.3. Investment of up to £2.989m over the 2023/24 and 2024/25 financial years has been identified from Public Health reserves. This is one off funding of which £2.281m has been used to support the Kickstarters programme, and this is phased over 2023/24 (£944k) and 2024/25 (£1.337m). The remaining £0.708m budget is allocated to programme delivery that includes, staffing costs, communications and other commissioned activity. With the expectation that delivery of the MMF programme and identified Kickstarter schemes will deliver savings to the health and social care system and wider including Education, Work and Skills.
- 4.4. The two Kickstarter schemes prioritised for investment are challenged with delivering the MMF plan's principles, improving health equity and also demonstrating an 'invest to save' approach. Current budget allocation provides programme delivery resources and funds phase one Kickstarter Schemes.

MMF Spend Allocation	2023/24 £'000	2024/25 £'000	Total £'000
Programme Resources	200	508	708
CYP - Childrens Kickstarter	792	208	1,000
CYP - Young People's Kickstarter	137	294	431
Early Help for Adults Kickstarter	15	835	850
TOTAL	1,144	1,845	2,989

- 4.5. The phase one Kickstarters are expected to deliver financial benefits as well as improving health equity for the target population groups. An update on the two Kickstarter schemes is provided below.

Improving Health Equity for Children and Young People (£1.431m)

Children's Kickstarter

- 4.6. In April work began to implement the 3-tier support offer delivered by a collaborative task force of services to provide intensive, targeted and universal support and interventions for children and families in early years. Benefits of the Kickstarter will be in the short / medium term:
- Improved school attendance
 - Improved uptake of Early Years offers/free 2-year-old childcare
 - Improved school readiness
- 4.7. Longer term benefits will be realised in 2 -3 years through:
- Reduction in demand for specialist services such as speech and language therapy
 - Reduction in Education, Health, and Care Plans (EHCPs) due to needs being met at SEND (Special Educational Need and Disability) services.
 - Increase in children reaching the appropriate level at each transition stage.
- 4.8. Intensive schools: All ten schools have been appointed a Support Worker which has enabled the assessment, training and input from an Educational Psychologist (EP) and Speech and Language Therapist (SALT). Accompanying this, each school established a taskforce group made up of partners based on the needs and challenges of the school.
- 4.9. Targeted schools: Support started in the Autumn term. Each of the five clusters completed a needs analysis to identify how they could best utilise the support from the EP and SALT to meet their needs. The Early Years Outreach Workers were also appointed and started working with each cluster of schools, taking referrals for families from the schools.
- 4.10. Universal Offer: The early years transition reading book was given to all children going into a reception class in a Manchester school before the Summer term ended. This was supported with enrichment packs for pre-school professionals, parents and the reception class staff to support the transition. A webinar was delivered covering social housing and homelessness prevention following feedback that housing was an issue many families faced.
- 4.11. Initial baseline data has started being collected from schools now information sharing agreements are in place. Further data will be collected at the end of the Spring and Summer terms to allow assessment of the intervention on pupils' progress, their attendance and parental engagement. The impact of the interventions on early years will be collected on a termly or quarterly basis with the first data being available from January 2024 with qualitative analysis also being carried out to better understand the outcomes of the interventions and their impact through structured interviews with those involved with the project.

These findings will start to become available in the Spring term.

- 4.12. Discussions are now under way to secure funding from public health reserves to sustain the Children's Kickstarter beyond the current programme end date of June 2024. This will be finalised in the next month.

Young People's Kickstarter

- 4.13. The purpose of the Young People's Kickstarter is to give Children and Young People (CYP) in Manchester who are already experiencing inequalities and inequities on their mental health and wellbeing, the support that they need to improve their life chances. As well as providing the opportunity to learn and build evidence for longer-term strategic approaches to reduce inequities in CYP mental health and wellbeing in the city.
- 4.14. A Specialist VCSE (Voluntary, Community and Social Enterprise) organisation with knowledge and experience of the needs of young people in Manchester, skilled in supporting young people with mental health and wellbeing issues, and understanding of the needs and assets of Manchester's communities and young people, will deliver over a 12-month period the following elements of the Kickstarter Scheme:
- (i) Building skills and capacity in community-based organisations to strengthen the support they can provide to CYP experiencing poor mental health and wellbeing (at current funding levels, there is the capacity to train around 200 CYP practitioners to develop new skills in supporting CYP with mental health needs)
 - (ii) Provide targeted community-based mental health and wellbeing support to CYP from marginalised communities (e.g. CYP from racially minoritised and LGBTQ+ communities, CYP living in poverty, or care experienced CYP) who are currently experiencing poor mental health and wellbeing (at current funding levels, there is capacity to support 550 CYP who would not otherwise be receiving any support)
- 4.15. In addition, Public Health is providing funding of £126k for 2023/24 (with a possible further £74k in 2024/25, to be confirmed) to increase capacity within the Be Well service, to support CYP from marginalised communities through social prescribing and connecting with other community wellbeing support. This service is available to CYP who are receiving mental health and wellbeing support through the Kickstarter, to CYP who are not eligible to access Kickstarter support but who need wellbeing support, and to their families through the wider Be Well service which offers a range of 'social determinants' and wellbeing support (e.g., advice services, support to remain in or return to employment, health coaching, connecting to community support). The Be Well service has an excellent track record of engaging marginalised communities in support, and of improving wellbeing outcomes across a range of domains.

- 4.16. Delivery of the targeted support element of the Kickstarter Scheme commenced in November and measurable benefits will be evident from January 2024.
- 4.17. Benefits will be in short / medium term:
- Take up of targeted support and engagement with young people- VCSE provider will be triaging 42nd w/list based on targeted groups outlined.
 - Improvement in wellbeing - measured at start and end of support with regular follow up at 3/6/9 months post support.
 - Reduction in 42nd waiting list for the targeted groups
- 4.18. Longer term benefits in 2 years will be seen by reducing or preventing demand in high demand areas such as:
- Reduced referrals for specialist mental health services
 - Visits to A&E
 - Substance abuse
- 4.19. It is worth noting these longer-term significant benefits will only be realised if learning from Kickstarter outcomes enabled the provision to be scaled up.

Early Help for Adults Experiencing Multiple and Complex Disadvantage (£0.850m)

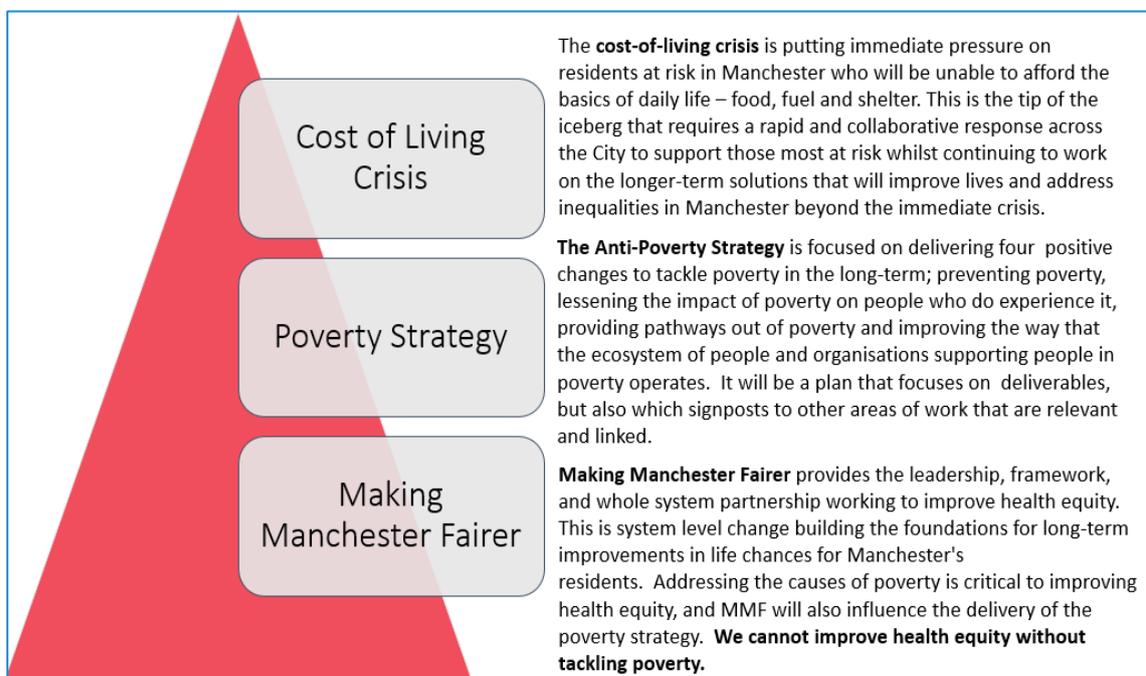
- 4.20. This Kickstarter will allow Multi-Agency Prevention and Support (MAPS) meetings to be delivered across 13 Integrated Neighbourhood Team footprints, bringing together locality- based professionals with intelligence and experience working with adults who require supportive interventions. A commissioned local support provider with experience of working across sectors will draw on the intelligence of all MAPS and VCSE partners to provide a bespoke holistic support intervention and a single point of contact for the individual receiving support. The target group are adults experiencing multiple disadvantage (e.g. homelessness, mental ill health, alcohol or drug misuse, and unemployment).
- 4.21. It is envisaged that a local provider will be commissioned in early 2024 to provide this support.
- 4.22. Monthly monitoring of the additional MAPS and commissioned activity will take place from the date each MAPS is implemented. Benefits of provision should be evident from Q1 of the 2024/25 financial year.
- 4.23. Benefits will be in short / medium term:
- Referrals to new MAPS Meetings
 - Relationship building and intelligence sharing with MAPS partners
 - Embedding of Early Help for Adults Case Management within MAPS supporting the wider support network
- 4.24. Longer term benefits in 2 years will be seen by reducing or preventing demand in high demand areas including:
- Reduction in A&E presentations

- Reduction in the number of people sleeping rough or who are homeless
- Reductions in demand for adult social care services
- Reduction in intensive mental health support

- 4.25. The MMF Action Plan (above) focuses on the social determinants of health and requires all agencies to contribute to improving the conditions in which Manchester’s residents are born, grow, live, work and age. The continues implications and impact of the cost-of-living crisis will affect the lives of many residents in the city and may reduce the scale of the outcomes intended to be achieved through the MMF Action Plan in the short-term.
- 4.26. Future funding opportunities would focus on sustainability and mainstreaming elements of the Kickstarters that provided the greatest benefits and providing VCSE organisations with long-term funding to build their capacity to support the delivery of the MMF Plan.
- 4.27. The process of reviewing the approach and benefits of the Children’s Kickstarter underway. This will inform how the model would be resourced and delivered in year two. Discussions are under away to secure funding from public health reserves to sustain the Children’s Kickstarter beyond June 2024 with confirmation of funding is to be finalised in February 2024.

5. Anti-Poverty Strategy

- 5.1. The approach to Cost of Living, Anti-Poverty and Making Manchester Fairer (Including Health Equity) is summarised in the Figure below.



- 5.2. At the January Resources and Governance Scrutiny Committee it was agreed 5% of the Cost of Living Group budget (£178k) would be made available to support the Anti Poverty Strategy work focused on to the following activities:

- Benefits maximisation – Working age adults and 50+ & targeted work with retired people around access to entitlements such as pension credit and attendance allowance and linking into the new Age Friendly Strategy.
- Work with organisations supporting young people to deliver a series of workshops/activities that support financial inclusions activities including budgeting, understanding.
- Commission the collation and management of a single source of information for professionals to support residents.
- Supporting the poverty proofing of the school day particularly focusing on support VCSE organisations regarding affordable school uniform.

6. Commissioning and procurement priorities

- 6.1. Five high value commissioned services are undergoing due diligence checks at the present time in line with all other 'Gold' or strategic contracts across the Council. These are as follows - Health Visitors Service, School Health Service, Contraception, Sexual Health and HIV Service (Northern), Integrated Drug & Alcohol Treatment & Support Service (CGL Manchester), and Community Nutrition Support Service.
- 6.2. The Health Visitors Service leads the delivery of the Healthy Child Programme (0-5 years) across the city and works in partnership with maternity services, early years services, primary and secondary care, children's social care and others. The workforce consists of specialist community public health nurses (SCPHN) and teams who provide expert information, assessments and interventions for babies, children, and families including first time mothers and fathers and families with complex needs. Health Visitors help to empower parents to make decisions that affect their family's health and wellbeing, and their role is central to improving the health outcomes of populations and reducing health inequalities. The service is led by Health Visitors and supported by skill mix teams. An Infant Feeding Service is provided in north Manchester and the additional Family Hubs Grant funding has enabled the service to expand citywide.
- 6.3. The Health Visitors Service will be undergoing a desk-top review from January 2024 – March 2024.
- 6.4. The School Health Service leads the delivery of the Healthy Child Programme (5-19 years) across the city and works in partnership with wide range of professionals and organisations to support children and families. The Healthy Child Programme is universal and provides an early opportunity to identify children and families that may need additional support or are at risk of poor outcomes. The service has 4 elements including –
- (i) School Nursing which delivers safeguarding and clinical interventions including weighing and measuring children (National Child Measurement Programme), immunisations and outbreak response;

- (ii) Healthy Weight Team which delivers weight management and safeguarding interventions to children identified as overweight, obese or morbidly obese;
 - (iii) Healthy Schools Programme which delivers health promotion across a curriculum of health-related topics; and
 - (iv) Accident Prevention which delivers health promotion to reduce accidental death and unintentional injury (for example, falls, cuts, burns, drowning) and works with various organisation including several Council Departments including Trading Standards, Neighbourhoods, Highways.
- 6.5. The School Health Service is undergoing a review which is due to conclude at the end of December 2023 with a view to a new service specification being in place from 1 April 2024. The review has been taking place against a backdrop of capacity constraints within the service due to recruitment difficulties. It is reported that the school nurse workforce across England has reduced by one third between 2009 and 2022 (NHS Digital, 2023.)
- 6.6. The Northern Contraception, Sexual Health and HIV Service (for people of all ages) is commissioned to provide routine, intermediate and specialist sexual & reproductive health provision including the testing and treatment of sexually transmitted infections (STIs), all methods of contraception, emergency contraception, condoms, pregnancy tests, abortion information, dedicated services for young people under the age of 25 (FRESH), reproductive health advice and referral, post exposure prophylaxis (PEP) and pre exposure prophylaxis (PrEP.) Specialist services are available including the Chemsex Clinic (known as REACH.)
- 6.7. Performance information from Northern confirms that the service is in very high demand. There is an intention to work collaboratively with the service to address service capacity issues and develop service improvement options.
- 6.8. The Integrated Drug and Alcohol Treatment and Support Service (CGL Manchester) is commissioned to deliver a single referral, triage and assessment process for all drug and alcohol interventions delivered in a community setting. The service has a number of elements including prevention and self-care including training on drugs and alcohol, engagement and early intervention including harm reduction (including Needle & Syringe Programmes), structured treatment, and recovery support. The service is available citywide and can be accessed digitally and across community settings (for example, in criminal justice settings such as Probation.)
- 6.9. CGL Manchester have received additional investment as a result of the various grant schemes highlighted above in 3.4. Performance information confirms excellent performance for increasing the numbers of people in treatment and for improving on continuity of care from prison to community treatment.

- 6.10. The Community Nutrition Support Service is commissioned to deliver community nutrition (for example, sip feeds to supplement a normal diet in certain groups of residents with poor nutritional intake or status), home enteral feeding, and a prevention of malnutrition programme. There is an intention to discuss future commissioning arrangements with the MCLO (Manchester Local Care Organisation) and the NHS Locality Team.
- 6.11. A tender exercise is currently underway for a Contraception & Sexual Health Service for Young People (aged 19 and under.) The service will meet the routine and intermediate needs of young people through the provision of contraception, and screening for and treatment of common sexually transmitted infections. The service will operate a clinic in the city centre and deliver education outreach activities, provide postal STI testing kits to eligible people via a digital service, and develop at least one sexual health prevention and promotion campaign per year.
- 6.12. A tender exercise is planned for the provision of Drug and Alcohol In-patient Detoxification and Residential Rehabilitation placements. The In-patient Detoxification Service provides short episodes of drug and alcohol treatment in a hospital or in-patient setting including assessment, stabilisation and assisted withdrawal/treatment where it isn't safe to provide these interventions in the community. The Residential Rehabilitation Service provides placements for residents who have been assessed by the Substance Misuse Social Work Team as requiring residential rehabilitation as part of their treatment and care plan.
- 6.13. A new contract is due to be issued in June 2024 for the provision of a GM Sexual Health Improvement Programme (which is provided by Black Health Agency for Equality, LGBT Foundation and George House Trust who work together as the PaSH (Passionate about Sexual Health) Partnership.) The programme delivers STI and HIV prevention and support to residents from populations who are at most risk. It is intended that the GM local authorities will work closely with the PaSH Partnership to review the current service specification before a new contract is issued.

7. Workforce

- 7.1. There are no workforce implications based on what is set out within this report. More generally, work has taken place over the past 12 months to establish virtual teams aligned to thematic delivery. This provides a better environment in which to share skills and expertise across the Department and provides clarity and stability to the workforce post-pandemic.
- 7.2. In order to support the delivery of the Making Manchester Fairer Programme, funded by the Public Health Reserves, a number of roles have been created, the majority of which have now been filled. Turnover within the Department remains low, at 3.7%.

8. Future opportunities, risks and policy considerations

- 8.1. The cost of living has increased sharply across the UK in recent years. Recent data confirms it was 6.7% in September 2023, unchanged from the previous month. Rising costs have had an impact on commissioned services and robust budget management has enabled appropriate uplifts to contracts.
- 8.2. Commissioned service providers pay a minimum of the Real Living Wage to their workforce in line with the plan to make Manchester a Real Living Wage city.
- 8.3. As referred to in 3.4, there is currently no further information on the Grant schemes income beyond 2024/25. This creates a level of uncertainty when it comes to future planning. Of particular concern is the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) with Manchester already achieving excellent outcomes in relation to the numbers of people in drug treatment. However other parts of the country are not performing as well, and this could lead to a “blanket” withdrawal of funding.
- 8.4. The mainstreaming of successful Kickstarter schemes will be considered as part of a phased approach, as the schemes have all had different start dates (see section 4.6). The process of reviewing the approach and benefits of the Children’s Kickstarter is underway. This will inform how the model would be resourced and delivered in year two. Discussions are under away to secure funding from public health reserves to sustain the Children’s Kickstarter beyond June 2024 with confirmation of funding is to be finalised in February 2024.