

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 26 November 2015
Subject: Health and Wellbeing Update – Part 1
Report of: Strategic Director for Families, Health and Wellbeing

Summary

This report provides Members of the Committee with an overview of developments across Health and social care.

Recommendation

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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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.

None

1. A joint project between the Nuffield Trust and The King's Fund will seek to evidence the impact of reduced local authority spending on older people with care needs.

1.1 Currently, evidence about the relationship between changes in spending, how this feeds through to the quality and quantity of services, and the impact on the health and wellbeing of people who use them is limited.

1.2 The project will publish its findings in 2016 and will follow four lines of enquiry:

- How are local authorities dealing with current pressures
- How are social care providers responding
- How have changes in the NHS services – especially primary care, community nursing and acute services – affected the health, wellbeing and care needs of people
- What is the impact on the quality of care being provided?

1.3 The research will take a case study approach, seeking to draw out innovative practices commissioners and providers are using to mitigate current pressures. It will be primarily qualitative in focus but will seek to identify quantitative data at a national and local level

1.4 The study has been undertaken in response to the Audit Commission's concern that neither national nor local government know whether health and social care systems can continue to absorb the cumulative pressures of reduced funding nor how long they can do so.

2. Children and Families Quality and Review Team is reviewing Homecare provision in Manchester, which consists of ten providers across the city.

2.1 The team is reviewing contracts and this will feed into a wider review being done by Commissioners.

2.2 The review will seek to get feedback from customers and stakeholders about the service they currently receive and how they think the service could be improved in the future. It will look also at value for money, strategic fit, how the providers are performing and look at quality.

2.3 Homecare providers across the city, staff, social workers and commissioners will also be consulted.

2.4 The review will be completed by the end of December. Following this the results will be analysed and the findings written into a report for The Strategic Lead Commissioner for Older People.

3. Public Health Grant In Year Cut

3.1 The Department of Health (DH) published their response to the consultation on the implementation an in-year cut to the Public Health Grant on 4th November 2015. The DH decision is to proceed with their preferred option of reducing each local authority's grant by an equal percentage (i.e. 6.2%). This will mean a

reduction of £3.3 million for Manchester from a grant allocation of £53.7 million. The cut will be implemented through a reduction in the fourth quarterly instalment of the grant in 2015/16. There has been no clarification as to whether this reduction is recurrent or not but the Public Health Team and finance colleagues are working on the assumption that this will be the case.

Given the late notice regarding this in-year cut and the assumption that it will be recurrent the Public Health Team is continuing to explore how to achieve the budget reductions in relation to the public health priority areas; wellbeing services, drugs and alcohol services, sexual health services, children's services. The focus is on identifying further efficiencies through both service re-designs and future service procurements and wherever possible limiting the impact on frontline services. Members of the Committee will receive regular updates and the plans to deliver the savings required will be incorporated into the Council budget planning process.

1. Manchester City Council Monitoring

1.1 The Quality, Performance and Compliance Team (QPC Team) are responsible for the contract management and quality assurance of services commissioned by the Directorate. Two of the main statutory areas in relation to adults that are subject to extensive and regular contract monitoring are care homes (including nursing homes) and home care. The Council undertakes contract monitoring based on risk analysis informed from a range of qualitative and quantitative sources, including complaints and safeguarding investigations. In addition, quality is monitored through hearing the views and experiences of citizens who use services. The QPC Team meet regularly with Care Quality Commission (CQC) representatives to share intelligence on a quarterly basis. Officers in the team also speak with CQC Inspectors on a frequent basis to share concerns and progress providers across the City. CQC is invited to partake in safeguarding strategy meetings and the relationship between the council and CQC is a positive one.

1.2 The QPC Team undertakes full monitoring visits to the all service providers. The approach involves visits to providers to gather evidence of compliance. Visits take place at any time during the standard working day and also when required at evenings and weekends. Provider visits identify areas of good practice and also highlight areas for improvement. In the latter instance, action plans are formulated in conjunction with the provider to ensure full compliance against contractual standards and to ensure completion within specified deadlines. Spot visits are also undertaken (these are shorter than full monitoring visits and will focus on a particular area, theme or intelligence).

1.4. The QPC Team meets with CQC on a regular basis to share our intelligence, which in turn supports regulatory visits to providers. CQC is able to use the intelligence gathered by the QPC team to inform them on how and when inspections will take place. In almost all cases, the QPC team will already be aware of the concerns in the provider's establishment but hold a different relationship with providers than the CQC does. Manchester has an ongoing responsibility for the quality of the care being received by its citizens and does this by ensuring a regular presence at provider locations, through formal monitoring or spot checks. Quality and Review Officers undertake additional visits to Care Homes to assess them against a Bronze, Silver and Gold quality framework, where providers achieve a recognised level of care, promoted by financial reward. Additionally, the QPC team identifies and promotes training opportunities with providers and regularly invites speakers to the provider forums to help services meet ongoing citizens' needs.

1.5 The QPC team performs visits to providers based on risk. Officers in the team maintain an ongoing assessment of providers that takes account of visits and their findings, the experience of others, including users of services, families, district teams, complaints, safeguarding information and whistleblower information to name a few. The risk analysis of a provider can change at any time and can result in increased monitoring to a provider, depending on the identified risk.

1.6 The QPC team will, ahead of any CQC visit, be working with providers to address known issues. When CQC visit, the inspection formally captures the issues already known to Manchester and the team takes on the role of working with the provider,

ensuring they have a plan for continued improvement. This means that the team are always prioritising and deploying its resources ahead of any publications or inspections from CQC. The QPC team ensures appropriate actions and improvements are made. In addition, where a CQC inspection has taken place which has resulted in a provider requiring improvement or an inadequate report, the QPC Team will be aware and be monitoring the formal response from the providers and gaining copies of their action plans, so that progress and improvements happen.

1.7 This briefing updates Health Scrutiny Members on the monitoring of three homes and the outcome of the latest CQC inspections of them that were published during October 2015, showing some of the key areas the team will work with the providers on to achieve improvements to the service.

Below are some examples of key CQC findings following recent inspections.

2. Allendale

2.1 This inspection took place on 2 June 2015 and was unannounced. The previous inspection had taken place on 20 August 2014. At that inspection CQC found that the service was not complying with regulations relating to management of medicines, safeguarding people from abuse and assessing and monitoring the quality of service provision. Part of the purpose of the inspection in June 2015 was to see whether the service had made improvements in these areas. Allendale Residential Home ('Allendale') is a privately owned residential care home without nursing. Accommodation is provided for up to 24 people.

- At the inspection on 2 June 2015 CQC found there were still breaches of regulation in relation to the management of medicines
- CQC found there was little improvement in the accuracy and continuity of care records. Care plans were not person-centred and lacked individual detail about people's lives
- The service used regular staff who knew the people who used the service well. There were enough staff on duty, they were trained in safeguarding and knew what to do if they witnessed or suspected abuse
- The service was involved in the regional Six Steps programme for end of life care. The lead practitioner spoke highly of Allendale's contribution to improving end of life care.

2.2 The inspection found that overall the home was inadequate. This was based on the following areas:

Safe	Inadequate
Effective	Inadequate
Caring	Requires Improvement
Responsive	Requires Improvement
Well-led	Inadequate

2.3 The Quality, Performance and Compliance Team have Allendale as a red risk rated home and in this financial year has undertaken 7 visits to the home. The most recent full monitoring visit to Allendale was the 13th July 2015, with addition spot

visits (these are shorter than full monitoring visits and will focus on a particular area) on 17th August 2015 and 12th October, with a view to a further full monitoring in November to take place. During these visits, a number of areas of improvement have been observed especially around the issues in medication, reporting, infection control and care planning for citizens. Allendale has also recruited a new manager to the home for improved leadership.

3. Viewpark

3.1 This inspection took place on 23rd and 29th June 2015. The first day was unannounced. The previous inspection had taken place on 2nd and 4th April 2014, when CQC found breaches of two regulations made under the Health and Social Care Act 2008. These related to failure to report a safeguarding incident, and several defects in the premises. Viewpark Care Home ('Viewpark') is a purpose built care home registered to provide care and support to 27 older people. The accommodation is on two floors, with two lifts and two staircases.

- The report found that care files were not properly maintained and that the registered manager and staff did not have an in-depth understanding of person-centered care
- The registered manager had not notified CQC of all safeguarding incidents and serious injuries which had occurred in the home in line with their statutory obligations
- Previous recommendations in relation to the safety of the building had been implemented. Staffing levels were acceptable
- People reported to CQC they liked the food. The home was receiving advice on nutrition from dieticians and people's weights were monitored.
- Residents had regular access to healthcare professionals, and District Nurses visited the home daily. The service worked well in partnership with local hospitals and health providers.
- Viewpark was signed up to an end of life programme and cared for people nearing the end of life in a dignified and compassionate way
- Staff and relatives gave positive feedback about the leadership ability of the registered manager. The registered manager and the deputy carried out regular spot checks at night which helped ensure that people were safely supported during the night.

3.2 The inspection found that overall the home Required Improvement. This was based on the following areas:

Safe	Requires improvement
Effective	Requires improvement
Caring	Requires Improvement
Responsive	Requires Improvement
Well-led	Requires improvement

3.3 The Quality, Performance and Compliance Team have Viewpark as an amber risk. Visits from the QPC team in this financial year currently stand at 4 with a further visit due this month. The most recent full monitoring visit to Viewpark was the 24th April 2015, with addition spot visits having also taken place, the most recent being on

9th August 2015. During these visits, substantial improvements have been witnessed. New processes have been introduced for staff to use as part of their daily working, which include care planning and incident reporting. Viewpark has also embarked on a programme of home improvements around the communal areas for citizens.

4. Laurel Court

This unannounced inspection took place on 14 September 2015. The last inspection of Laurel Court was May 2014, at which time the home was found to be meeting all standards reviewed. Laurel Court is in Didsbury, Manchester and is owned by Methodist Homes. It provides residential and nursing care as well as care for people living with Dementia. The home provides single occupancy rooms with en-suite facilities and is registered with the Care Quality Commission (CQC) to provide care for up to 91 people.

There are four units at the home, known internally as Wilmslow (Privately funded Dementia), Burton (Dementia), Palatine (Nursing and General Residential) and Broadway (General Nursing Unit).

- Staff reported to CQC that they did not think there were sufficient numbers of staff on shift to meet people's needs in a timely way
- The report states CQC looked at how the home ensured people received their medication safely. One person who lived on the Palatine Unit, ran out of their morning medication, which did not arrive at the home until approximately 4pm.
- People living at Laurel Court reported they felt safe. Staff were aware of safeguarding procedures and had received training in safeguarding of vulnerable adults
- The service carried out risk assessments in relation to people's health and care needs and measures were identified to reduce risk wherever possible
- Staff were observed interacting with people in a positive, respectful and friendly manner. People reported the staff was kind and caring. Staff were able to describe how they would support people to retain independence. The service sought feedback from people using the service through surveys and resident and relatives meetings
- The inspection identified records were not always maintained by staff. A range of audits and checks were undertaken by the manager to monitor the quality and safety of the service. The manager also conducted a 'Monthly Watch' which consisted of observations around each unit, to ensure that good practice was prominent within the home.

4.1 The inspection found that overall the home Required Improvement. This was based on the following areas:

Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement

4.2 The Quality, Performance and Compliance Team has Laurel Court as an amber risk, the team has been aware of issues around management and leadership in the home, most recently due to the absence of the manager due to illness. The QPC team has been in communication with senior managers in the service to gain reassurances around the presence of strong leadership and has a formal meeting in early December to further explore the ongoing management of the home. A full monitoring visit to Laurel Court was undertaken on 15th May 2015. In addition, a spot visit has taken place 23rd September in advance of the arranged meeting in December. Another spot check is due in the next two weeks. During visits to the Home, staffing rotas and environmental walk rounds have taken place to check staffing numbers. Laurel Court is a large care home spread over a number of floors with large open spaces; this can often mean that staffing numbers can look low if staff are engaged in 1:1 activities. Laurel Court uses a dependency tool for citizens in the home to ensure staffing numbers reflect the homes needs. T this is reviewed on a weekly basis.

The home is still working to some areas of improvement and has recently been successful in recruiting an additional Residential Care Manager who will lead the staff on the residential units on quality and focus on the provider's values and outcomes for citizens.