

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 17 December 2015  
**Subject:** Health and Wellbeing Update – Part 1  
**Report of:** Strategic Director for Families, Health and Wellbeing

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**Summary**

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

**Recommendations**

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

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**Wards Affected: All**

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**Contact Officers:**

Name: Hazel Summers  
Position: Interim Strategic Director for Adults, Health and Wellbeing  
Telephone: 0161 234 3952  
E-Mail: hazel.summers@manchester.gov.uk

Name: David Regan  
Position: Director of Public Health for Manchester  
Telephone: 0161 234 3981  
E-Mail: d.regan@manchester.gov.uk

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

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

None

## **1. Councils will be allowed to increase council tax by up to 2% in order to fund adult social care, as announced by chancellor George Osborne announced in his Spending Review .**

1.1 This would bring in almost £2bn a year, enough to support 50,000 older people in care homes, or around 190,000 in their own homes. However, the statement also revealed that local government central grant is to be cut by more than a half over the next four years, from £11.5bn this year to £5.4bn in 2019/20, a drop of 56%. Meanwhile, councils' self-financed expenditure (from revenue and business rates) is expected to increase by 13.1% over the same period – from £28.8bn to £35.1bn.

1.2 By the end of the parliament, councils will be able to retain 100% of all business rate revenue, while the uniform rate is also being abolished. The Treasury said, with income from both council tax and business rates forecast to increase, councils will need to find real-terms savings of 6.7% in this Spending Review period, compared to 14% at SR2010, a smaller reduction than most other unprotected areas.

1.3 Osborne's statement acknowledged that many local authorities are not going to be able to meet rising demands for social care without a new source of funding.

1.4 "So in future, those local authorities who are responsible for social care will be able to levy a new social care precept of up to 2% on council tax, Osborne told MPs, adding. "The money raised will have to be spent exclusively on adult social care – and if all authorities make full use it, it will bring almost £2bn more into the care system."

1.5 The Better Care Fund will also be increased, allowing councils to draw on an extra £1.5bn by 2019/20. However, pre-statement analysis by consultants iMPower showed the amount the social care precept would raise would differ significantly from authority to authority. It suggested that, in general, Conservative-controlled boroughs such as Richmond and Rutland could increase their adult social budgets by almost 5%, but the gain in largely urban, Labour-run authorities such as Newcastle and Liverpool is set to be much lower, at less than 2%.

## **2. Dry January Campaign 2016**

2.1 A new survey by Alcohol Concern to launch its fourth Dry January campaign has revealed a number of trends in Britain. The YouGov survey of more than 2,000 adults reveals women's drinking starts after the clock strikes 5pm (93%). However, it's men who are more likely to drink every day and those that drink also tend to start earlier in the day. The survey results show that when drinking, a number of men are having their first alcoholic drink at lunchtime -12% of men surveyed have their first drink before 4pm with 4% of these starting around 1pm.

2.2 Of those surveyed who drink alcohol in an average week:

- **10%** men have their first drink between 1pm-4pm
- **6%** women have their first drink between 1pm-4pm

- **71%** of men have their first drink between 5pm-8pm
- **82%** of women have their first drink between 5pm-8pm

2.3 Throughout Great Britain, of those that drink alcohol in an average week, one in ten have their first drink around 4pm or earlier. This comes after new research has shown just how effective Dry January is at changing behaviour. The most comprehensive study yet has shown that six months after completing Alcohol Concern's Dry January, 65% of people made a positive change to their drinking habits by drinking less, or cutting alcohol out completely.

## 1. Manchester City Council Monitoring

Update on public CQC reports on residential care homes released during December.

| <b>Provider Name</b>     | <b>Sure Care UK</b>           | <b>Anchor</b>               |
|--------------------------|-------------------------------|-----------------------------|
| <b>Home Name</b>         | Brocklehurst                  | Lightbowne Hall             |
| <b>Home Address</b>      | 65 Cavendish Road, Withington | 262 Lightbowne Road, Moston |
| <b>Registered Beds</b>   | 41                            | 52                          |
| <b>Current Occupancy</b> | 35                            | 47                          |

1.1 As reported last month, 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 Quality, Performance and Compliance Team (QPC) 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 about 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 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.

1.3 This briefing updates Health Scrutiny Members on the monitoring of Brocklehurst, and Lightbowne Hall. Brocklehurst had shortly before the CQC visit undertaken the recruitment of a new home manager, so was not registered with them at the time of their visit. Lightbowne Hall has since the time of the inspection been purchased by Anchor Housing, who have made significant changes to the home, including the recruitment of a new manager.

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

## 2. Brocklehurst Nursing Home

2.1 Brocklehurst was visited by CQC on 16<sup>th</sup> June and again 6<sup>th</sup> July 2015. The home had not had an inspection since it had been with the current provider. The home was previously managed by Anchor Homes and was last inspected in March 2014. Sure Care (UK) Limited began managing the home in May 2014. Brocklehurst Nursing Home is a large two storey detached building set in its own grounds. The home provides residential and nursing care for up to 41 people. The home had 38 people living there at the time of the inspection.

- People were not supported to be involved as much as they could be with decisions about their own care. Stating that family members were routinely used as the first point of contact rather than the individual themselves

- A lack of assessment and review of people's needs, contradictions within care plans and across file information left a risk of people receiving care that was unsuitable or unsafe
- People who lived in Brocklehurst were not treated with dignity and respect. Staff acted without due care and diligence about people's feelings
- The home did not have specific policies and procedures for managing medicines including receiving and destroying stock. The home had a complex system for administering medicines from two different pharmacies
- A number of errors had been picked up prior to the inspection and there had been minimal action taken to improve the situation. CQC also found there was not an overall health and safety audit for the building and the people who lived within it
- The provider was not meeting the nutrition and hydration needs of the people living in the home
- The manager stated they did not have any records of any complaints made prior to them starting in post in April 2015. However CQC were aware of two ongoing complaints that had progressed to safeguarding
- The home failed to ensure the service is meeting the needs of people living there and looks at ways at improving service provision. A lack of monitoring and audits meant the manager had no information upon which they could seek to drive improvements.

2.2 The Quality, Performance and Compliance Team have Brocklehurst as a red risk rated home and in this financial year has undertaken 4 visits to the home. The most recent full monitoring visit to Brocklehurst was the 4<sup>th</sup> December 2015, with additional spot visits (these are shorter than full monitoring visits and will focus on a particular area) on 4<sup>th</sup> June and 9<sup>th</sup> September. During these visits, a number of areas of improvement have been observed, the home continues to have a number of areas that will need continuous improvement and these are captured as part of their Action Plan.

### **3. Lightbowne Hall**

3.1 CQC carried out an inspection of the service on 16 July and 4 August 2015. The previous inspection of this was carried out in May 2014. Lightbowne Hall is a large three storey detached property in Manchester. The home provides residential care for up to 52 people.

- There were not enough staff to meet people's needs
- On inspecting people's care files they found where risks had been identified, the home had not always managed to support the person at risk. Individual plans to support people in an emergency had not been reviewed since people became resident at the home
- CQC found staff were recruited safely and suitable checks were made
- Whilst reviewing how the home managed and administered medicines a number of concerns were identified. These included people receiving their medicines late and in ways which were not appropriately assessed.
- Whilst communal areas were mostly clean and tidy, people's bedrooms and en-suites were not

- The home had comprehensive documents for gaining people's consent. However these were not completed in the files looked in
- Staff spoken with told CQC the training they received was good but supervision and appraisals had been limited
- The people who lived in the home and their visitors and relatives were all positive about the staff.
- Audits on the home's quality were not accurate which meant systems to improve the quality of provision at the home were not effective.
- Accident records at the home were comprehensive and evidence showed people were monitored effectively following an accident.
- Surveys were completed but the information was not collated and used to improve provision at the home

3.3 The Quality, Performance and Compliance Team have Lightbowne Hall as a Green risk rated home and in this financial year has undertaken 3 visits to the home. The most recent full monitoring visit to Lightbowne was the 27<sup>th</sup> January 2015, with additional spot visits (these are shorter than full monitoring visits and will focus on a particular area) on 6<sup>th</sup> July and 25<sup>th</sup> November 2015. During these visits, a number of areas of improvement have been observed, including the full addressed issues identified by CQC in their visit. Since the home had been inspected the proprietor has changed hands, the new owner being very pro-active in making the necessary improvements to the home.