

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 30 June 2016  
**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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**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. Devolution to local government in England, a summary of the national picture<sup>1</sup>.**
- 1.1 As of March 2016, devolution deals with eleven areas have been agreed by the government and local authorities. Discussions have also taken place on further devolution to Greater London. Devolution deals have been negotiated in private between Government teams and local authority leaders. Once the deal document has been agreed and published, each council involved must then itself approve its participation in the deal. This has been referred to by some reports as ‘ratification’.
- 1.2 Common policy is that the majority of councillors are not provided with information on a devolution deal until the final document is published. Some have, at that point, questioned the deal agreed. Cambridgeshire County Council voted against accepting the East Anglia deal by 64 votes to 1 on 21 March 2016. In March 2016, Sunderland, Durham, South Tyneside and Gateshead have postponed a final decision on the North-East devolution deal.
- 1.3 There have been reports that the Government has set a deadline for all existing deals to be ratified by 30 June 2016, though it is not clear what happens if that deadline is not met. The Government has stated on a number of occasions that it has had no preconceived ideas about which powers should be devolved, or to which areas. However, the Institute for Public Policy Research (IPPR) reports that County proposals that have been considered too small have been challenged, while, more significantly, in almost all cases where there is anything other than modest ambition, the government would appear to be insisting on the introduction of a directly elected mayor. Their report suggested that elected mayors were inappropriate for areas which did not have a single urban centre, and urged the Government to clarify what alternative governance arrangements would find favour in devolution deal negotiations.
- 1.4 The devolution deals agreed so far have many similarities in terms of powers to be devolved. Powers over business support services, adult skills funding, transport budgets and bus franchising, and land management feature in almost all of the deals. By contrast, involvement in health services and policing, for instance, have been offered in only a small number of areas.
- 1.5 A number of criticisms have been made about lack of public consultation in most devolution negotiations. The Local Government Information Unit’s (L.G.I.U.) recent report on <sup>2</sup>devolution comments that “If local government is to take on new responsibilities, new structures, and new forms of partnership then there will need to be a multi-level model of accountability that encapsulates this, clarifying the roles and responsibilities within the new ecosystem. Most of the deals announced so far involve some form of cabinet made up of the partner authorities, with a two-thirds in favour vote required for major change.” They suggest that informal brokerage, leadership and

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<sup>1</sup> <http://researchbriefings.files.parliament.uk/documents/SN07029/SN07029.pdf>

<sup>2</sup> <http://www.lgiu.org.uk/report/lgiu-long-read-devolution-a-state-of-the-nation/>

negotiation could be key to combining health and social care, for example, though the mayor will have no formal responsibility in that area.

- 1.6 The L.G.I.U. report says that it is still to be seen whether devolution will lead to meaningful change at the local level, and a different relationship between the citizen and the state. However, in our local context, the Kingsfund have said that “what makes Greater Manchester’s devolution project so exciting is the fact that their ambitions go much further than the integration of health and social care to consider public services in the round. “

## **2. Update on public CQC reports on residential care homes.**

- 2.1 Further to details submitted in the March Scrutiny Report, The Quality, Performance and Compliance Team undertakes contract monitoring based on risk analysis informed by 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 or more often if required. 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.
- 2.2 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.
- 2.3 During March CQC published one provider requiring improvement as follows: Manchester Homecare Associates
- 2.4 Manchester Home Care Associates, known as CASA, are a domiciliary home care provider operating in the Wythenshawe area of the city. CASA currently provide domiciliary care support for 75 Manchester residents. CQC last inspected the provider on 7<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> January 2016 and although finding the provider “good” in two of the five inspection areas overall rated the provider as requiring improvement. The areas identified as requiring improvement are as follows;
- Not all medication administered to people was recorded appropriately.
  - Supervision was not consistent for all staff
  - People's dignity was compromised on occasions
  - People told us that staff provided care visits as planned with consistent staff, although staff on weekend calls were sometimes less consistent.

- 2.5 The Quality Performance & Compliance Team have rated CASA as Amber. The last monitoring visit was on 9 December 2015, and there were three further monitoring meetings in February, June and September 2015. We continue to see improvements in their operation and a commitment from the provider, the manager and their workforce to continue to work towards receiving a good outcome for residents. The next Monitoring visit is due to be undertaken in June 16.

### **3. Public Health Summer Campaigns**

#### **3.1 Local**

Manchester Public Health Team is working with Manchester Pride to communicate health promotion and harm reduction messages to people attending the Big Weekend at the end of August. Building on the approach in 2015 messages about alcohol, drugs and sexual health will be communicated via social media and other channels. Local services including the Integrated Alcohol and Drugs service and the Sexual and Reproductive Health Service will be supporting the event.

#### **3.2 National**

- **Change4Life**

The on-going physical activity campaign includes a range of ideas for everyday activity, active travel, and the opportunities to get active with family and friends- it also gives advice and guidance on increasing activity levels and participation for disabled children and adults. The Active Holiday Planner encourages planned and informal activities- outdoor and indoor – that will fun and accessible (e.g. using local parks)

<http://www.nhs.uk/change4life/pages/get-going-every-day.aspx>

- **Breastfeeding**

The breastfeeding campaign is part of the Start4Life campaign that aims to support mothers and families to give their babies the best start in life. The campaign includes information about the advantages of breastfeeding for babies such as reducing the risk of chest infections, ear infections, developing eczema and becoming obese and avoiding conditions such a Type 2 Diabetes in later life. It also includes the benefits for mothers such as reducing the risk of breast and ovarian cancers, increasing post pregnancy weight loss and saving money compared to the use of formula milk.

[http://www.unicef.org.uk/Documents/Baby\\_Friendly/Leaflets/otbs\\_leaflet.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/otbs_leaflet.pdf)

- **Back to school**

The back to school healthy lunchbox ideas includes detailed contents for daily lunchbox for 5-8 year old and children aged 9 years and over.

<http://www.nhs.uk/Change4Life/Pages/healthy-lunchbox-picnic.aspx>

There is also information about, and links on the website to, the new “sugar app” that allows shoppers to scan barcodes on food packaging to reveal the sugar content.

<https://www.nhs.uk/change4life-beta/campaigns/sugar-smart/home>