

## **Manchester City Council Report for Information**

**Report to:** Health Scrutiny Committee – 8 December 2016

**Subject:** Health and Wellbeing Update

**Report of:** Strategic Director Adult Social Care, Manchester City Council;  
Joint Director, Health and Social Care Integration, Manchester  
City Council and Head of Corporate Services, Manchester  
Clinical Commissioning Groups

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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):**

None.

## **1. Budgets available for respite care**

1.1 On 26<sup>th</sup> November 2015, item HSC/15/67 Carers Consultation, the committee requested an update on these budgets.

1.2 Manchester City Council's in house Short Breaks Service provides respite for adults with learning disabilities in three small residential units across Manchester. There are 19 beds in total, 10 at Hall Lane, Wythenshawe, 5 at Edlington Walk, Newton Heath and 4 at Broadlands Walk, Moston.

1.3 Units offer a mixture of 24hr personal care and more general support, which allows carers to have a break from their caring responsibilities. The Short Breaks offer also includes emergency respite in times of crisis and to support hospital discharges. The unit at Hall Lane also provides respite for a number of CHC (Continuing Health Care) customers.

1.4 The Service has an annual budget of £773,274 including an employee budget of £747,646. A standard rate per night for external commissioners (CHC) is £165 (including £15 for food etc). This charge has been in place for over 10 years and will be reviewed in January 2017.

1.5 The total budget for 2015/16 was £821,789 and spend at end of year was £863,842. For 2016/17, the budget is £876,101 and the projected outturn position is £857,864.

## **2. Reablement**

2.1 The North and South Reablement Service provides personal care to people who live in their own homes. The service focuses on helping people regain their independence, for example after a stay in hospital, by providing short-term support, usually for a maximum of up to six weeks. At the time of their inspection we were supporting 120 people a day.

2.2 The Care Quality Commission (CQC) monitors how care is delivered under the Health and Social Care Act 2008. The CQC inspectors undertook a full review on how the service supports people living in the community. These fall under 5 domains that are Safe, Effective, Caring, Responsive and Well Led.

2.3 The CQC Inspectors found that we were good in areas and below is some of the feedback we received:-

- People using the service felt safe and we saw the provider operated an out-of-hours phone line in case of unforeseen circumstances.
- People who used the service, relatives and healthcare professionals told us staff were caring, compassionate and treated people with dignity and respect.

- People also confirmed staff were supportive and encouraging in helping them regain their independence.
- People who used the service and staff confirmed they received good levels of continuity in care.
- We found consistent and comprehensive liaison with external healthcare professionals and particularly close links with the on-site home pathway team, made up of physiotherapy, occupational therapy and nursing professionals.
- Staff had received training in safeguarding and displayed a good understanding of what signs could indicate someone who used the service was at risk of harm.
- Risks were assessed and managed well through pre-assessment and ongoing review.
- People were encouraged and supported to contribute to their own care planning and review, with family members also involved.
- The registered manager and team leaders described in positive terms by people who used the service and other staff and we found the leadership of the service had successfully managed to continue to meet people's needs whilst the service underwent structural change.

2.4 This is an excellent outcome for the service due to the high scrutiny entailed in meeting the required standards set by the Care Quality Commission.

### **3. Pennine Acute Trust update Leadership**

3.1 Over the past few months, Pennine Acute Trust (PAT) have been working on plans to establish new executive leadership teams as part of the future model for the Trust's four hospitals and localities. To this end, three Care Organisations are being establishes to manage the four hospitals and work with partner organisations across our respective localities.

Each of these Care Organisations will have its own executive leadership team comprising a Managing Director, a Medical Director and a Nursing Director. The three Care Organisations will be: - North Manchester, Oldham, and Bury/Rochdale. This model will help strengthen and improve senior leadership support at hospital-level, strengthen engagement with staff and clinical teams and strengthen relationships and joint working with local care partners including Local Authorities and local commissioners in Manchester, Oldham, Bury and Rochdale.

### **CQC Improvement Action Plan**

3.2 The Trust's Improvement Plan was drawn up to deliver and support the improvements needed to stabilise their fragile services and ensure all services are safer, more reliable and more efficient. The plan has been endorsed by the Greater Manchester Pennine Improvement Board, chaired by the Chief Officer of the GM Health & Social Care Partnership, Jon Rouse.

The CQC's 77 'Must Dos' and 144 'Should Dos' in its report have been mapped to the themes and deliverables contained within the plan. The impact of the actions on patient care, outcomes and staff will be monitored and assessed through

measurement dashboards. 15 high level metrics are linked under the five CQC domains of: Safe, Effective, Caring, Responsive and Well-Led. These high level metrics include mortality ratios, number of cardiac arrests, reported pressure ulcers, serious incidents, postpartum haemorrhage, length of stay for elective patients, readmissions, formal complaints, staffing levels and staff absence, cancelled appointments, and median time from A&E arrival to admission and to treatment. Salford Royal's operating models is being implemented to enable change to be delivered at scale and pace.

The CQC has requested a follow-up meeting and table-top review with the Executive Team on 13 December 2016 to enable a detailed review of the progress being made around stabilising fragile services, the Trust's mortality review project and an assessment of our winter resilience. This is likely to be followed by a follow-up inspection by the CQC across all sites in late Spring 2017 which will focus on those services rated inadequate and the 'Well-Led' domain.

### **A&E at North Manchester General Hospital**

3.3 A number of measures have been put in place to support staff in A&E to stabilise and strengthen the service. This involves enhanced GP and primary care input directly into the department, enhanced community services, and increased physiotherapy and pharmacy staff in A&E. Additional temporary A&E consultant cover from senior clinicians has also been identified from across PAHT and from other neighbouring Trusts. The Trust is also working closely with Salford Royal and CMFT on joint recruitment campaigns to design innovative and attractive consultant job plans that will help recruit to vacant positions in A&E and Acute Medicine specialties. A risk to the stability of the service remains if recruitment initiatives are not successful. We are also working with NNAS to ensure reliable pathways for high acuity patients taken directly to high acuity sites at Oldham, Salford Royal and Central Manchester Foundation Trust (CMFT) for specialist treatment.

### **Maternity Services**

3.4 Recruitment of additional midwives and a focus on clinical leadership continues to be the Trust's priority for maternity services. Thirty-one new midwives started in post across the Trust's two maternity units at North Manchester and Oldham on 17 October. In addition to these new staff (58 new midwives since April), our new management team is being supported by CMFT who are providing supplementary clinical leadership support in order to stabilise and strengthen services on the North Manchester site. The Trust, with support from Salford, has recruited additional midwives and sickness absence rates have fallen.

### **Paediatric Services**

3.5 A number of measures have been put in place to stabilise and improve children's services, particularly around staffing and paediatric bed capacity at Oldham and NMGH. Six patient pathway coordinators have started on both sites to pull through and support children. A new matron for paediatrics has started in post and three paediatric nurses have been recruited from Salford Royal. The Trust is also in the

process of recruiting six new consultant paediatricians; two paediatricians have commenced in post. A clinical educator for NMGH has commenced in post.

### **Critical Care Services**

3.6 It has been agreed to recruit supernumerary shift coordinators, with three nurses already in post. Medical recruitment of doctors continues to locum, intensivise and middle grade posts to support critical care rotas.

### **Nursing & Medical Workforce Recruitment**

Between April and September, PAT successfully recruited 109 new registered nurses and 58 midwives, 36 doctors (consultants and middle grades) and 149 health care support workers. In addition, 60 newly qualified registered nurses started on 2 October. The Trust is in the process of recruiting 70 more health care support workers. In addition, a successful pilot announced recently by Health Education England will see 44 Nursing Associates start in post at the Trust in January 2017. These Nursing Associates will begin training in a new role that will sit alongside existing nursing care support workers and fully-qualified registered nurses to deliver hands-on care for patients.

### **Strengthening nurse leadership**

3.7 Following a review of nurse staffing numbers and skill mix by Elaine Inglesby-Burke, Chief Nurse, the Trust has agreed to recruit to 100 Band six senior nurse posts to improve nurse leadership, skill mix and grade mix across all of our acute wards and clinical areas. This will also reduce reliance on expensive agency staff. It is anticipated that approximately half of these posts will be filled by existing staff who will further develop their skills and careers, while at least half will prove a significant draw and attraction for new staff externally to join the Trust.

### **Quality Improvement (QI) Strategy**

3.8 The Trust's overarching Quality Improvement (QI) Strategy is in the final stages of development and will be submitted to the Trust Board later this month. A major component to the Trust's Improvement Plan and QI strategy is the roll out of large scale staff quality learning collaboratives. These collaboratives aim to engage with staff to work on how to make real improvements and how to measure their impact on patient care. In advance of the QI strategy being finalised, the first learning collaborative has been established centred on the deteriorating patient. The Deteriorating Patient Collaborative aims to reduce the rate of cardiac arrests per (1000 admissions) and will look at the identification, observation, timely escalation and care management of deterioration in patients, including the identification and management of sepsis, particularly in elderly frail patients, and what care and treatment these patients need.

### **Clinical Services Strategy**

3.9 The Trust is creating a Clinical Service Strategy which includes identifying service portfolios for each of our sites. This work is being undertaken with local CCGs,

including North Manchester CCG, and Local Authorities, including Manchester City Council. It will link to locality plans and locality care design in each area of North Manchester, Oldham, Bury and Rochdale, including the plans for the Single Hospital Service for Manchester and Healthier Together. The Clinical Services Strategy, together with the Trust's Investment Plan, will describe how the Trust can move from a position of stabilising services to one of transforming services and becoming clinically and financially sustainable in the longer term. The long term solutions to stability lie in working through a clinical service strategy for each site, closely aligned to the development of the Local Care Organisations (LCOs). This will include developing a positive vision for the future role of NMGH, connected with its local community to improve care of people with multiple conditions and frailty. The process will also determine a plan for improving accommodation on the site.

**New neighbourhood teams in North Manchester – Changes to district nurse referral form**

4. Community nurses in North Manchester are now based in four neighbourhood teams. This change is part of the exciting development of integrated neighbourhood teams, which will bring community nurses, therapists, general practices and social care together to provide joined up care and pro-actively support people at risk of admission to hospital.

## 1. Manchester City Council Monitoring

Update on public CQC reports on residential care homes released during October 2016 where the rating is 'requires improvement' or 'inadequate'.

Provider Name	Fresh Fields Care Home	Polonia Care Home
Provider Address		
Registered Beds	41	9
Current Occupancy	0	8

1.1 Further to details submitted in the November 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.

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 providers. In October 2016, no homes or services have been found to be 'inadequate', and CQC has published two 'requiring improvement' reports for Manchester providers as follows:

### 2.0 Fresh Fields Nursing Home

2.1 Fresh Fields Nursing Home has been subject to a number of CQC site visits, and has been reported to Scrutiny throughout the year. The QPC Team along with Health colleagues moved all of the 26 residents living at Fresh Fields to alternative provision during the late summer and the home ceased operating from 7<sup>th</sup> October 2016

### 3.0 Polonia

3.1 Polonia is a residential care home in Whalley Range registered to provide care and accommodation for up to 9 people over the age of 65.

**3.2** MCC's Quality, Performance and Compliance (QPC) team has risk-rated Polonia as 'Green' (Low level of risk). They last had a monitoring visit in March 2015 and a spot visit in August 2015. There had been previous concerns that staff had not been recording the written logs in English but this had since been addressed. There were also concerns around the financial viability of the service due to the small size of the home. Polonia is scheduled to receive a full monitoring visit week commencing 28 November.

**3.3** Polonia was inspected by CQC on the 5th November and the outcome was "Requires Improvement". The report identified the following:

- Medication practice was not always safe and improvements were needed. There was a risk that people would not receive their prescribed medications as directed.
- People's care records did not demonstrate that people had been supported to make best interest decisions in accordance with the Mental Capacity Act 2005. Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived.
- People's care plans were not always personalised or provided detailed information on how care needs were to be met.
- The registered manager needed to raise their awareness and increase their knowledge of what events they needed to notify CQC of.

#### **4.0 Next Steps**

**4.1** CQC and QPC continue to exchange information regarding Manchester services and QPC follow up on actions identified through our own monitoring and that of CQC to ensure standards in Manchester services continue to improve.