

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 5 January 2017
Subject: Health and Wellbeing Update
Report of: Strategic Director, Adult Social Care

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.

Wards Affected: All

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Background documents (available for public inspection):

None

1. Manchester Shared Lives Service

- 1.1 Manchester Shared Lives has operated services for the past 30 years and is one of the largest schemes in the country operated by a Local Authority. Manchester Shared Lives scheme widens the choice of services available to vulnerable people living in the community, giving them the opportunity of experiencing life within another setting; or receiving informal support in their own home or the community. We are committed to providing good quality, cost effective local services. The people who use our services have a range of social care needs and may be older people, people with physical / learning disabilities, people with mental health conditions and young people in transition.
- 1.2 The team is made up of a Registered Manager and 7 placement workers who are responsible and currently offer the following services;
- Long Term Shared Lives Arrangements – 87 citizens
 - 135 Providers of which 33 are couples
 - Supported Lodgings / Supported Living – 43 citizens (35 off site)
 - 16 providers are available only for off site supported lodgings
 - Family Short Breaks – 19 citizens
 - 20 providers currently providing family short breaks
 - Of the above citizens 28 are individuals considered to have complex or multiple social care needs.
 - Sessional support Service – 132 citizens
 - 73 sessional workers providing support in the community / individuals homes and to Education via the STEPS programme.
- 1.3 Our recent CQC inspection in May 2016 rated us overall as 'GOOD'. The inspector was very complimentary about:
- The open and supportive culture at the service
 - The comprehensive and robust systems of audit and quality monitoring
 - The deep and lasting bonds formed between providers and citizens
 - Training and support to and of providers tailored to individuals
 - People using the service felt safe
 - Recruitment and matching Processes
 - Peoples support plans were individualised and person centred. They were updated at regular intervals and people were involved in the process.
 - Care workers respected people's privacy and dignity and gave us examples of how they supported people to be independent.
 - People told the inspector they had enough to do and their relatives agreed. They went on holiday with the families they lived with or were helped to book their own if they preferred.

Staff described how the service's vision and values underpinned the support they provided

2. Case Studies Manchester Shared Lives

- 2.1 'D' has a dual diagnosis of mental health needs and learning disability; she has a history of self-harming and Clinical depression. 'D' has been a looked after child since 1999 and was moved between foster placements. At aged 21, D was referred to our service for a new Long Term care arrangement. We met 'D' and her foster carer, we discussed her needs and looked at other alternatives as it was clear that 'D' was ready to move on to a more independent placement. We had no suitable matches with Shared Lives carers to meet her needs at the time, so we worked together with 'D' and her carer to create an individual care package to meet her needs. We developed a package of support which enabled 'D' to have her own tenancy. We fast-tracked her carer to become an approved Manchester Shared Lives carer; she supports 'D' daily, helping her to access education, budgeting, cooking, etc. The plan is for 'D' to develop her skills over a period in the medium term with a view to support being reduced. The outcome has been a very positive one for 'D' who is enjoying her increased independence whilst receiving the continuity and stability of support from someone she has a long term and positive relationship with.
- 2.2 'D' lives with her main carer Mum at her family home. 'D' has complex health and social care needs and receives family short breaks with a Shared Lives Provider on a regular basis. Unfortunately 'D's Mum has recently been diagnosed with a brain tumour and has required critical brain surgery. The shared lives provider has been able to provide both increased and emergency short breaks and support to 'D' and this has been of great comfort to Mum as relationships are well established and she is confident in both the consistency in care and provider.

3. Public Health Update: Bowel Cancer Screening Campaign

- 3.1 Following the presentation by Cancer Research UK to Full Council on 30th November, we can now also inform members that Cancer Research UK will be funding a regional Be Clear on Cancer, Bowel Cancer Screening awareness pilot in early 2017. This will consist of advertising (including TV) running from 9th January to 2nd April 2017, and direct mail running from 20th February to 31st March 2017. The aim of the campaign is to raise awareness of the NHS Bowel Cancer Screening Programme (guaiac Faecal Occult Blood Test or gFOBT), encourage more people to participate in bowel cancer screening and, therefore, improve early diagnosis of bowel cancer.
- 3.2 The advertising campaign will be delivered by Cancer Research UK and is being developed in close partnership with the national Be Clear on Cancer campaign team, including Public Health England (marketing), NHS England and Department of Health colleagues. The North West has been selected as a target area based on a number of considerations, including: low bowel cancer screening uptake levels; high density of target audience (i.e. 60–74 year olds); high incidence of, and mortality from, bowel cancer; and local support for the campaign aims.

- 3.3 This campaign will be built on learning from three previous bowel cancer screening projects commissioned by Cancer Research UK, along with insights from multiple Be Clear on Cancer campaigns that have been piloted locally and regionally, before being rolled out nationally. Be Clear on Cancer has historically focused on symptom awareness, but there has been a long-standing interest in testing the successful Be Clear on Cancer brand with bowel cancer screening messages.
- 3.4 Should the results from this pilot be promising the advertising could potentially be incorporated into Public Health England's Be Clear on Cancer programme and direct mail approach could potentially be integrated into the Bowel Cancer Screening Programme.

4. CCG Mental Health Grants programme

- 4.1 The 3 Manchester Clinical Commissioning Groups have invested £330,000 in a new mental health grants programme which is being administered by Macc.
- 4.2 The primary objectives of the grant programme are:
- to increase the social inclusion within their neighbourhoods of people with serious and enduring mental health problems
 - to increase the take-up of Improving Access to Psychological Therapies (IAPT) programme services among communities that find them difficult to access
 - to increase the level of support offered to people with mental health problems who find it difficult to access existing services in their neighbourhoods
- 4.3 Following an application process open to voluntary and community sector organisations in Manchester, 77 applications were received and 35 projects were recommended for awards by the selection panel which included service user input, and representation from Manchester City Council. The due diligence process is currently being completed and the projects will begin in the new year.
- 4.4 A list of those successful applicants can be found here <https://www.manchestercommunitycentral.org/sites/manchestercommunitycentral.co.uk/files/List%20of%20successful%20applications.pdf>

5. National Living Wage Update

- 5.1 In setting of fees councils are required to pay due regard to the cost of delivering care and set its rates accordingly. Whilst providing additional resources is extremely difficult for any local authority at the moment, the Council recognises the need for a sustainable local social care sector and is committed to supporting providers of social care to address cost pressures.
- 5.2 The National Living Wage (NLW), which provides adults over the age of 25 with an hourly rate of £7.20, came into effect from 1 April 2016. Its introduction

has had significant impact upon the care sector in Manchester as a high proportion of provider costs are for staffing.

- 5.3 Officers from the City Council undertook financial modelling of the impact on adult social care providers of meeting NLW and other pressures including the court ruling on sleep in payments and pension auto enrolment. Modelling was undertaken on a sector by sector basis across the social care budget and formal consultation with registered care home providers also took place.
- 5.4 In order to ensure compliance with the NLW from 1 April 2016 the following arrangements were agreed and implemented:

Learning Disability	5% increase (inc sleep in)
Mental Health	5% increase (inc sleep in)
Home Care	3% increase
Extra Care	3% increase
Care Homes	3% increase
Care Homes with Nursing	3% increase

- 5.5 The agreed increase has gone directly to staff in order to ensure that they receive the NLW, with contract monitoring arrangements put in place to ensure that this is implemented.
- 5.6 In order to ensure better outcomes for local people and to support a sustainable health and social care system, work is currently being undertaken as part of a Greater Manchester-wide commissioning programme to develop and introduce new models of care that operate as part of wider system delivery within integrated neighbourhood teams, with new contracts being in place during the second half of 2017/18.

1. Manchester City Council Monitoring

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

Provider Name	Seymour Care Home	Alexandra Lodge
Provider Address	327 North Road Clayton	355- 357 Wilbraham Road Whalley Range
Registered Beds	26	36
Current Occupancy	26	34

- 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 Seymour Care Home

- 2.1 Seymour Care Home is situated in the Clayton area of Manchester and provides residential care for up to 26 people.
- 2.2 Manchester's Quality, Performance and Compliance (QPC) team has risk-rated Seymour Care Home as 'Green' (low level of risk). They last had a full monitoring visit in March 2016 and a spot visit in November 2016.
- 2.3 The outcome of the unannounced inspection on 26 September 2016 was "Requires Improvement" and the report identified the following:
- Where people did not have the capacity to consent, the provider did not always act in accordance with the legal requirements of the MCA 2005

- There were checks in place, although these were not always effective when monitoring the quality of service delivery in relation to mental capacity and best interest

In response to the CQC's inspection, a copy of the action plan required has been submitted by the provider and progress against this will be checked on the next visit to the service. At the time of the spot visit in November, although the CQC report had not yet been published, the home manager had already implemented changes to procedures in response to feedback already given.

3.0 Alexandra Lodge

- 3.1 Alexandra Lodge is a residential with nursing care home in Whalley Range registered to provide care and accommodation for up to 36 people over the age of 65.
- 3.2 Manchester's Quality, Performance and Compliance (QPC) team has risk-rated this service as green and at the point of the last visit there had been no issues identified within the service. Alexandra Lodge is due to be visited by the in early January meaning the risk rating could be subject to change.

There are no current safeguarding referrals or complaints regarding Alexandra Lodge.

- 3.3 The service was inspected by CQC in May 2016, and the report was published on 7th December 2016. The outcome of the inspection was "Requires Improvement". The report identified the following:
- Most people said they felt safe but in two cases allegations of rough handling had not been reported.
 - Medicines were managed safely except that the recording was not always done correctly.
 - There were enough staff on duty but some staff were working too many hours
 - The environment needed to be upgraded to meet the needs of people living with dementia.
 - People living in the home and their relatives were on the whole satisfied with the standard of care, but CQC received critical feedback from district nurses
 - The Statement of Purpose was out of date but policies were up to date.

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.