

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 2 February 2017  
**Subject:** Health and Wellbeing Update  
**Report of:** Strategic Director, Adult Social Services

---

**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**

---

**Contact Officers:**

Name: Hazel Summers  
Position: Strategic Director, Adult Social Services  
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

Name: Nick Gomm  
Position: Head of Corporate Services  
North, Central and South Manchester Clinical Commissioning Groups  
Telephone: 0161 765 4201  
E-Mail: n.gomm@nhs.net

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

None

## **1. Public Health : Health Protection**

1.1 Manchester Public Health Community Infection Control Team have been working hard in January in response to a number of influenza-like illness outbreaks in Manchester Nursing and Care homes. This has been a partnership with Public Health England, the Manchester CCGs and Manchester City Council colleagues. A Manchester multi-agency debrief session, chaired by the Director of Public Health was convened to discuss plans and processes and identify lessons learned from the outbreaks so far.

1.2 To date there have been 6 nursing homes affected with a total of seven outbreaks (one larger home had a subsequent outbreak in a separate unit) with Influenza A being confirmed in 2 of the homes. 5 of the homes are situated in the South of the city and the 6<sup>th</sup> in Central Manchester. A small number of cases were admitted for hospital care. This mirrors the picture across Greater Manchester over recent weeks.

1.3 It was reported that most of the residents affected had received their annual Influenza immunisation and that the vaccine is a good match to the circulating virus. It was also reported that most cases had milder Flu symptoms than normally expected, with most case experiencing a cough and being assessed initially as having chest infections.

1.4 It is too early to say if flu activity is peaking; in addition, we may yet see a rise in influenza B activity this season.

## **2. GM Ageing programme - creating an age-friendly GM.**

2.1 Established in Spring 2016, the GM Ageing Hub was set up to a vision for ageing agreed by the GM Combined Authority and Local Enterprise Partnership,:

*“for older residents in Greater Manchester to be able to contribute to and benefit from sustained prosperity and enjoy a good quality of life”*

The Ageing Hub has identified three key priorities that will drive work towards achieving this vision:

- GM will become the first age-friendly city in the UK
- GM will be a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues
- GM will increase economic participation amongst the over 50s

2.2 The Hub is led by a steering group that brings together knowledge, resource and expertise to the challenges and opportunities presented by an ageing society. Chaired by Tameside Council Chief Executive, the steering group also features members from organisations such as New Economy, MICRA (Manchester Institute for Collaborative Research on Ageing), Public Health England, GM Centre for Voluntary Organisations, GM Public Service Reform team and the Centre for Ageing Better.

2.3 The GM Combined Authority has also signed a five year partnership agreement with the Centre for Ageing Better. Ageing Better is funded by the Big Lottery as a

What Works Centre and is tasked with developing the evidence base for a better later life. Ageing Better is at the outset of its work programme and has £50million to invest over the next ten years. They are working in partnership with GM as well as two other places, and these partnerships will include pilot projects to test new approaches.

### 3. Stark challenge

3.1 The pace and scale of demographic change is stark. While the overall GM population is set to grow by 13% by 2039 to reach 3.1 million, it will be driven by growth in the number of older people:

- By 2039 GM's working age population is set to grow by 5%; the number of GM residents aged 65+ will expand by 53% over the same period to reach 650,000 Population Projections, ONS/Nomis, 2014
- The same period will see a doubling of the number of over-85s in GM, to over 100,000 Population Projections, ONS/Nomis, 2014
- Overall, the number of residents over-50 in GM will grow by a third by 2039 Population Projections, ONS/Nomis, 2014
- The geographical distribution of older residents across GM shows concentrations in Stockport, and more affluent, outlying parts of the conurbation, e.g. 56% of the population in Marple South ward are aged over 55 Census, ONS, 2011; reflective of longer life expectancies in these areas
- Nationally, 2017 is expected to see a rise in the ratio of non-workers to workers for the first time since the early 1980s The Guardian, The new retirement; how an ageing population is transforming Britain, 2017

3.2 Demographic forecasts can reliably predict the inevitability of an ageing population, but the experience of ageing – by individuals and their communities – is not pre-determined and can be shaped if individuals, communities and institutions work together. However the risk is that, unless outcomes for older people in GM improve, an ageing population will amplify existing trends, e.g.:

- Already, 114,000 over 50s in GM are likely to experience social isolation. With 66% rise forecast in the number of people aged over 75 living alone, this issue could grow significantly Buffel et al, 2015, resulting in increased demands on health and other services
- 21% of people currently treated for substance misuse in GM are aged over 50; this figure rises to 34% for alcohol services alone. A rise in the older population could create significant additional demand for treatments such as these NDTMS, 2016
- Current trends suggest an increase in the diversity of our older population, which runs the risk of increasing current inequalities between different cohorts of older people; e.g. In 61-70 year olds, 34% of White English people report fair or bad health, compared to 63-69% for Indian, Pakistani and Caribbean, and rising to 86% of Bangladeshi people Ibid
- Employment rates of people aged 50-64 are lower in GM than the UK average, requiring an additional 19,000 over 50s to be in work to meet the current national employment rate. Forecasts suggest this performance gap will not close over time, and would require an additional 24,000 over 50s to be in work to meet the UK average by 2027 ONS, Annual Population Survey, New Economy calculations

- In 2011 there were 36,000 GM residents diagnosed with dementia. Forecasts suggest this figure will rise to 61,000 (+70%) by 2036
- While the vast majority of older people live in mainstream housing, need for specialist older peoples' housing is set to grow sharply, creating significant shortfalls in housing with care and sheltered homes, total around 16,000 units by 2035 New Economy, 2016

3.3. The first GM Ageing Conference 2017, which is being held on **16th February 2017 at the Museum of Science and Industry (MOSI)** in central Manchester. *GM Ageing Conference 2017* is a landmark event organised by the GM Ageing Hub, bringing together a wide range of influential GM leaders, world-leading academics and community sector innovators to discuss prospects for building an age-friendly city-region. The conference also marks GM's five year partnership with the Centre for Ageing Better and its long-term collaboration with the World Health Organisation. The conference will launch the GM Ageing Hub to key policy-makers, researchers and social actors, presenting findings from new GM Ageing Foresight and Policy reports. The event will also showcase GM as an international centre of excellence on ageing and promote GM's best practice in ageing research, policy and practice. Confirmed speakers include: Speakers include: Anna Dixon and Lord Filkin from the Centre for Ageing Better, Alana Officer - World Health Organisation, Prof. Chris Phillipson from the University of Manchester, Jon Rouse - GM Health and Care Partnership and Prof Martin Vernon from. NHS England

#### **4. Manchester's Locality Plan – A Healthier Manchester**

Following consideration of the draft report for the Council Executive on the Locality Plan at the previous meeting of Health Scrutiny this update signals some of the developments that will be occurring over the remainder of this financial year, to 31<sup>st</sup> March 2017.

##### **4.1 Single Commissioning Function**

Key activity to the end of March is the appointment of roles to the commissioning executive and confirmation of governance arrangements. Work is progressing to develop the Partnership Agreement which will detail how the Local Authority's legal responsibilities in relation to Adult Social Care and Public Health will be at the fore of commissioning decisions made for the integrated health and care system. It will also set out details of the pooled budget and the delegated functions to be undertaken by the single commissioning arrangement, as well as the roles and functions to be retained by the Council including responsibilities for safeguarding.

In addition during this period work is progressing to identify the staffing capacity to be deployed, the number and type of roles, and engagement with the affected workforce to ensure a smooth transition to new working arrangements from April.

Finally work is progressing, as previously reported, to initiate a provider selection process for the delivery of out of hospital services. Scrutiny previously considered a draft of the Prospectus for LCO Services. Work is underway to plan the next steps in the procurement process. The approach has been developed jointly with the CCGs

and has included the engagement of external procurement and legal expertise of the Council. The approach has also considered the guidance and advice provided through a nationally facilitated 'Intensive Support Forum'.

#### 4.2 Local Care Organisation

During the period to March 2017 work is progressing within the Council to identify and confirm staff deployment arrangements and confirming the services which will be under the day to day leadership of Michael McCourt (Interim Chief Executive) who is leading the establishment of an Interim Executive Team for the co-ordination of out of hospital services.

#### 4.3 Greater Manchester Transformation Fund

The outcomes of the evaluation for investment from the Transformation Fund into the out of hospital services pillar of the Locality Plan is anticipated to be known in February. Meanwhile work is progressing on revising the submission for the Single Hospital Service, which will be completed by the end of January, with the evaluation of that investment ask commencing in February and completing in March.

### **5. Work, health and disability: improving lives consultation**

5.1 NHS England, along with the Department for Work and Pensions (DWP) and the Department of Health (DH), are making available £70 million over four years to test different ways to support people with a disability or long-term condition to get in and stay in work. The government has launched a national consultation on work and health and is asking health professionals to have their say on the best ways to transform employment and health support. Topics in this consultation include the role of employers and work coaches, improvements to the welfare system, investing in innovative services, occupational health support and changing the culture around work and health.

The consultation can be accessed here:

<https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>

### **6. Accessible Information Standard consultation**

The Accessible Information Standard sets out requirements for NHS and adult social care providers to meet the information and communication needs of people with a disability, impairment or sensory loss. NHS England is reviewing the Standard to assess impact and to ensure it is 'fit for purpose' and is inviting views from a range of stakeholders. The surveys for the different stakeholder groups are available below:

Survey for health and care professionals / organisations

- Survey for patients, service users, carers, parents
- Survey for support, supplier and representative organisations

The surveys close on 10 March 2017. Any queries should be sent to [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net).

## 1. Manchester City Council Monitoring

Update on public CQC reports on residential care homes released during January 2017 where the rating is 'requires improvement' or 'inadequate'.

Provider Name	Age UK North	Enterprise
Provider Address	Openshaw Resource Centre, 10 Catherine Street, Manchester, M11 1WF	Lowry House, Opal Court, Manchester, M14 6ZT
Registered Beds	N/A	N/A
Current Occupancy	N/A	N/A

1.1 Further to details submitted in the January 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.

### 2.0 Age Concern Home Care North Manchester

2.1 Age Concern Home Care North Manchester is a domiciliary care service which provides personal care to people living in their own home. They also provide other support services including cleaning, shopping and companionship. At the time of the CQC inspection, the service was supporting about 70 people.

2.2 Manchester's Quality, Performance and Compliance (QPC) team has risk-rated Age Concern Home Care North Manchester as 'Green' (low level of risk). They last had a monitoring visit on 27 September 2016. In response to the CQC's inspection, a copy of the action plan required has been requested from the provider and progress against this will be checked on the next visit to the service.

2.3 The outcome of the unannounced CQC inspection on 10 and 11 October 2016 was "Requires Improvement" and the report identified the following:

- The provider did not always ensure that all adequate pre-employment checks were made before staff started in the role.

- Risk assessments did not always contain clear and specific instructions to guide staff in providing safe care and support.
- There were some quality assurance systems in place but these were insufficient and did not effectively monitor the quality and safety of the service provided.
- The provider had developed a set of policies and procedures to help ensure that care staff were effectively supported to understand their role and carry out their responsibilities effectively. Some of these required review.

### **3.0 Enterprise Homecare Manchester**

3.1 Enterprise Homecare is a domiciliary care service providing personal care and support to people living in their own homes in the community. At the time of the CQC inspection the service was delivering care to 297 people.

3.2 Manchester's Quality, Performance and Compliance (QPC) team has risk-rated Enterprise as 'Red' (high level of risk). They last had a monitoring visit on 28 October 2016 and a spot visit on 22 December 2016, with 3 weekly spot checks planned going through in to 2017. In response to the CQC's inspection, The QPC Team has undertaken a number of customer telephone satisfaction surveys, with further surveys planned. These showed that most people were happy but where this was not the case, Enterprise have been advised of actions needed to make these improvements. The QPC team has also held direct meetings with the company director, making clear the council's expectations. The QPC has also increased its monitoring of the provider and the provider is in full engagement with the council in ensuring its services are fit for purpose. The Quality, Performance and Compliance Team has increased its monitoring and spot activity to the providers location, set up actions to achieve the areas identified as not being compliant and discussed process and expectation with the company director. The QPC team can confirm that the provider is making progress on the areas identified by CQC and are fully engaged in making sure their service at the point of review receives a better outcome.

3.3 The outcome of the unannounced CQC inspection on 9 and 11 August 2016 was "Inadequate" and the report identified the following:

- Electronic call monitoring records were not accurately completed.
- Risk assessments did not always give clear and specific guidance as to how staff should manage people's risks.
- The service had procedures for safeguarding people from abuse but had failed to notify the CQC of a recent safeguarding incident,
- Staff were not provided with visit schedules that realistically enabled them to attend to people for the correct length of time.
- The service was following basic responsibilities about the Mental Capacity Act 2005 and people's consent to care however this was not an element of mandatory training.
- Staff were kind and caring but this was not always consistent.
- Staff supported people in a person-centred way even though this information was limited within the care plan.
- People's concerns and complaints were investigated but things did not always change after making a complaint.

- People who used the service were satisfied with the quality of care they received overall but did not consider the service to be well led.
- The submission of notifications to the Care Quality Commission had not always happened. These are required by law.
- Staff felt supported by management but the coordination of calls was not managed well.
- Although some audits were in place audits of call monitoring logs had not been done and errors contained within these had not been identified or acted upon accordingly. There were serious shortfalls in the maintenance of accurate record keeping and the overall management of the service.

#### **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.