

**Manchester City Council  
Report for Information**

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

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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. High profile visits to North Manchester's Integrated Service**

- 1.1 There have been two high profile visits during the past month to see an example of Manchester's first integrated service: the Community Assessment Support Service (CASS).

### Visit 1 - Paul Kissack and Charlotte Buckley, Cabinet Office, Friday 20 January

- 1.2 The Strategic Director for Adults alongside the Director of Community Services (Lindsey Darley) at Pennine Acute Hospital Trust welcomed Paul and Charlotte from the Prime Minister's office who were visiting the Chief Executive and other senior officials from GM Health and Social Care Partnership (GMHSCP). The purpose of the visit was to see an exemplar of health and social care integration in Manchester and, more importantly, talk to staff about their experiences as an early adopter of integration.
- 1.3 During their visit, a short presentation was made on the early evidence of the CASS interventions, the benefits to patients and social care citizens as well as the overall cost-benefit realisation of this new way of working. For the city council, staff attended who were from the Reablement, Primary Assessment and Hospital Discharge teams who welcomed the discussion on their roles. It was noted that all the health and social care staff talked positively about integration, demonstrating a 'can-do' approach and enjoying innovative ways to respond to patient and citizens' needs.

### Visit 2 - Sir Michael Grant, Chair of NHS England, Wednesday 15 February

- 1.4 A further request for a visit to our CASS team was requested through the GMHSCP to showcase an integrated service to Sir Michael. Sir Malcolm commented that our achievements and impact (based on CCG) on ED attendances, and NEL admissions were 'frankly remarkable' given the national picture. He commented positively on Trusted Assessment, the system level shift that we can start to evidence, re-design of services, the change in mindset of staff, and the very clear outcomes we can demonstrate at both a service level, and a system level.
- 1.5 Key messages included:
- The need for spread of practice that is shown to have impact, and reduce variation in service offer from community services. The evidence of outcomes was positively received
  - The culture shift that is required to bring organisations and teams together to deliver a change in response times, and mindsets
  - The opportunity for the financial 'reset' that a wider block contract can bring in relation to balancing the acute sectors need to generate income, whilst delivering shift to community settings
  - The impact of a self care/management and preventative approach can have on individuals, and the cost saving further down the line the importance of housing and links with health and deprivation

- The significant improvement in CBA that integration has delivered in the CASS service
- The opportunity to deliver a new model of care for the acute services at NMGH

1.6 It is clear that both VIP visits to the CASS service have gone very well and visitors have been impressed by the joined up working between health and social care staff. This model provides the blueprint for citywide integration over the next 12-24 months.

## **2. Clinical Commissioning Group (CCG) merger**

2.1 At February's Health Scrutiny Committee, a paper was presented on the development of a Single Commissioning Function for the city of Manchester. This will be formed via a partnership agreement between Manchester City Council and a new citywide CCG formed by merging the existing North, Central and South Manchester CCGs.

2.2 On 25th January 2017, the Boards of North Manchester CCG, Central Manchester CCG and South Manchester CCG agreed to support a merger of the 3 CCGs and to recommend it to their respective member practices.

2.3 A ballot of each CCG's member practices began on the 26th January and ended 2 weeks later. The membership of each CCG voted resoundingly in favour of a merger.

2.4 Following confirmation of the result of the ballot, NHS England confirmed that the newly formed NHS Manchester CCG was authorised with conditions. The conditions are principally regarding the agreement of appropriate governance arrangements, including an acceptable Constitution.

## **3. New GP contract**

3.1 NHS England, the Government, and the British Medical Association's General Practitioners Committee have reached agreement on changes to the general practice contract in England.

3.2 The new agreement includes an increased focus on some of the most vulnerable, with tailored annual reviews offered to frail pensioners, and an increase in the number of health checks for people with learning disabilities.

3.3 The new contract also includes provisions to encourage practices to expand access and not to close for half-a-day a week. GP practices which regularly close for mornings or afternoons on a week day will lose their eligibility for the current extended hours scheme claimed by most practices. Practices who club together with other GPs in their local area to offer more evening and weekend appointments will be eligible for extra non-contractual funding over and above the current scheme.

- 3.4 Strengthening requirements in the 2016/17 contract, general practices will also help determine a new patient's eligibility for NHS healthcare. This will help with the identification of patients from the European Economic Area and should make it easier for the NHS to reclaim money from their home countries.
- 3.5 The new contract, to take effect from 1 April 2017, will see investment of around £238 million going into the contract for 2017/18. In addition, £157 million from a previous earmarked scheme will be transferred into core GP funding so that family doctors can be more flexible in how they care for the most frail.
- 3.6 For GPs, agreement has been reached to cover the rising costs for practices in a number of key areas, including costs of CQC inspection, indemnity costs, and other areas of workload. NHS England has also agreed with the BMA that a group will be set up after April 2017 to discuss the future of the current payment arrangements known as the Quality and Outcome Framework.

## 1. Manchester City Council Monitoring

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

Provider Name	Parkview	Polefield	Viewpark	Lightbowne Hall
Provider Address	56 Clayton Hall Road	77 Polefield Road	685 Moston Lane	262 Lightbowne Road
Registered Beds	24	40	27	52
Current Occupancy	21	40	27	50

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 Parkview Care Home

2.1 Parkview Care Home is registered to provide nursing care to older people. The home can accommodate up to 24 people and at the time of the CQC inspection, the service was supporting about 19 people. 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.

2.2 Manchester's Quality, Performance and Compliance (QPC) team has risk-rated Parkview Care Home as 'Amber' (medium level of risk). They last had a monitoring visit on 12 July 2016.

2.3 The outcome of the unannounced CQC inspection on 22 and 23 September 2016 was "Requires Improvement" and the report identified the following:

- The provider had not always followed the requirements of the Mental Capacity Act (MCA) 2005. A decision to provide a specialist bed for one person lacking capacity had been made without a MCA assessment and

best interest decision having been made first. We have made a recommendation about this.

- Deprivation of Liberty Safeguards (DoLS) was not in place or applied for all people who were unable to consent to their placement in the home. The registered manager advised us this was following advice from the local authority responsible for processing DoLS applications.
- People were happy with the meals provided at the home. We observed during the lunch time there were not enough staff available in the dining room to provide support in a timely manner.
- An individual daily record of the care people had received was not kept for people using the service.
- Some care plans did not reflect people's current needs and preferences.

### **3.0 Polefield Nursing and Residential Home**

3.1 Polefield has Nursing and Residential residents works with some complex needs. The home is registered to provide nursing care and accommodation to a maximum of 40 people who may require nursing or residential care. 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.

3.2 Polefield was by QPC on 31st October 2016; Polefield Nursing Home is currently due to be visited by the Quality and Review Team to re assess their Bronze, Silver, Gold Status. Polefield Nursing Home as a red risk rated home the home continues to have a number of areas that will need continuous improvement and these will captured as part of their Action Plan.

3.3 The Outcome of the CQC visit on 05 and 10 October 2016 were:

- The service did not have a registered manager. The provider intended to register as manager, but at the time of the inspection had not yet begun to undertake this role. When we arrived at the service, we found the service was not displaying their rating from our previous inspection. All services are required to display this rating both within the service and online if they have a website.
- Risk assessments were in the process of being updated and becoming person centred. However not all of the identified environmental risks were being monitored as required which meant people were still at risk from harm.
- Care plans were being updated at the time of the inspection. The care plans we viewed were more person-centred and had been reviewed. However, it was not clear if people had been involved in writing the updated care plans.
- Medicines were not always administered safely. The manager of the service had already identified this during previous audits, but no action had been taken.
- People were well cared for and found the manager had brought in additional staff for the busy morning period, but the duty rota showed staffing levels at night and at the weekend to be insufficient to support them effectively.

- Not all staff had completed training appropriate to their role.
- Policies and procedures had not been updated and were out of date and were not being followed. Quality assurance checks had been completed in some areas but not all.

#### **4.0 Viewpark Residential Home**

4.1 Viewpark Residential Home is registered to provide residential care and accommodation to a maximum of 27 people who may require personal residential care. The Quality, Performance and Compliance Team have Viewpark Residential Home as a red risk rated home the home continues to have a number of areas that will need continuous improvement and these will be captured as part of their Action Plan.

4.2 Viewpark was last visited 6th February 2017 and is subject to regular action plan visits to monitor progress.

4.3 The Outcome of the CQC visit on 23 November 2016 were:

- Medicine storage fridge temperatures had not been recorded for three months. a number of errors relating to the recording of medicines,
- Discovered a potentially serious safeguarding incident had not been recorded, and had not been reported to the local safeguarding authority.
- Staffing levels during the day were affected by the absence of a cook. There were two staff on duty at night and found evidence of occasions when this was insufficient to safely meet the needs of people who used the service.
- Mental capacity assessments were used although they needed to be used for specific decisions rather than as a blanket test of capacity. Best interests decisions had been made but not in every case.
- People were being weighed regularly but the results were not analysed to
- Some inappropriate language about people was used, including in care plans. In some respects people's independence was limited.
- There was no activities organiser in post, Very few activities were taking place, although there were some dolls available which can be therapeutic for people living with dementia.
- Medication audits were not reliable because the answers were duplicated from one

#### **5.0 Lightbowne Hall Residential Home**

5.1 Lightbowne Hall Residential Home is a purpose built residential home in North Manchester the home is registered to provide residential care and accommodation to a maximum of 52 people who may require personal residential care. The Quality, Performance and Compliance Team have Lightbowne Hall Residential Home as a red risk rated home. The home continues to have a areas that will need continuous improvement and these will be captured as part of their Action Plan

- 5.2 Lightbowne was last monitored by QPC 21st January 2016, Lightbowne Hall was also inspected by the Quality and Review Team on 13th February 2017. The CQC report states "Inadequate" on the findings below.
- 5.3 The outcomes of the CQC visit on 14 and 16 November 2016 were:
- The registered manager was on annual leave at the time of the inspection. There were arrangements in place to cover the management of the service including an area manager and support from the deputy managers.
  - People's medicines were not managed safely.
  - Accident records at the home were comprehensive and evidence showed people were monitored effectively following an accident. However, one incident had not been responded to in a timely manner, resulting in a person not receiving medical attention for two days.
  - Audits on the home's quality were not accurate which meant systems to improve the quality of provision at the home were not always effective.
  - Care plans were based on the needs identified within the assessment, however we found three care plans did not have a dementia specific care plan in place, and therefore it did not reflect the current needs of these three people.
  - People had access to activities; however CQC received mixed feedback with regards to the activities provided. People were not always protected from social isolation.
  - Two carpets within the home that were heavily stained and threadbare. These carpets had been identified during a number of home audits, but had not yet been replaced.

## **6.0 Next Steps**

- 6.1 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.