Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 27 February 2018

Subject: Safeguarding - quality monitoring of services, following CQC inspection

Report of: Director of Adult Social Services

Summary

This report provides information on the work of the Quality Performance and Contracting Team in monitoring and supporting the improvement of providers where concerns have been identified in a CQC inspection.

Recommendation

The Committee is asked to note the report.

Wards Affected: All

Contact Officers:

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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.

Care Quality Commission inspection reports
Key lines of enquiry, prompts and ratings characteristics for adult social care services
NW Employers/ADASS Market Review

1.0 Introduction

Manchester has 75 residential and nursing homes that are registered with the Care Quality Commission (CQC). There are 17 Homecare providers registered. CQC undertake regular inspections of all registered providers. The frequency of inspections is risk based. Providers rated outstanding are inspected about every two years, those rated good about every 18 months and those requiring improvement are inspected annually. CQC will carry out more frequent visits where there are specific concerns or providers are identified as inadequate.

The Quality, Performance and Contracting team (QPC) is now part of Manchester Health and Care Commissioning (MHCC), but still undertakes monitoring and improvement work with providers across the City. There are close working arrangements between QPC and local CQC inspectors and information about concerns is shared.

2.0 Quality monitoring

There are 8 officers in the QPC team who provide monitoring and improvement support to providers. Officers will visit on a regular basis to monitor compliance with contract requirements and the quality of provision. There is a programme of planned visits, but the team respond appropriately to concerns about a provider between planned visits and take part in urgent responses when necessary.

Concerns about providers are identified by a range of sources, which could include complaints, safeguarding, whistle-blowers, site visits, CQC outcomes, social work referrals or family concerns.

3.0 Improvement Framework

The QPC team is currently working with providers across the city on The Improvement Framework for Adult Social Care this includes the support to providers at 3 separate stages and includes:

Intensive Support

This level of support is needed where significant concerns have been identified and a detailed recovery action plan is required.

- Suspension is considered
- Multi-disciplinary involvement in the recovery plan, potentially including Medication Management, Safeguarding, SALT Teams, Falls Team
- Improvement plan developed, identified leads, timescales for improvements agreed with provider
- At least weekly review of improvement plans and progress made
- QPC frequency of visits increased in line with risk
- Escalation of areas of concern
- Inclusion of new actions
- Facilitating and signposting to other support mechanisms
- Establish training provision

Moderate Support

- Quarterly quality visits as a minimum
- Consider possibility of MDT support requirements
- Action plan establishment and delivery agreed
- Visits increased in line with risk
- Escalation of areas of concern
- Inclusion of new actions
- Facilitating and signposting to other support mechanisms
- Establish training provision if required

Minimal Support

- Bi-annual/annual quality visit as a minimum
- Visits as determined by risk areas
- Escalation of areas of concern following concurrent evidence review
- Establishment of plan and inclusion of new actions as required
- Facilitating and signposting to other support mechanisms as required
- Establish training provision as required

The spread of support categories is:

	Intensive	Moderate	Minimal
Care Homes	6	22	47
Homecare	3	4	10

4.0 CQC Ratings

Following inspection CQC will determine that the provision overall is rated in one of 4 categories:

- Outstanding
- Good
- Requires Improvement
- Inadequate

Currently, among the providers with whom we contract in Manchester the spread of ratings is:

	Outstanding	Good	Requires Improvement	Inadequate	Not yet inspected
Care Homes	2	36	28	3	6
Homecare	0	4	9	1	3

Comparison to other authorities in Greater Manchester is:

GM	Outstanding	Good	Requires improvement	Inadequate
Care Homes	1%	66%	30%	3%
Homecare	1%	67%	29%	2%

Manchester	Outstanding	Good	Requires improvement	Inadequate
Care Homes	2.6%	48%	37.3%	4%
Homecare	1%	67%	29%	2%

Those providers who are rated as inadequate will have contracts suspended and no further work will be commissioned until improvements are made in line with improvement plans. The QPC and specialist teams will provide the necessary support during the improvement process. If a provider fails to make the required improvements CQC may decide to de-register the provider and close the service. The QPC along with the City Wide Care Homes Team will support citizens and families in a move to an alternative provider in the event of a service being closed.

5.0 Overview

The Improvement Framework for Adult Social Care is designed to support all commissioned services across the City and to promote improvements and good practice and to ensure that citizens are in safe, effective and caring provision.

IRIS (Identification and Referral to Improve Safety)

Background

Domestic Violence and Abuse (DVA) is a violation of human rights as well as a major public health problem. Domestic violence contributes to a wide range of common health issues, including stress, depression, anxiety, chronic pain, post-traumatic stress disorder, gastrointestinal, gynaecological and general health issues. Healthcare clinicians are often the first or only point of contact for women experiencing domestic violence. However, clinicians often do not enquire about domestic violence and patients are often reluctant to disclose this without direct enquiry. In 2012, the cost of DVA in the UK was calculated to be £11 billion (Walby and Olive 2014) the major costs being to GPs and hospitals.
"Given the high impact of domestic violence on women's health, it is imperative that healthcare clinicians are equipped to identify and respond appropriately to domestic violence as part of their everyday clinical practice" (NICE, 2014)

IRIS

IRIS is an evidence-based General Practice domestic violence and abuse training, support and referral service, which aims to improve identification of patients suffering from DVA and refer them to a specialist domestic abuse worker (IRIS Advocate Educator), who sees the patient in their own practice enhancing safety and confidentiality.

IRIS is currently commissioned in 28 areas in England and Wales, its national organisation IRIS Interventions (IRISi) has recently won a Health Foundation award to develop the IRIS social franchise model so that the IRIS package of training and service can be rolled out in other NHS areas. Manchester, as an early adopter of IRIS, has contributed significantly to this.

IRIS Manchester

IRIS Manchester was originally commissioned by Public Health in 2012 and since expansion in 2015 has been jointly funded by Manchester CCG and Manchester City Council. In Manchester the IRIS service is delivered by The Pankhurst Trust (incorporating Manchester Women's Aid, PTMWA) who have over 40 years experience in delivering DVA services. By December 2017 all 89 GP practices have been IRIS trained, and have specialist DVA service for patients in their practice. The service employs a Project Lead, 6 full-time equivalent Advocate Educators, a business support officer, a GP Project lead and 4 GP trainers. IRIS involves ongoing practice training.

In 2016-17 Manchester IRIS received referrals for 481 women and men from the 77 trained practices (224 different referrers). An increase in referrals has been demonstrated in 2017-18 with the 89 practices having identified and referred over 600 patients up to 31 January 2018. It is the combination of IRIS training and service that has facilitated the significant increase in the recognition of patients suffering domestic abuse and their referral to a specialist DVA service.

Training for General Practices

Training in domestic abuse awareness, health impacts and presentations, use of safe enquiry and provision of referral pathways is delivered to practice staff by the Advocate Educators (AEs) and the GP Clinical Leads. The AEs work with the Clinical Leads and the IRIS support team to deliver training packages, using the IRIS national training model and incorporating the local context. IRIS training contributes to clinicians' continuing professional development (CPD) and is accredited as Level 3 safeguarding. Practices are only able to become 'IRIS DV aware' on completion of the certified programme.

Identification and Referral

Manchester IRIS trained practices are supported to identify DVA within their Practice by the provision of an electronic 'pop-up' template; HARK (Humiliate, Afraid, Rape, Kick) which appears on the clinician's computer screen when particular clinical codes are added to the patient's medical record. This reminds the clinician to ask the patient about DVA, if it is safe to do so. This has been developed by IRISi for EMIS, the IT system which is used by approximately 80% of Manchester's GP practices.

Support and advocacy

The IRIS AEs will initiate contact with the patient within 5 working days of a referral, carry out an immediate risk assessment and arrange an initial meeting, usually at the GP practice. At this meeting a more detailed assessment is carried out which includes completion of a detailed risk assessment, safety planning, safeguarding assessment for children and vulnerable adults and a summary of the patient's needs. The client is offered ongoing holistic emotional and specialist domestic abuse support and is assisted to develop an individual action.

The AEs work across many agencies, and can support and advocate for clients around a number of issues related to DVA such as health, housing, criminal justice intervention (police/MARAC), civil justice interventions (solicitors and orders), benefits, children's services and other specialist agencies such as immigration specialists for advice. Longer term support can be offered to improve client's self-esteem and confidence to encourage them to make positive sustainable changes including education and employment opportunities. The length of support varies and may range from one telephone call to in-depth support over a longer period of time. Patients assessed to be at high risk are referred to MARAC and the specialist IDVA service.

IRIS cost effectiveness

The IRIS randomised controlled trial demonstrated IRIS to be cost effective with savings for practices using IRIS. IRISi national have developed a cost effectiveness calculator, for use by local areas. Manchester IRIS undertook an interim cost effectiveness analysis, using data from 45 IRIS trained and 45 untrained GP practices. The results showed IRIS Manchester is cost effective and cost saving from a combined societal and NHS perspective. A full CEA will be carried out with 12 months referral data from all 89 GP practices in 2019. Manchester IRIS will also be

completing a cost benefit analysis using the New Economy tool, which the Council uses for economic analysis.

Funding

The service has an annual budget of £405,037K, which includes £75,037 from Manchester City Council and £330K from the CCG. The Council contribution is made up of £44,287 from Public Health and £30,750 Delivering Differently funding. A business case was recently presented to MHCC Business Case Panel and the service has successfully secured continuing funding for a further 3 years up to the end of March 2021.

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