



## **Health Scrutiny Committee**

Date: Tuesday, 3 November 2020  
Time: 2.00 pm  
Venue: Virtual Meeting - Webcast at -  
[https://manchester.public-i.tv/core/portal/webcast\\_interactive/485360](https://manchester.public-i.tv/core/portal/webcast_interactive/485360)

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

### **Advice to the Public**

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To attend this meeting it can be watched live as a webcast. The recording of the webcast will also be available for viewing after the meeting has concluded.

## **Membership of the Health Scrutiny Committee**

**Councillors** - Farrell (Chair), Nasrin Ali, Clay, Curley, Doswell, Hitchen, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

## Supplementary Agenda

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**6. Council's Medium Term Financial Plan and Strategy for 2021/22** 7 - 16

Report of the Deputy Chief Executive and City Treasurer

The report will set out the impact of COVID-19 and other pressures and changes on the Council's budget for the period 2021-2025. It will summarise the savings options under consideration from 2021/22 as well as set out the approach to Equality Impact Assessments and consultation as part of the budget setting process. It also sets out next steps in the budget process, including scrutiny of the draft budget options by this Committee.

Separately the report sets out the impact of COVID-19 on the capital programme and the implications for the budget.

**7. Budget Options for 2021/22** 17 - 40

Report of the Acting Chief Executive Manchester Local Care Organisation and Executive Director of Adult Social Services

As a result of additional demand for services and impact on the Council income as set out in the report to Budget Executive on the 14th October 2020 the Council is facing a significant funding gap for 2021/22 which is estimated to be £105m for 2021/22, £159m for 2022/23 and c£122m thereafter. The report of the Deputy Chief Executive and City Treasurer, elsewhere on the agenda provides an update on the financial context for 2021/22.

This report details the service and financial planning and associated budget strategy work that is taking place for adult social care with partners across the health and care system.

It details the identified and proposed opportunities to make savings in 2021/22 aligned to the remit of the Health Scrutiny Committee, to support the City Council to achieve a balanced budget in 2021/22.

As adult social care is both within the MHCC health and care pooled budget, works in partnership and is increasingly focused on integrating with community health services through the Manchester Local Care Organisation (MLCO); this report is jointly presented to the Scrutiny Committee by the key partners of MHCC, MCC and MLCO, noting the areas that will be led by MLCO.

It is important to note that the health contribution to the pooled budget is currently unknown as the NHS has not published the financial regime for 2021/22 yet.

**8. Manchester Local Care Organisation, Winter Planning across Health and Adult Social Care** 41 - 48

Report of the Executive Director of Adult Social Services,  
Manchester City Council and Mark Edwards, Chief Operating  
Officer, MLCO

This report has been written to provide the Health Scrutiny Committee with an update to the Manchester Local Care Organisation's (MLCO) response to winter and COVID-19 through the development of integrated planning across Health and Social Care.

## Further Information

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For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Thursday 29 October 2020** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

## Manchester City Council Report for Information

<b>Report to:</b>	Health Scrutiny Committee – 3 November 2020 Children and Young People Scrutiny Committee – 4 November 2020 Neighbourhoods and Environment Scrutiny Committee – 4 November 2020 Economy Scrutiny Committee – 5 November 2020 Communities and Equalities Scrutiny Committee – 5 November 2020
<b>Subject:</b>	Report to update on the Council's MTFP focusing on the financial position and strategy from 2021/22
<b>Report of:</b>	Deputy Chief Executive and City Treasurer

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### Summary

The report will set out the impact of COVID-19 and other pressures and changes on the Council's budget for the period 2021-2025. It will summarise the savings options under consideration from 2021/22 as well as set out the approach to Equality Impact Assessments and consultation as part of the budget setting process. It also sets out next steps in the budget process, including scrutiny of the draft budget options by this Committee.

Separately the report sets out the impact of COVID-19 on the capital programme and the implications for the budget.

### Recommendations

The Committee is asked to note this report.

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### Wards Affected: All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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The budget reflects the fact that the Council has declared a climate emergency by making carbon reduction a key consideration in the Council's planning and budget proposals.
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Our Manchester Strategy outcomes	Summary of the contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The effective use of resources underpins the Council's activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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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.

Executive 14 October - Revenue Budget Monitoring 2020/2 and budget position 2021/22

## 1 Introduction and Context

### 1.1 The approved 2020/21 budget reflected the priorities below:

- care and support for vulnerable people, including older people and those with learning disabilities and mental health needs;
- taking action on family poverty and giving young people the best start in life;
- tackling homelessness;
- tackling the climate emergency and achieving zero carbon;
- supporting people into jobs and training;
- keeping roads and neighbourhoods in good shape; and
- parks and leisure to keep people active and happy.

### 1.2 The Council's net revenue budget is funded from five main sources which are Council Tax, Business Rates, government grants, dividends and use of reserves. In recent years as central government funding has reduced and business rates retention has been introduced the ability to grow and maintain the amount of resources raised locally has become even more important for financial sustainability and is integral to the Council's financial planning.

### 1.3 The budget for 2020/21 was a one-year roll over budget. The strategic framework which underpins this is the Our Manchester Strategy, the Corporate Plan and the Locality Plan. Whilst the Council published a one-year budget in line with the one-year spending round announced by the Government, this was supported in the background by a longer-term financial plan over five years, including spreading the use of one off resources through reserves to support longer term investment in areas such as social care. This was critical to demonstrate forward planning and resilience, ensuring the Council was in a stronger position to respond to the national funding changes.

### 1.4 The medium-term financial plan remains challenged by uncertainty. These include the outcome of the Spending Review. After 2021/22 there are potential changes to how local government funding is distributed, the Business Rates Retention scheme, and the future of Adult Social Care funding.

### 1.5 Prior to COVID-19 there was an underlying budget gap of c£20m for 2021/22 rising to c£80m by 2024/25. This was to be addressed in the Medium-Term Financial Planning process. The impact of COVID-19 outlined in this report is in addition to this. At this stage no COVID-19 related funding has been confirmed beyond 2020/21 any additional support for 2021/22 will not be announced until the outcomes of the Comprehensive Spending Review.

## 2 Position reported to October Executive

### *Impact of COVID-19 on Council revenue finances*

### 2.1 Dealing with the impact of COVID-19 has resulted in major spending pressures, particularly in social care, but also across all Directorates. There are costs arising from a number of new functions such as providing the community hub and services for shielding residents as well as sourcing and supplying personal

protective equipment (PPE) for other organisations. At the same time there has been a significant reduction in income received, particularly in relation to commercial income and local tax income.

- 2.2 The forecast budget shortfall relating to COVID-19 pressures is £55.6m this financial year increasing to £160.1m next year as shown in the table below.

Table One: Summary of COVID-19 Impact across 2020/21 and 2021/22 (excluding funding announcements)

	2019/20 £000	2020/21 £000	2021/22 £000
Additional Costs (MCC only)	389	25,108	24,994
Income:			
Loss of Income (MCC only)		126,129	107,840
Adjustment for element of dividends not budgeted to use in year		(55,809)	(8,729)
2020/21 Council Tax and Business Rates shortfalls which impact a year in arrears		(36,571)	36,571
Bus Lane and Parking Income - impact on reserves capacity		(3,274)	0
Budget impact of lost income	0	30,475	135,681
Total Costs and Net income losses	389	55,583	160,675

- 2.3 A £100m gap broadly equates to 20% of the Council's budget used to support the delivery of services. This would be on top of the cumulative reductions of £379m and workforce reductions of c4,000 fte or 40%, that have had to be delivered over the past decade.
- 2.4 The additional government funding and in year measures taken (which have included holding a number of vacancies and the use of some reserves) should enable a balanced budget to be delivered in this financial year. An additional £24m for Manchester has been announced in the fourth tranche of government funding and the Council is likely to receive up to £6.4m additional support for lost fees and charges income (this does not cover loss of commercial or rental income). Any capacity this creates in 2020/21 will enable the Council to defer and reprofile the use of reserves that were planned to support the budget and which can now be applied to reduce the gap in 2021/22.

#### *Budget Position 2021/22 to 2024/25*

- 2.5 The budget assumptions that underpin 2021/22 to 2024/25 include the commitments made as part of the 2020/21 budget process to fund ongoing demand pressures and the Adult Social Care Improvement Plan as well as provision to meet other known pressures such as inflation and any pay awards (estimated at 2%). In addition, there are ongoing costs of c£25m as a result of



covid-19 including £13.5m for Adult Social Care, £7.5m for Homelessness Services and £3.8m for Children's services. Whilst this contributes to the scale of the budget gap it is important that a budget is not set that does not adequately reflect ongoing cost and demand pressures.

- 2.6 The current budget shortfall for 2021/22 is £135m rising to £146.8m in the following year. The government announcement that the Collection Fund deficit can be smoothed over three years will improve the position by c£34.4m next year but worsen the two subsequent years by £12m. As set out above, the recent funding announcements have also meant that the planned additional use of reserves can now be deferred to help the position in 2021/22. This then reduces the 2021/22 gap to £105m as shown in the table below.

Table Two: The budget gap 2020/21 to 2024/25

	Revised 2020 / 21	2021 / 22	2022 / 23	2023 / 24	2024 / 25
	£000	£000	£000	£000	£000
<b>P5 Budget shortfall after confirmed funding/ mitigations</b>	<b>271</b>	<b>135,958</b>	<b>146,801</b>	<b>110,143</b>	<b>123,391</b>
Sales, fees and charges support (estimate)*	(6,400)	0	0	0	0
Smooth Collection Fund over 3 years:	0	(24,381)	12,190	12,190	0
Defer planned use of reserves to balance the budget	6,129	(6,129)			
<b>Total - Potential Budget Gap</b>	<b>0</b>	<b>105,448</b>	<b>158,991</b>	<b>122,333</b>	<b>123,391</b>

*\*subject to MHCLG confirmation of eligibility*

### 3 Addressing the Budget Gap

- 3.1 On 21 October the government announced the Spending Review will be published at the end of November and will be for one year only, in order to prioritise the response to COVID-19 and the focus on supporting jobs. Detailed funding allocations for the Council will only be made available as part of the provisional Local Government Finance Settlement, normally late in December. This again means that effective long-term financial planning is more difficult.
- 3.2 Prior to COVID-19 the Council had established a Medium-Term Financial Plan and Balance Sheet strategy with capacity to offset shocks and provide investment where necessary. This had included for example using most of the dividend income in arrears and smoothing budget investment in social care. However, the depth and breadth of this pandemic could not have been foreseen and the Council, like many other Authorities across the Country, is facing a significant and long-term financial challenge.

- 3.3 As outlined above the main financial impact from Covid-19 falls in 2021/22. Due to the scale of the budget gap some decisions will be required in advance of the Spending Review and the Local Government Finance Settlement to enable the budget to be balanced next year. A programme of c£50m cuts are therefore being put forward by officers for consultation now so they can be fully delivered in time for 2021/22. Where possible these are designed to protect front line services.
- 3.4 It is likely there will be some further support in the Spending Review although due to the extent of the financial gap further cuts will be required in the future. It is not known what funding the Council will get after 2020/21 and work will be required to ensure that where possible further cuts are carefully planned as part of the Future Shape of the Council work.
- 3.5 Given the scale and complexity of changes now facing the Council, a piece of work is being carried out until the end of December to review the future shape of the Council, in order to best deliver the priorities for the city and develop how the Council needs to operate in the future. The context for this work is the current re-set of the Our Manchester Strategy, the ongoing embedding of the Our Manchester approach and behaviours, development of a new Organisational Development strategy, the further integration of health and social care, and the decisions regarding the future of the Northwards Housing Arms' Length Management Organisation.
- 3.6 The scale of the changes required to deliver all of the above are so significant that this will require a fundamental review of the future size, shape and purpose of the Council. This work will start by developing the design principles that in turn frame the future shape and priorities of the organisation.
- 3.7 However, if there is no further support through the Finance Settlement the Council will have to act quickly to make more severe cuts for next year. The individual scrutiny committee papers set out the areas where tough decisions may have to be made but that the Council is working hard to avoid. If required, they will be brought forward in more detail to Scrutiny Committees once the Finance Settlement has been announced. It should also be noted the capacity to effectively deliver a programme of cuts of £100m in one year is limited and this is an important consideration when looking at the sustainability of the budget position for next year.
- 3.8 All the options for budget cuts have been risk rated and are contained within the individual scrutiny committee reports. The savings options which align to this Scrutiny Committee are provided in that report which includes the workforce impact. The Committee is invited to consider the options within its remit and to make recommendations to the Executive.
- 3.9 Broadly the £52m, which will be subject to consultation, breaks down into:
- Health and Social Care integration: The planned Improvement Plan investment of £2.150m, funding for inflation, demographics and any increases in the national living wage will be maintained along with the estimated £13.5m ongoing impacts of Covid-19. **£20m** savings are planned through a reduced

Council contribution to the pooled health and social care budget under devolution arrangements. Accelerating and extending the integration of the health and social care system will support a healthier population, which in turn will unlock savings. Earlier detection and prevention of problems can stop them escalating into long-term care needs and costs and help people to live more independently for longer.

- **Resources and Governance - £7.1m** from the Corporate Core with reductions in capacity across all support services, how the Corporate Core provides support to residents and changes to the model for supporting residents and a review of access channels which will include the Customer Service Centre. These will be clearly set out in the report to Resources and Governance Scrutiny Committee and Executive with the changes to the Customer Service Centre forming the basis of a separate scrutiny report, consultation and engagement process.
- **£6.9m** cost avoidance and revenue generation from business units which will also be contained within the Resources and Governance Scrutiny Report. The proposed options envisage that this will largely be achieved through income generation for example an extra £4.5m in 2021/22 through the council taking over running the city's car park operation and £1.3m through increased advertising income. There is also the proposal to withdraw from being a provider of school catering services reflecting the continued reduced demand for these services which mean a substantial Council subsidy is now required.
- **Neighbourhood Services: £1.4m** which mainly relates to Highways (£0.6m) and parks and leisure income generation (£0.6m). There will be additional investment of £7.5m for the ongoing support for the homeless and rough sleepers after the pandemic. As part of the ongoing changes to the Homelessness Service as well as the need to make cuts across all areas of the Council, there are also cuts planned of up to **£3.6m** in Homelessness Services. These will be achieved through working with voluntary and community sector and registered housing provider partners to reduce costs; a service restructure which will particularly focus on reducing layers of management and improving prevention and move on initiatives which should reduce the need for more expensive B&B accommodation.
- **Economy Scrutiny: £2.3m** through a combination of efficiencies, such as reducing the number of buildings occupied because of new ways of working developed during the pandemic and deleting/not filling vacant posts and income generation such as increased surveyors' fees.
- **Children and Young People:** Much of the Children's Services budget is devoted to caring for looked after children and safeguarding and will be protected. In addition to the anticipated additional demand due to increases in numbers of children in the City, estimated at 3% and totals £2.2m is still contained within the budget along with a further £3.8m to support the likely increase in children and young people requiring support post the pandemic. The average growth in Looked After Children in the last three years has been 6.8% per year. However, almost **£11.3m** of other potential cuts have been

identified. These will be partly achieved by reducing escalation and need for external residential placements by working with partners to prevent placement breakdowns and expand the availability of more local good quality foster placements and support. Other savings will be made through service reductions such as targeted support for early years. Additional grant and charging schools for services are also part of the Directorate's plan to achieve the cuts.

#### 4 Equality Impact Assessment and Setting the Budget

- 4.1 Many of the options put forward will require an Equality Impact Assessment (EIA) to be undertaken, in particular those that involve impacts on services for residents and reductions in the Council's workforce. A streamlined EIA template has been developed during the response to COVID-19, which has received positive feedback so far, and will continue to be used in relation to EIAs for the budget. Communities and Equalities Scrutiny Committee have an important role in reviewing the EIA process for the budget options put forward and the potential impact on any decisions on the VCSE and on cultural activity.
- 4.2 Equalities and inclusion are a key theme emerging from the reset of the Our Manchester Strategy and have been drawn into sharp relief by COVID-19 exacerbating existing inequalities within the city. A cumulative EIA of the total impacts of budget proposals will be undertaken starting in January 2021 once there is greater clarity about the proposals being taken forward. This will consider and build on the COVID-19 cumulative impact assessment that has been undertaken that has shown the impacts of the pandemic on groups across the city.

#### 5 Consultation on Budget Options

- 5.1 All budget options will be reviewed in detail and where required formal consultation on the details of those options will take place. They will be subject to further refinement following feedback from public consultation and scrutiny committees. The figures may be subject to change following the contents of the Local Government Finance Settlement. Final budget proposals will be made to Scrutiny and Executive in February 2021.
- 5.2 Alongside the formal consultation requirements identified from the options put forward there is a statutory requirement to consult with business rates payers. A public consultation on any proposed council tax increases would take place in late January/early February.
- 5.3 The budget approval process key dates are outlined in paragraph 6.3, and the consultation will commence on 11 November 2020 and close on 6 January 2021.
- 5.4 As in previous years it is proposed that the business plans and saving options are summarised on the Council's website to ensure that the information being consulted upon is in plain English and easy to understand.
- 5.5 It is also proposed that residents are asked to comment on the plans/options via an online consultation form with a few short questions to gauge agreement and

space to provide further comment via open text boxes. Paper copies of the form will also be sent to libraries. Again, this is in line with the approach in previous years.

- 5.6 Time will be required following the closing date to review the responses and analysis the information. As a result, consultation results will not be available for the Executive budget meeting on 20 January, however, a brief update will be prepared on the response rates and how the consultation is performing.
- 5.7 The full results will be issued in advance of the Executive meeting on 17 February for consideration.

## 6 Next Steps

- 6.1 Following scrutiny, the Executive will consider the officer cuts and savings options at its meeting on 11 November, taking into account the feedback from the six scrutiny committees.
- 6.2 Consultation will start on 11 November and decisions can be assessed in the light of the Finance Settlement and the outcome of any consultation.
- 6.3 The proposed next steps are as follows:
  - Officer Options will be presented to the November Scrutiny Committees (3-5 November) for comment and recommendations to Executive on 11 November. The options are being developed in collaboration with partners and will be subject to consultation.
  - Spending Review expected by the end of November and the Local Government Finance Settlement usually follows in December. The outcome will be reported back to January Scrutiny Committees (12-14 January) and Executive (20 January) along with the proposed budget options and any required further cuts that will need to be consulted on.
  - February Scrutiny Committees (9-11 February) and Executive (17 February) receive proposed budget
  - Resources and Governance Budget Scrutiny - 1 March
  - 5 March Council - approval of 2021/22 budget

## 7 Recommendations

- 7.1 The recommendations appear at the front of this report.

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## **Manchester City Council Report for Resolution**

**Report to:** Health Scrutiny Committee – 3 November 2020  
Executive - 11 November 2020

**Subject:** Budget Options for 2021/22

**Report of:** Acting Chief Executive Manchester Local Care Organisation and  
Executive Director of Adult Social Services

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### **Summary**

As a result of additional demand for services and impact on the Council income as set out in the report to Budget Executive on the 14th October 2020 the Council is facing a significant funding gap for 2021/22 which is estimated to be £105m for 2021/22, £159m for 2022/23 and c£122m thereafter. The report of the Deputy Chief Executive and City Treasurer, elsewhere on the agenda provides an update on the financial context for 2021/22.

This report details the service and financial planning and associated budget strategy work that is taking place for adult social care with partners across the health and care system.

It details the identified and proposed opportunities to make savings in 2021/22 aligned to the remit of the Health Scrutiny Committee, to support the City Council to achieve a balanced budget in 2021/22.

As adult social care is both within the MHCC health and care pooled budget, works in partnership and is increasingly focused on integrating with community health services through the Manchester Local Care Organisation (MLCO); this report is jointly presented to the Scrutiny Committee by the key partners of MHCC, MCC and MLCO, noting the areas that will be led by MLCO.

It is important to note that the health contribution to the pooled budget is currently unknown as the NHS has not published the financial regime for 2021/22 yet.

### **Recommendations**

1. The Health Scrutiny Committee is asked to consider and make recommendations to Executive on the savings options put forward by officers and prioritise which options they believe should be taken forward to ensure the Council is able to deliver a balanced budget.
2. Executive are asked to consider the officer cuts and savings options, taking into account the feedback from this scrutiny committee.

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**Wards Affected:** All

**Environmental Impact Assessment** - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

The budget reflects the fact that the Council has declared a climate emergency by making carbon reduction a key consideration in the Council's planning and budget proposals.

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The effective use of resources underpins the Council's activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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

Not applicable.

## 1.0. Introduction

- 1.1. As a result of additional demand for services and impact on the Council income as set out in the report to Budget Executive on the 14th October 2020 the Council is facing a significant funding gap for 2021/22 which is estimated to be £105m for 2021/22, £159m for 2022/23 and c£122m thereafter. The report of the Deputy Chief Executive and City Treasurer, elsewhere on the agenda provides an update on the financial context for 2021/22.
- 1.2. Manchester City Council's Adult Social Care (ASC) services support people who have been assessed and meet the eligibility for care and support under the Care Act 2014. Following an assessment, a support plan sets out how the needs of people will be met and services are arranged to meet that need and help people to continue to live as independently as possible.
- 1.3. The Population Health (PH) commissioning and strategic role is set out in the Manchester Population Health Plan, the City's overarching plan for reducing health inequalities and improving health outcomes for residents across the lifecourse.
- 1.4. The 2020/21 budget for ASC and PH, as approved at the start of the year, was £221m of which £217m is included in the health and social care pooled budget overseen by Manchester Health and Care Commissioning (MHCC). The vast majority of the ASC and PH budget is now delivered through the Manchester Local Care Organisation (MLCO). The ASC and PH budget for 2021/22 is planned to be increased for the key inflationary and demographics pressures, together with funding in relation to Covid-19, which is set out later in the report, and the MLCO has been asked to determine how a savings target of £20m will be met across a range of programmes of work and this report sets out how this will be delivered.
- 1.5. This report details the service and financial planning and associated budget strategy work that is taking place for ASC with partners across the health and care system and opportunities to make savings in 2021/22, whilst continuing to meet the statutory duties of the Care Act 2014 and maintaining standards for safety, effectiveness and reliability of services for adults with care and support needs and/or their carers in Manchester.
- 1.6. As ASC is both within the MHCC health and care pooled budget, works in partnership and is increasingly focused on integrating with community health services through the Manchester Local Care Organisation (MLCO); this report is jointly presented to the Scrutiny Committee by the key partners of MHCC, MCC and MLCO, noting the areas that will be led by MLCO.
- 1.7. The City Council is working as part of a work stream sponsored by the Transformation Accountability Board (TAB) of Manchester's Health and Social Care leaders. The work is focussed on actions to accelerate progress towards health and social care integration in the city. This is a critical area of development given the challenges faced by the response and recovery from Covid-19, the financial circumstances of all partners, widening of health

inequalities in the city, and potential national policy and legislative changes for the NHS and social care.

- 1.8. This work is currently in progress and looks to support stronger, integrated offers around health and social care delivery and commissioning and is likely to include changes for all organisations across the City. Further briefings will be provided as this work progresses.

## **2.0. ASC Statutory Responsibilities - Services, Eligibility, Care and Support**

- 2.1. Manchester City Council has statutory responsibilities to meet the requirements of the Care Act 2014. The Act entitles all adults to a social care assessment, and, subject to meeting the threshold for eligibility, the care and support required to meet their needs and outcomes set out in the Act.
- 2.2. This support ranges from advice and information (minimal cost) to very intensive services (potentially costing several hundreds of thousands of pounds per person per annum). Whilst the Care Act 2014 places a statutory duty on ASC to meet assessed needs and outcomes it does not prescribe how these should be met. In discharging its statutory duty ASC retains discretion to determine how an individual's needs and outcomes should be met within available resources.
- 2.3. Adults Eligibility: The Care and Support (Eligibility Criteria) Regulations 2014 sets out the eligibility criteria and determines an adult meets the eligibility criteria if:
  - (i) the adult's needs arise from or are related to a physical or mental impairment or illness;
  - (ii) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified below; and
  - (iii) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.
- 2.4. The outcomes that are specified for adults are: Managing and maintaining nutrition; Managing and maintaining hygiene; Managing and maintaining toileting needs; Being appropriately clothed; Being able to make use of the home safely; Maintaining a habitable home environment; Developing and maintaining family and personal relationships; Accessing and engaging in work, training, education or volunteering; Making use of necessary facilities or services in the local community including public transport, recreational facilities and services; Carrying out any caring responsibilities the adult has for a child.
- 2.5. For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult:
  - (i) is unable to achieve it without assistance;
  - (ii) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;

- (iii) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or is able to achieve it without assistance but takes significantly longer than would normally be expected.

2.6. These eligibility criteria apply equally to Carers, where the carer's physical or mental health is, or is at risk of, deteriorating and is unable to achieve similar outcomes; unable to achieve care without assistance; without causing the carer significant pain, distress or anxiety; or is able to care without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

### **3.0. 2020/21 Budget Context**

3.1. The Adult Social Care and Population Health budget priorities relate to the Corporate Plan priority theme of 'Healthy, Cared for People'. This is to work with partners to enable people to be healthy and well and support those who need it most, working with them to improve their lives:

- Support Mancunians to be healthy, well and safe
- Improve health and over time reduce demand by integrating neighbourhood teams, that are connected to other services and assets locally, delivering new models of care
- Reduce the number of people becoming homeless, and enable better housing and better outcomes for those who are homeless

3.2. Manchester's Adult Social Care Improvement Programme is driving change and longer term sustainability through investment in workforce, a shift of focus to 'our people in place' via the mobilisation of Integrated Neighbourhood Teams (INTs) and transformation to new ways of working underpinned by 'our culture' and the Our Manchester strategy. Significant investment has been made within the programme to deliver safe, effective and sustainable services that take a 'strengths based' approach to assessment and care and support planning. Mobilised INTs are beginning to realise tangible outcomes relating to joint visits with improved communication between health and social care (i.e. district nurses, social workers, GPs, care navigators, community mental health teams), streamlined referral processes and multi-agency meetings.

3.3. The Homecare market has been re-procured and is being mobilised to integrate at place level with INTs and to better collaborate in care and support to enable better outcomes. Investment has been made in new and existing care models for example, the expansion of the Reablement Service to reach more people and to better support timely hospital discharge pressures alongside the development of a new Complex Reablement Service to support people who require a specialised, longer term approach to enablement. Plans around housing support options continue to mature with new capacity of Extra Care accommodation from 2020/21. These housing options create longer term sustainable responses to care and support, reduce pressures and cost in the system and improve personal choice and independence.

- 3.4. The Care Market is a vital component of the ASC system supporting Manchester to meet statutory responsibilities and supporting Mancunians to live as independently as possible. During 2020/21 considerable work was prioritised to support our care market in response to Covid-19 and ensure services continued to be delivered to support vulnerable people. Focussed work during 2021/22 will evaluate our current and future needs and the capacity, quality and sustainability of our independent care market. There is potentially a need for capital investment to allow market intervention, enabling a response should market failure occur to ensure continuity of service. This may be short-term in nature, but could be of vital importance to limit the impact of such market issues on residents. Linked to collaboration work with partners, investment may also be needed to build capacity, and in particular creating capacity for specific care needs to ensure that there is appropriate provision for vulnerable residents. This may require new build facilities, or the acquisition of existing buildings which can be tailored to care models.
- 3.5. Progress is being made to implement integrated health and social care that improves outcomes for residents. The new ways of working in the INTs are starting to deliver changes and the new care models are starting to demonstrate improvements in outcomes.
- 3.6. The 2020/21 base budget, approved at the start of the year, is broken down as follows:

Service Area	2020/21 Net Budget	Narrative
	£'000	
Localities	9,564	INT Social workers and primary assessors
Reablement	5,299	Core reablement
Learning Disability	60,611	Social workers, supported accommodation, short breaks, shared lives and external care
Mental Health	24,327	Emergency duty, social workers, external care, supported accommodation
Other Care	46,271	Day centres, equipment, community alarms, information and advice, cash PBs, carers, homecare, residential and nursing care, external supported accommodation, day care
Public Health	39,656	Wellbeing, sexual health, drugs and alcohol, childrens, health visitors, staffing
Commissioning	11,307	Extra care, sheltered housing, homelessness, staffing
Specialist and support services	3,753	Staffing
Inflation and National Living Wage	13,702	Allocation for annual uplifts

Demography	2,371	Allocation to reflect population changes
<b>Pooled Budget</b>	<b>216,864</b>	
Asylum	57	
Voluntary & Community Sector (Adults)	2,122	
Safeguarding	2,209	Staffing
<b>Other ASC</b>	<b>4,389</b>	
<b>Total</b>	<b>221,253</b>	

3.7. Whilst all of the ASC service budgets are considered to be statutory with regards to the responsibilities set out in the Care Act 2014, the scale of preventative services remains discretionary. The most significant areas of prevention are public health and ASC reablement services.

#### **4.0. Covid-19 Pandemic and the ASC Improvement Programme - Context and Impact on Adult Social Care**

- 4.1. The Covid-19 pandemic presents a unique challenge for the country and Manchester. It also presents a challenge to ASC to undertake it's functions of assessment, support planning, monitoring, review and safeguarding (the five core responsibilities of social work within the service) and the commissioning and delivery of care and support through internal services and the social care market within Manchester.
- 4.2. ASC has played a critical role in supporting vulnerable people across the city to remain safe and as independent as possible, continuing to live within the community and preventing crisis and the need for more intensive health and social care services. In addition, throughout the pandemic, work has continued with the hospitals on rapid discharge arrangements to discharge people as soon as people are medically fit, ensuring valuable capacity is available in the hospitals.
- 4.3. From the outset, ASC's response plan was structured around clear objectives:
- (i) Continuity of care for vulnerable people assessed under the Care Act;
  - (ii) Minimising risk of harm/fatality; and
  - (iii) Protecting the credibility and reputation of health and social care and partners (it is important at times of national crisis that Manchester people see that our social care and health system has acted in the best interest of people and in a joined up way that has met their needs - this deepens the trust and future co-operation as public services and residents face future challenges together).
- 4.4. Focusing on these three objectives has meant that the service has responded well to the pandemic including ongoing support to care providers, ensuring supply and provision of PPE, testing of citizens and staff, recruiting additional

support workers to meet capacity gaps and undertaking safe and well calls to support vulnerable citizens and those not accessing services. The service has been able to keep a close overview of issues and challenges within social work teams, in house provider services and the external care market throughout the response period, which has meant that support provided has been targeted and managed and there has been no need to enact Care Act Easements provisions at stage 3 and 4 introduced through emergency legislation nationally. Only a very limited number of services were paused (within Provider Services) whilst other services have continued to operate throughout the pandemic, adapted to be delivered in a different way.

- 4.5. Central to making this possible was the support from the Council over the last 18 months to invest to re-build front line staffing levels, to improve leadership and support to the social work assessment function and the commitment to the Improvement Programme within ASC. The investment for 2019/20 and 2020/21 to stabilise and build strong foundations in the service provided significant resilience to be able to work through the challenges of the pandemic.
- 4.6. Limited work has continued on the Improvement Programme due to the need to respond to Covid-19 including the key need to reduce waiting lists across services and improved leadership and performance management. The investment has led to a significant reduction in the waiting list and other improvements in practice. Between November 2019 and August 2020 (latest data) There has been a 66% reduction in waiting lists for those entering the service prior to allocation (i.e. 66% fewer citizens waiting), a 40% reduction in waiting lists for work ongoing and 39% reduction in waiting lists for reviews. There is ongoing work to further reduce the waiting lists.
- 4.7. The rest of the year will present a particular challenge as ASC is likely to face increased contact from citizens for support and will need to make assessments and set up care and support within the best practice of social distancing and PPE to prevent / mitigate the risks of a local outbreak of the virus. The recent move to Tier 3 and Covid-19 Wave 2 adds significant additional risk into service and financial planning.
- 4.8. There are still a number of areas of focus for ASC going forward, which will need to be prioritised as part of wider recovery planning within our health and social care LCO, to ensure that the work to stabilise and strengthen the service can continue. This includes ensuring that the processes within LiquidLogic and the financial system (contrOCC) are working effectively and support practice and payments; continued roll out of strengths based working including strength-based practice framework; further strengthening management and supervision arrangements. Whilst some work on the Improvement Programme has been paused it is important that the programme as a whole continues to enable transformation and the benefits of integration to be delivered in the context of ASC and given new opportunities and challenges created by the pandemic.

## **5.0. Planning to Support Council Budget 2021/22 Onwards**

- 5.1. Before moving to 2021/22, it is important to recognise the baseline position for transformation and integration for which Manchester has set up and developed the Manchester Local Care Organisation (MLCO), Manchester Health and Care Commissioning organisation and the joint working with health on developing a single hospital system.
- 5.2. It is also important to recognise the impact of the Covid-19 Virus and the strengths shown from the health and social care integration, to jointly plan and respond to the pandemic.
- 5.3. As a result of the national response to Covid-19, MLCO implemented national guidance relating to the provision of essential community health services from 26th March 2020. The response and the learning from that has reconfirmed the importance of the journey to integrate health and care services with wider public services to support residents to be well and live independently. It also confirms the need for an increasing focus on our Neighbourhoods as the places from which to do this and join up local community resources and responses to support people where they live.
- 5.4. The MLCO priorities for 2020/21 have been developed and are set out below:
  - (i) Review and restart community services based on national guidance and evidence / learning from recent months, supporting our staff to work safely;
  - (ii) Develop the Operating model for community services to build from our understanding of learning from recent months, ensuring coherence with the GM ADASS 'Living well at Home' programme and the Locality plan;
  - (iii) Continue to support the timely and effective flow through the Integrated Control Room from acute into community and ensure the requisite community offer is in place to enable that;
  - (iv) Lead system work on the development of an offer for people with Long-Term Conditions that enables a multi-disciplinary proactive offer built through the INTs and our wider service offer;
  - (v) Work with partners on the substantial programmes focused on financial resilience;
  - (vi) Develop an approach with system partners to improve the services we provide to those with Learning Disabilities and support through transition; and
  - (vii) Prioritise our transformation programmes to ensure our people can effectively connect and support their design, delivery and development.

### Adult Social Care – Scope for Change and Supporting the Budget Challenge

- 5.5 As identified above the most critical aspect of ASC is that following an assessment of need and setting out a care and support plan, there is a legal obligation to continue to support that person until there is a change in their care needs. Therefore it is not possible to simply stop services, as the need remains and the legal obligation remains.



- 5.6. It is not possible to choose to scale back services as they are meeting each person's individual needs and can only be changed following an assessment and revision to the support plan.
- 5.7. It is possible to scale back prevention services, which are provided outside assessed and eligible needs, however, those services (such as reablement) often reduce, prevent or delay the need for statutory care and support requirements. Therefore, careful assessment and evaluation is needed before a policy / strategy decision to reduce these areas, as a budget saving in this area may simply result in an increase in statutory long term care, leading to higher overall expenditure.
- 5.8. Having taken into account the statutory responsibility and accountability of the Council for ASC; the investment and improvement programme; the interconnectedness of statutory and prevention expenditure; the established Manchester transformation / integration journey and the scale of the financial challenge for the Council the programmes of work have been identified for consideration and development within the policy / strategy and financial framework for the Council and are set out further below.

## **6.0. Financial Planning Assumptions and Approach**

- 6.1. The annual business and budget plan for Adult Social Care and Population Health is part of the MHCC Plan which reflects the refreshed Manchester Locality Plan and is supported by the Manchester Local Care Organisation (MLCO) Operational Plan. The Council determines the scale of its contribution into the pooled budget. The health and social care annual pooled budget for Manchester is £1.2bn.
- 6.2. The key planning assumptions for the contribution to the pooled budget for 2021/22 are being developed in the context of the financial challenges, outlined in the report elsewhere on the agenda. There is recognition this position is subject to significant change following the Comprehensive Spending Review (CSR) announcements and any specific announcements to meet the commitment to address the funding crisis across the country for ASC.
- 6.3. The City Council's current indicative Medium Term Financial Plan (MTFP) modelling includes the following significant further investment assumptions into ASC totalling £23m recognising normal uplift requirements and pressures. They do remain subject to change and update:
  - (i) Pay, Price and allowance for National Living Wage (£7.6m);
  - (ii) Demographics for population modelling (£2.8m); and
  - (iii) Covid-19 assumptions covering the full year effect of discharges this year on 2021/22 over and above the demographics increase (£9.3m), PPE (£2.5m) and social work capacity (£0.8m), a total of £12.6m.
- 6.4. In addition, the current City Council budget planning assumptions are that **without further financial support from government** there will be a minimum

£20m reduction from the Council to the Health and Social Care Pooled Fund and therefore a consequential savings requirement. This is based on the current pooled budget plus the planned additional funding outlined above. It is important to note that the health contribution to the pooled budget is currently unknown as the NHS has not published the financial regime for 2021/22 yet.

- 6.5. The MLCO has been asked to determine how the overall reduction of £20m will be met across a range of programmes of work. It is fully expected a proportion of this requirement will be addressed from targeted additional financial support from government in the forthcoming comprehensive spending review (CSR). The MLCO are progressing a number of work programmes aimed at maintaining or improving outcomes through improved service delivery arrangements and addressing the budget savings requirements. They include:
- (i) Improving pathways and focusing support for independence for Manchester people;
  - (ii) Advancing integration across the system within the ten year plan for MLCO;
  - (iii) Working with partners to provide system financial support to maintain community based care, especially where there is an interim requirement until improved pathways are embedded;
  - (iv) Commissioning programmes and realising the expected benefits from integrated commissioning; and
  - (v) Working in a focused way over winter to mitigate the impact of Covid-19 on 2021/22.
- 6.6. The financial challenges are however severe and to the extent the £20m cannot be found, more difficult service reductions across preventative areas, where there is some discretion, would need to be developed and in such circumstances, further detailed proposals will be developed for Health Scrutiny consideration in the New Year.
- 6.7. The City Council, MFT and MHCC will be working with the MLCO Executive to ensure governance arrangements are further developed to provide the key levers for change to realise the ambitions for advancing integration and realising the benefits of a genuinely pooled budget. This will include, for example, effective risk share arrangements between Manchester system partners.
- 6.8. The ASC budget can be considered in three parts:
- **the workforce** including social work practice,
  - **prevention and reablement** – services provided to help reduce, prevent or delay the need for ongoing formal care or services to help people regain their independence and ability to meet their own needs
  - **long term care provision** - ongoing formal care to meet the needs of people to help them to continue to live as independently as possible.

- 6.9. Significant progress has been made to invest in structures in recent years to ensure the workforce establishment infrastructure is fit for purpose through the improvement plan. Reductions in prevention can have a significant impact as those services often prevent, delay or reduce the need to statutory care and support requirements. The service and finance work programmes are therefore focused on long term care.
- 6.10. It is not currently expected that budget work in view in this report will have consultation implications for the existing City Council workforce. However, work to accelerate progress towards health and social care integration in the city may lead to further organisational change in due course.

## **7.0. Improving Pathways and Focusing Support for Independence**

- 7.1. Improving pathways and focusing support for independence is a key programme of work to support people to live as independently as possible and maintain control over their lives. The approach is one of service improvement, supporting people with strengths based assessments and better ways of delivering care and support services. Of key importance is prevention and intervening early, as this is the best way to ensure people get the services that are responsive to their needs and prevent, reduce or delay the need for longer term care. We will always meet the long term care needs of individuals where required.
- 7.2. A significant piece of work on improving pathways and focusing support for independence has been undertaken, starting with how to do this in adult social care. This involves:
- (i) Working with individuals using strengths based assessments, empowering citizens to take control of their lives and be able to manage their own conditions where they have the ability to do so. This may be using their own strengths, family and friends or support within the community. This will involve changing expectations across the system, focusing more on independence and working with people through individual assessments
  - (ii) Acting earlier to prevent problems occurring or escalating;
  - (iii) Ensuring additional interventions are not being caused by the service failing to get something right first time or unintentionally reinforcing dependency;
  - (iv) It does not involve: tightening eligibility criteria, restricting access, or stopping non-statutory services.
- 7.3. The programme is being supported by a commissioned piece of work from IMPOWER, a specialist ASC support agency with experience and proven track record with a number of other local authorities to undertake diagnostic work to support the development of evidence-based, sustainable opportunities. Some of the key activities that have been included within this programme include:
- (i) Staff survey with over 220 responses;

- (ii) Case reviews;
- (iii) Observations - contact centre, INTs and hospital site; and
- (iv) Behaviour change workshops to apply behavioural science techniques to social care and embed these in frontline practice.

7.4. The emerging insights from the programme include:

- (i) There is an opportunity to improve pathways and focusing support for independence in order to prevent, reduce or delay long term care, to some degree, in almost half of the cases reviewed. In some cases this maybe a minor change whereas in others a more substantial opportunity. The challenge is how to release the opportunity consistently through the complexity of first contact / assessment / review and expectations or legal challenge of the population being supported;
- (ii) There are opportunities emerging to build on the foundations developed in the last 2 years across ASC, to embed strength based practice consistently across all teams; awareness and use of community assets; broadening the Technology Enabled Care (TEC) offer, whilst building confidence in practitioners and people to use TEC; building on the positive impact of reablement by increasing access; implementing the positive changes in the carers offer and changing the front door to be a more co-ordinated preventative offer to prevent flow to community teams.

7.5. With a properly resourced change infrastructure and clearly set out conditions of success, this suggests a significant opportunity for savings **over three years**. The phasing of savings is currently being finalised. **The target for 2021/22 is £6m and this will increase to £18m by 2023/24 (net of investments)**. Some of the key conditions of success include early and full engagement of staff; investment in prevention, clear and agile performance management and governance; securing early impact from change to build momentum and capacity and capability to deliver the change. In addition, significant system support is integral to successful delivery.

7.6. The key changes in metrics arising from the proposed programme on improving pathways and focusing support for independence, based on implementation in 2020 quarter 3, against the 'Do-Nothing' scenario projected to 2021/22 are detailed in the table below.

Metric	2019/20 Baseline	Do- nothing by 2021/22	Potential Impact by 2021/22
Nursing Care clients	672	688	-11
Residential Care clients	1,352	1,384	-40
Supported Accommodation clients	743	770	-28
Homecare clients	2,671	2,890	-57
Reablement clients	1,869	n/a	+518

- 7.7. Further work is under way to identify what the improvements in outcomes for individuals will be associated with these metrics, such as improved levels of wellbeing, self-care and greater independence.
- 7.8. This programme is being developed into an implementation plan and which addresses and secures the conditions of success. A key element of this is integration with existing MLCO transformation projects set out below into one refreshed programme of change for the next three years.
- 7.9. The option presented for improving pathways and focusing support for independence aims to deliver better outcomes, experience of services for the people of Manchester and better use of resources. This will require significant commitment from all health and social care partners, in order to provide the capacity and capability required to deliver this scale of complex change at speed. It needs to be recognised as the substantive piece of work which will underpin the system's approach to meeting care and support needs across Adult Social Care with many of the principles transferrable to health services.

#### **8.0. MLCO Transformation Programmes Update**

- 8.1. The MLCO has an established transformation portfolio that has driven its development since its establishment in 2018. The Portfolio is overseen by the Recovery and Portfolio Board and is a key responsibility of the Director of Strategy. It comprises a range of transformational and enabling programmes from Neighbourhood development to the work programme of the Care Homes Board, from Workforce to Estates.
- 8.2. The MLCO is working with colleagues in MCC to develop an agreed programme that will aim to contribute to the financial and budget strategy for the City Council, as well as further integrate community health and adult social care through the LCO as the key vehicle for integration. It will incorporate into this portfolio:
  - (i) The outstanding work in the ASC Improvement plan,
  - (ii) The agreed workplan as a result of the IMPOWER work; and
  - (iii) Any other transformation work already underway.
- 8.3. This will ensure that there is a single programme of change in place for adult social care that secures its further integration with community health services in the MLCO and supports the delivery of improved outcomes for Manchester residents alongside helping to address the financial budget challenge.
- 8.4. This programme is being brought together under the leadership of MLCO with support from MCC and MHCC and will start in November in order for the financial benefits to be realised as soon as possible, and in line with the IMPOWER modelling described above. Work is underway to finalise the structure, key milestones, phasing and delivery framework for the programme but it will include the following:

**8.5. Maximising Independence**

This is a critical piece of work and builds from work already delivered by the ASC improvement programme which implemented strengths based assessment and support planning into adult social care. This work will focus on further embedding strengths-based practice, applying behavioural change as well proportionate reviewing.

- 8.6. The work will target specific teams where there are the biggest opportunities to influence demand and increase independence/ensure the most appropriate packages of support in place – specifically the INTs, LD teams and reablement. Four months of intensive support will take place with teams building on the trial intervention which took place with the LD south team. This work will commence immediately.

**8.7. Early Help**

This will build on work already underway to strengthen the front door to adult social care as part of the wider health and social care system. It will include strengthening ‘initial contact’ by ensuring that staff within the contact centre have the right skills and knowledge available to effectively triage contacts, and signpost to alternative support and equipment that could meet their needs.

- 8.8. It will also involve strengthening the information and advice offer online – increasing the number of people addressing their needs independently without intervention from adult social care. Further work, building on the covid-19 community response, will take place to expand the voluntary and community sector offer and engagement in prevention and early intervention. This work will all be prioritised in year 2 of the programme.

**8.9. Short Term Offer to Support Independence**

This work will build on the effectiveness of our reablement offer, building an approach that maximises the independence of citizens being discharged from hospital through ‘discharge to assess’ (D2A) aligned to ‘home first’ principles. It will look to increase capacity in the reablement service – including ensure that those who are currently not receiving reablement (but would benefit from it) are able to do so.

- 8.10. Alongside the reablement offer, further work to build awareness and confidence of frontline staff in using technology enabled care (TEC) and digital options as a ‘default’ will continue as well as a review of the TEC offer to ensure it reflects the support people need.
- 8.11. Reablement and TEC are priorities in delivering the desired financial trajectory and therefore will be early priorities for delivery.

**8.12. Transforming Community and Specialist Teams**

This work will continue the programmes already underway to integrate and transform community teams across health and social care both in LD services but also maximising the opportunities created by the Integrated Neighbourhood Teams. This will align to the work to embed strengths-based practice and ensure that a joined-up approach to assessment and ‘care

management' is in place across professional groups thus reducing demand in all parts of the system. This work is already a priority, is underway and being monitored as part of the wider MLCO transformation portfolio referred to above.

### **8.13. Responsive Commissioning**

Again, building on work already in train this work will seek to ensure that a commissioning plan and approach are in place that supports the change priorities. This will be integral in developing care market supply of the right quality and price , and support the changing demand trajectories set out within the IMPOWER modelling and the work going forward.

- 8.14. Dedicated commissioning capacity working alongside social work teams will be key during the work described above ('maximising independence') which will align with work to review the contracts register and procurement plans going forward as well as work inherited from the improvement programme around the efficiency of the interactions between the case management system (LiquidLogic) and payments system (contrOCC) which will need to continue to be prioritised. This work will also include further strengthening the commissioned offer to carers building on the positive work delivered over the last 12 months.

- 8.15. This work is already a priority and will align to work already underway to review high cost packages of care as well as work to create an integrated commissioning approach within the MLCO across health and adult social care.

### **8.16. Strengthened Performance Framework**

The programme will be supported by a strengthened performance framework which will need to be designed as part of the programme plan, in order to understand progress, delivery and the impact (outcomes and financial) of the objectives described.

- 8.17. This will need to align to the existing arrangements within the MLCO and these will be clarified as part of the transformation programme. The delivery of such an ambitious, wide ranging and comprehensive programme will not come without significant challenges.
- 8.18. The service is still responding to the covid-19 pandemic and as such will need to ensure that this transformation work is prioritised alongside continued, immediate and changing demand into the service.
- 8.19. The right capacity to support the programme will therefore be critical; both programme management support as well as 'change' resources to work alongside teams and individual professionals. They will embed the new ways of working, ensure continued focus on the desired outcomes and ongoing management as well as understanding of performance and delivery to planned financial trajectories. These resources are being confirmed – and include consolidating existing capacity and capability within MLCO, with partners and investing in additional capacity as required.

- 8.20. It will also be critical that partners and senior stakeholders are collectively and continually supporting the delivery of the programme as a key priority for the city's health and social care system. There will not be capacity for MLCO and the service to take on additional and competing priorities. The opportunities are however significant, and will be realised if the right attention, focus and priority is given to work going forward.

## **9.0. Health and Social Care System**

- 9.1. The information contained in this report should be considered as a key component of the health and social system. Two key updates are provided below covering discharge arrangements and the approach to mitigate the pressures arising from Covid-19 and in relation to new care models and the approach to mitigate the loss of GMTF from 2021/22 and sustain the investment in these priority services that are integral to the MLCO operating model.

### Discharge Arrangements

- 9.2. New national hospital discharge guidance has been in place since March 2020 and the current updated guidance will run to the end of the financial year. Substantial costs in 2020/21 are being met from NHS Covid-19 funding. Following completion of care assessments for the clients discharged from hospitals, the City Council will again become responsible for funding care arrangements. The current financial planning assumptions provide for £9.3m additional cost into 2021/22 as the full year effect from discharges from hospitals since March 2020 and modelling of forecast discharge numbers to the end of March 2021. MLCO is working with partners on discharge arrangements, with an effective system based control room and placement function to mitigate the risk of additional placements over the rest of 2020/21. Winter planning arrangements are integral within this. This is very challenging in the context of 2<sup>nd</sup> wave predictions. Government funding through the extension of the Infection Control Fund also allows further financial support to be passed to providers for manage risks around infection, prevention and control. Through the following key actions the MLCO are aiming to be able to minimise the £9m requirement which would allow any excess funding to be released, in effect a saving.
- (i) The 'Control Room' will work with the acute hospitals to identify people as soon as they no longer need to be an acute hospital bed and will facilitate next steps in care. The Discharge to Assess service will support people to move out of hospital and will assess ongoing needs and appropriate next steps in a non-acute setting – preferably in a person's own home, but otherwise in a non-acute Discharge to Assess bed;
  - (ii) Strength based assessments will facilitate maximising each person's independence; and
  - (iii) Access to reablement, where appropriate, will improve each person's baseline and maximise independence.



### New Care Models

- 9.3. The 2020/21 budget included non-recurrent investment from GMTF and from MCCG on the care models detailed in the table below. The programme of time limited investment into new care models from GMTF is now winding down. In order to sustain current levels of activity, the following cost requires funding in 2021/22 and is currently factored into MHCC Health financial planning assumptions for 2021/22 on a non-recurrent basis. This is key support in ensuring arrangements continue to be sustained. Longer term financial planning is however dependent on the Government also setting out multi-year financial settlements. These care models are now an integrated part of the Health and Social care system and savings are substantially incorporated into baseline budgets, albeit work is on-going on the evaluation to ensure scale and capacity continue to be reviewed in a dynamic changing operating environment and the additional challenges under the Covid-19 pandemic.

Care Model	Funding	2021/22 £'000
Crisis	Health	182
D2A	GMTF	1,584
Extra care expansion programme	GMTF	233
INT – Leads and social work team managers	GMTF	1,044
<b>Total</b>		<b>3,043</b>

- 9.4. The recommendations included in the substantial programme aimed at improving pathways and focusing support for independence includes further investment in areas such as reablement and technology enabled care and the savings are incorporated into this programme.

### Working with Partners in the Health and Care System

- 9.5. It is important to note that the health contribution to the pooled budget is currently unknown as the NHS has not published the financial regime for 2021/22 yet. However financial planning assumptions with health partners are including additional non-recurrent financial support for 2021/22, aimed at smoothing the transition until the work on improving pathways and focusing support for independence realises the savings trajectory ambition. £4m of additional support is the current planning assumption for 2021/22.

## **10.0. Population Health**

- 10.1 The Population Health (PH) commissioning and strategic role is set out in the Manchester Population Health Plan, the City's overarching plan for reducing health inequalities and improving health outcomes for residents across the lifecycle. The social and economic impact of Covid-19 has further exacerbated health inequalities in the city.
- 10.2. The Manchester Population Health Team is currently leading the City's public health response to Covid-19 as set out in the 12 Point Action Plan which is updated on a monthly basis. The Plan includes the detail of key actions to be

undertaken in relation to the Manchester Test and Trace Service, managing outbreaks, community engagement and communications, work with schools, universities and businesses and specific sections on our most vulnerable residents and care homes.

- 10.3. The Population Health Team is also responsible for commissioning a range of preventative services (children's public health, wellbeing, drugs and alcohol, and sexual health services) totalling approximately £34m. These services address health impacts upstream to reduce demand on more expensive health and social care services.
- 10.4. The majority of these services are mandated responsibilities, i.e. services that must be provided such as Health Visiting, Schools Nursing, Open Access Sexual Health Services and Health Protection Services.
- 10.5. The Public Health Grant was reduced by 6.2% (£3.3m) in 2015/16, with further reductions of 2.2% in 2016/17, 2.5% in 2017/18, 2.6% in 2018/19 and 2.6% in 2019/20. The impact on Manchester's public health funding was a £8.652m reduction by 2019/20. There was a major redesign and recommissioning of all public health services from 2015 and significant savings were delivered across all key programme areas including 25% savings for drugs and alcohol, 33% savings for sexual health, 50% savings across wellbeing services and 15% savings across children's public health.
- 10.6. Despite the capacity challenges of Covid-19 the Manchester Population Health Team continue to work on the overarching Wellbeing Model for 2022, which will bring all services together in an integrated way under the MLCO arrangements. This model will deliver a significant return on investment over a longer term timeframe and improve health outcomes for residents.
- 10.7. Clearly if the overall savings requirement for the Council is more challenging then all public health services will be impacted including children's public health, sexual health, drugs and alcohol and wellbeing services. Further discussions will be progressed through the MLCO with providers as necessary.
- 10.8. Finally, the Chief Finance Officer at Manchester Health and Care Commissioning and the Director of Public Health are also exploring all options for non-recurrent savings to offset pressures in 2021/22 and will also take account of any delegated responsibilities and resources from the disestablishment of Public Health England.

## **11.0. Summary**

- 11.1. The financial parameters for the 2021/22 pooled budget are a £23m investment and £20m savings target, which represents a net increase of £3m. This is a substantial commitment when other Council Directorates are working to substantial reductions in resources, recognises that expenditure is incurred on support to people with eligible care needs and meets the inflationary pressures within services for care.

11.2. The planning arrangements for the delivery of the £20m target are:

- (i) There is an expectation that government will recognise the pressures facing ASC and the incredible work that has taken place within the sector to support the national response to Covid-19 within the forthcoming CSR;
- (ii) Improving pathways and focusing support for independence £6m 2021/22 (rising to £18m 2023/24 and subject to significant system wide support to delivery arrangements and to specifically address the conditions of success and IMPOWER preventative investment recommendations);
- (iii) Working with partners to identify short term financial support until the above programme matures £4m 2021/22;

It is further expected a proportion of the balance will be met from:

- (iv) MLCO commissioning and transformation programmes;
- (v) Fully realising the benefits from integration; and
- (vi) MLCO discharge planning to mitigate the financial impact of Covid-19 on 2021/22.

11.3. The financial challenges are however severe and to the extent the £20m cannot be found, more difficult service reductions across preventative areas, where there is some discretion, would need to be developed and in such circumstances, further detailed proposals will be developed for Health Scrutiny consideration in the New Year. Based on the requirements of the Care Act 2014, this would have to be delivered from important priority areas such as Population Health, including mandated responsibilities and Reablement. The approach set out in this report is to avoid this if at all possible.

## **12.0. Consultation / Co-production**

12.1. At this stage no specific consultation requirements have been identified.

12.2. We recognise that co-production is integral to working with Manchester People and a programme of co-production is illustrated below as an example of working with people with learning disabilities:

- (i) Set out earlier in the report are a range of priorities that impact on support arrangements for People with Learning Disabilities. The Learning Disability Transformation Programme is seeking to ensure that co-design principles are an integral part of the design and transformation process. As part of this we want to provide a meaningful voice for people with learning disabilities to influence strategic decision making and also to get involved in the design of future service delivery. The first stage of this approach is to co-design a refreshed approach to strategic engagement for the city.

- (ii) In order to achieve this we are in the process of designing a consultation approach to understand what has worked well previously and what people would like to see as part of a refreshed approach. This work is taking place in collaboration with three of our voluntary sector partners; Breakthrough uk, Pathways Associates and People First. We are also keen to widen the scope of engagement with strategic decision making to provide the widest possible representation across the city and also to include the views of parents and carers.
- (iii) Alongside this we will be keen to ensure that there is co-production approach across the programme and at workstream level. Once the strategic engagement approach has been established, we will be working to ensure that people with lived experience are included and consulted across the programme. At this stage we cannot be prescriptive about what form this will take given that we intend to keep co- production principles at the heart of the approach that will be designed in collaboration with people with lived experience, their families and carers and members of the voluntary sector who support them.

### **13.0. Conclusions**

- 13.1. Financial planning arrangements for the health and social care pooled budget are progressing but are extremely challenging in the context of the significant ambiguity on government funding/settlements, ASC policy direction and the impact of Covid-19. In addition, the NHS has not published the financial regime for 2021/22 yet.
- 13.2. The report presents the first staging post of the work in a variety of programmes which are currently being brought together into one overarching programme of change under MLCO programme management and governance arrangements.
- 13.3. At this stage no specific consultation requirements have been identified. The approach to care management will continue to put meeting clients needs first and foremost but will look to change the approach to doing so, primarily through prevention, building upon the approach to strength based practice and enabling citizens to take more control of their lives, maximising independence and achieving better outcomes and through strengthening commissioning and contracting arrangements.
- 13.4. The report contains significant steps towards a sustainable financial plan for ASC for 2021/22 but with further work to do. Specifically, £10m of the £20m target has been detailed in this report from the programme focused on improving pathways and focusing support for independence (£6m) and from working with partners in the health and social care system to provide interim support until the above programme matures further (£4m). There is also an expectation that government will recognise the pressures facing ASC and the incredible work that has taken place within the sector to support the national response to Covid-19 within the forthcoming CSR.

- 13.5. Further MLCO programmes are also progressing aimed at contributing to the financial target including integrated commissioning; fully realising the benefits from integration; and discharge planning to mitigate the financial impact of Covid-19 on 2021/22.
- 13.6. The financial challenges are however severe and to the extent the £20m cannot be found, more difficult service reductions across preventative areas, where there is some discretion, would need to be developed and in such circumstances, further detailed proposals will be developed for Health Scrutiny consideration in the new year. Based on the requirements of the Care Act, this would have to be delivered from important priority areas such as Population Health, including mandated responsibilities and Reablement. The approach set out in this report is to avoid this if at all possible.

#### **14.0. Recommendations**

- 14.1. As presented at the front of the report.

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## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 3 November 2020

**Subject:** Manchester Local Care Organisation, Winter Planning across Health and Adult Social Care

**Report of:** The Executive Director of Adult Social Services, Manchester City Council and Mark Edwards, Chief Operating Officer, MLCO

### Summary

This report has been written to provide the Health Scrutiny Committee with an update to the Manchester Local Care Organisation's (MLCO) response to winter and COVID-19 through the development of integrated planning across Health and Social Care.

Each winter the Health and Care system is challenged and whilst supporting our most vulnerable populations remains the systems top priority, each year winter brings patients and residents with increased need, worsening long term conditions and an increase in slips trips and falls. This pressure will be compounded by further waves of Covid-19 during winter 2020/2021.

It is paramount that our community health and care system supports citizens as close to home and provides robust alternatives to hospital admission where possible. Planning must ensure that these services remain viable when managing staffing availability.

### Recommendations

The Committee is asked to support the contents of the paper.

**Wards Affected:** All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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No
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The effective use of resources underpins the Council's activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy

A highly skilled city: world class and home grown talent sustaining the city's economic success	Development of winter plans considers the positive impact the voluntary sector has in our health and care system.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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

Not applicable.



## 1. Introduction

- 1.1 This paper has been written to provide the Committee with an overview of the work that Manchester Local Care Organisation (MLCO) is undertaking to support the delivery of services through the coming winter period.
- 1.2 The paper describes how the functions of an integrated MLCO support a response to care delivery which is primarily focussed on keeping people safe and well close to their home.
- 1.3 Committee are advised that this paper is written to update on the development and implementation of the plan; it is not the plan in its entirety.

## 2. Background

- 2.1 As the Committee is aware, winter is an exceptionally challenging period for health and care systems across the country. Winter 2020/21 will add further challenges to what has already been a difficult year, with usual winter acuity, exacerbations in long term conditions and an increase in slips trips and falls compounded by further waves of Covid-19.
- 2.2 On the 14th July 2020, the Academy of Medical Sciences published “Preparing for a challenging winter 2020/21”. Within the report the Academy identified challenges which they believe will be “increasing demand on usual care as well as limiting surge capacity”:
  1. A large resurgence of COVID-19 nationally, with local or regional epidemics.
  2. Disruption of the health and social care systems due to reconfigurations to respond to and reduce transmission of COVID-19 with a knock-on effect on the ability of the NHS to deal with non-COVID-19 care
  3. A backlog of non-COVID-19 care
  4. A possible influenza epidemic that will be additive to the challenges above.
- 2.3 On 31<sup>st</sup> July 2020 NHS England entered what they describe as Phase 3, setting out requirements for services to return operational with expectations that service providers should:
  - Return to ‘Business as Usual’ as much as practicably possible;
  - Prepare for winter which for community services includes delivery of a flu vaccine programme, supporting care homes, and work alongside local authorities to ensure patients are able to leave hospital as soon as medically fit to do so; and,
  - Learn from the first COVID peak at the start of 2020, focus on the benefits and support and take care of our workforce.
- 2.4 This followed guidance provide in March 2020 that required health service providers to stand down services to manage the increased demand and protection of those most vulnerable. However, it is not expected that guidance to support a prioritisation of services will follow for winter.

- 2.5 To ensure that the Manchester health and social care system manages winter pressures and demands MLCO has been required to produce a robust plan that will enable it and the broader health and care economy remain resilient through the winter period.
- 2.6 Unlike in previous years there is now a national expectation that adult social care will formally respond to the Department of Health and Social Care and set out clear plans that support the provision of increased winter resilience. In contrast the requirement to plan has long been a requirement of NHS organisations through NHS England.
- 2.7 The Committee is assured that whilst national bodies have requested separate planning and assurance, MLCO planning is built through utilising an integrated model of oversight and delivery. This ensures that one single coherent offer is available for the residents of Manchester.

### **3. MLCO winter planning**

- 3.1 MLCOs winter plans have incorporate learning from across a number of core areas:

- Identification of leadership around the “Preparing for Winter Challenge Report”
- Lessons learned during Covid-19 first wave pandemic
- Activities to support demand management
- Activities to support capacity management

#### Identification of leadership around the “Preparing for Winter Challenge Report”

- 3.2 To support winter preparedness MLCO has reviewed its working arrangements with partners across the Manchester health and care system to ensure that they are robust, effective, and ensure people of Manchester are supported in the most appropriate way. The delivery of the winter plan is a core priority for MLCO and system partners and strong partnerships across Manchester will aide delivery.

The winter plans for the MLCO have been developed with the support of partner organisations across the city.

#### Lessons learned during Covid-19 first wave pandemic

- 3.3 MLCO, as with other health and care providers has taken the opportunity to review its approach to Covid-19 phase one. The initial pandemic response saw MLCO align its capacity to those residents in greatest need and plans were mobilised to keep the most vulnerable safe. Whilst MLCO responded well and supported the Manchester health and care economy to safely discharge a significant number of people from hospital to alternative care settings (in line with national requirements) it is inevitable that lessons have been learnt and MLCO has worked to include these lessons into its winter planning processes.

### Activities to support demand management

- 3.4 The MLCO is using the plan to ensure that activity is directed away from secondary care wherever it is possible; this ensures that hospital beds are available to those residents that need them the most. For example, the plan looks to support more residents in Manchester to receive their care closer to home rather than in hospital settings. In support of this we are working with home care providers to ensure that we have an 'early warning' system that identifies those people who are deteriorating so that augmented care is able to be put in place to enable residents to stay in their own homes.

Should residents need to be admitted to hospital MLCO is working to ensure that they are safely discharged as early as is possible and are supported to return to home with a package of reablement <sup>1</sup> rather than more expensive care packages or long term placements that are often associated with excessive lengths of stay.

### Activities to support capacity management

- 3.5 The response to Covid-19 placed a significant strain on services and the care market, and this will be exacerbated with the advent of winter and increased pressures that this ordinarily brings. The plan looks to support this by ensuring we have the capacity to meet expected levels of demand. For example, the plan identifies service pressures during key holiday periods and provides teams early support in addressing gaps.

The MLCO has established a control room function to manage demand and increasing its functionality and resilience by recruiting senior nursing capacity into it. They will be responsible for review, design and continuous improvement of an integrated discharge pathway function across hospital and community services.

As the Committee will be aware the NHS Nightingale North West has been stood up and the MLCO's control room is supporting increased flow of people from hospital into this facility to enable a safe waiting place for home care packages or intermediate care to be provided. The Nightingale will offer 36 beds to the people of Manchester and Trafford and is managed through Manchester University NHS Foundation Trust.

To support the longer term flow of hospital discharges, the MLCO is working on delivering two 20 bed 'discharge to assess' facilities. This will enable a community response to patients being assessed for their long term care needs out of a hospital setting. The Committee are reminded that at the onset of the pandemic Manchester proactively implemented a policy that ensured that all residents were tested for Covid -19 pre discharge from hospital. This was a policy that was subsequently replicated nationally. This policy remains in place and residents who are discharged into the care of a care home are tested for Covid-19 pre discharge from hospital.

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<sup>1</sup> Reablement service provides support to Manchester citizens discharged from hospital to return to independent living whilst supporting co-ordination of longer home care provision if required.

In addition to this MLCO is working to secure a commissioned solution for the provision of 'covid secure' beds, these beds will be available to support the discharge of COVID positive patients who would then be supported into the place of residence when they were able to. The MLCO is working with care home providers to identify suitable facilities for this to be commissioned from.

The plan includes supporting an increase in reablement staffing capacity; this will ensure that more people who require support post discharge from hospital will be able to access these services. This care will lead to greater independence and a reduction in the number of long term placements being made for this cohort of people.

In line with the MLCOs business plan, the winter plan will see the continued introduction of case management <sup>2</sup>across all twelve neighbourhoods in Manchester. This will enable those most at risk to have well rounded, integrated care plans to maximise independence and management of long term conditions.

The plan supports the identification and management of workforce gaps, using methods trialled during the first wave of Covid. This includes, short term redeployment and recruitment of interim support staff; also maximising flu vaccination uptake amongst staff.

#### **4. Adult Social Care Winter Planning**

4.1 The adult social care plan is being supported by and delivered through MLCO. The plan takes account of the following areas of action:

- Preventing and controlling the spread of infection in care settings
- Managing Staff Movement to control the spread of infection
- Ensuring an adequate supply of PPE across the care sector
- Flu planning and vaccination
- Improving technology and digital support to people in home care and care homes
- Supporting independence and quality of life
- Enabling contact / visitation with relatives
- Support for unpaid carers
- Improving End of Life Care
- Workforce – Training and Wellbeing through a challenging winter
- Workforce Capacity
- Embedding the new discharge processes, while ensuring delivery of the duties set out in the Care Act and maintaining good quality practice.
- Timely distribution of the Infection Control Fund to the care market
- Improving Market Intelligence and Oversight
- Further development of a formal D2A pathway

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<sup>2</sup> Case management is the function in which a multi-disciplinary team assess and develop care for a person with long term conditions. This will include planning across Health and Social Care and involve community, primary and social care, which may also involve voluntary sector provision.

- Building available capacity within the homecare marketplace to support hospital flow and maintaining independence at home

## **5. Supporting the care market**

5.1 The care sector plays a vital role in the effective functioning of any health and care system, and this is no different in Manchester. To ensure that care homes are effectively supported the Executive Director of Adult Social Services leads a Strategic Care Home Board. This board has been established to oversee improvements in system capacity, sustainability, quality and public health ensuring the care market meets the needs of the residents.

5.2 The Strategic Care Homes Board has established four key workstreams:

- Clinical pathways of support (led by Chief Medical Officer)
- Controlling the Infection (led by the Director of Public Health)
- Supporting the Workforce (led by Chief Nurse)
- Maintaining Care and capacity (led by the Deputy Director of Adult Social Services)

5.3 The Board has full system representation from all provider sectors Manchester City Council (MCC), Manchester Local Care Organisation (MLCO), Manchester Health and Care Commissioning (MHCC) and Manchester Foundation Trust (MFT). In addition, the board is working to support the system by developing provider networks and webinars.

5.4 The MLCO is in advanced discussions with a provider for the management of people who are discharged Covid positive. There has been a full CQC risk assessment of the home. This will enable people to receive care out of hospital in a care home environment before being moved to their permanent place of residence. This will support reducing risk of infection for other residents and staff within other care homes. This is a model that was utilised through the initial phase of the pandemic response.

5.5 As with previous years it is vital that people in care homes have received flu vaccinations, this supports people keeping well and would mitigate some risk in care homes and to residents in the event of any outbreak situation.

5.6 To support care homes and their resident addition investment has been agreed in technology, and this will ensure that all care homes are provided additional equipment including electronic tablets to support virtual consultations and residents to contact family and friends. The funding also supports the introduction of capacity management tool that will enable MLCO to better manage placements into homes.

## **6. Health winter planning**

6. The MLCO has developed its winter plan across the following key domains:

- Continuing to follow PHE/DHSC policies on Covid-19 testing

- Ensuring staff and patients have access to the appropriate PPE as needed
- Implementing of neighbourhood flu plans, staff vaccination and vaccination for vulnerable patients as they leave hospital
- Further development and stabilisation of the MLCO Control Room to support delivery of hospital flow and improving communication channels between the functions
- Management of hospital patients who must isolate by developing an isolation community unit.
- Reviewing and mobilising new models of care including the expansion of the Case Management Service to support long term care planning and reducing need for hospital based care
- Increasing the provision of MLCO commissioned community beds for people to be discharged to whilst undertaking assessment for longer term care needs
- Ensuring that we maximise visits through the 'Every contact counts' ethos, amplifying key messages over winter.
- Identification and management of workforce gaps
- Ensuring that significant attention is given to managing hospital flow and keeping people as close to home as possible.
- Flexibility to re-open Covid-19 positive beds for people requiring care home beds whilst testing positive for Covid-19.

## **7. Immediate next steps**

- 7.1 The finalisation and implementation of the plans set out throughout this paper remain a core delivery priority for MLCO, and the Committee are advised that there is a requirement for the Executive Director of Adult Social Services to submit a formal response to the request for an adult social care winter plan to the Department of Health and Social Care. This was submitted on October 31<sup>st</sup> 2020 in line with national requirements.
- 7.2 MLCO will continue to oversee the delivery of this plan through its internal governance arrangements and led by the Chief Operating Officer and Director of Adult Social Services.
- 7.3 MLCO will continue to work with partners across the system including the care market to ensure that the plan is delivered, and robust and effective joint work arrangements continue to develop and become embedded across the city.

## **8. Recommendations**

- 8.1 The Committee is asked to support the contents of the paper.