



Health Scrutiny Committee

Date: Tuesday, 5 March 2019

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

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

Access to the Council Antechamber

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Battle, Clay, Curley, Holt, Lynch, Mary Monaghan, O'Neil, Paul, Reeves, Riasat, Smitheman, Wills and Wilson

Supplementary Agenda

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Report of the Director of Performance and Quality Improvement and the Director of Integrated Commissioning and Chair of the Manchester / Trafford Urgent and Emergency Care Board

This report provides an overview of urgent care winter pressures for 2018/19. It contains information on the joint system-wide planning taken across the Manchester urgent care system, the surge and escalation approach taken in order to manage periods of pressure and the resulting impact on the 4 hour performance target in A&E.

7. Care Homes 9 - 20

Report of the Director of Adult Services, Children and Families Directorate

Our Manchester ambition is for all care homes to achieve good or outstanding Care Quality Commission (CQC) ratings within the next 2 years. Delivery will be supported by the MHCC performance and quality improvement team framework, providing effective tools and guidance for providers to achieve our aspirations.

This paper highlights the current CQC and MHCC quality compliance status of the nursing and residential care homes across Manchester and explains the efforts being made to support and improve the standard of care and quality for the residents in receipt of those services.

Further Information

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

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This supplementary agenda was issued on **Thursday 28 February 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 5 March 2019

Subject: Winter Pressures

Report of: Michelle Irvine, Director of Performance and Quality Improvement and Claudette Elliott, Director of Integrated Commissioning and Chair of the Manchester / Trafford Urgent and Emergency Care Board

Summary

This paper provides an overview of urgent care winter pressures for 2018/19. It contains information on the joint system-wide planning taken across the Manchester urgent care system, the surge and escalation approach taken in order to manage periods of pressure and the resulting impact on the 4 hour performance target in A&E.

Recommendations

To consider and comment on the information in the report.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

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	None
A highly skilled city: world class and home grown talent sustaining the city's economic success	Skilled multi-disciplinary health and social care workforce to be resilient meeting the demands of the city
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Working across boundaries to maximise capacity of all hospital and community based services to support system wide flow
A liveable and low carbon city: a destination of choice to live, visit, work	None
A connected city: world class	None

infrastructure and connectivity to drive growth	
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Background documents (available for public inspection):

None.

1.0 Introduction

- 1.1 A system-wide approach across health and social care was taken to 2018/19 winter pressures planning, co-ordinated by the system resilience team of Manchester Health and Care Commissioning to ensure that the urgent care system was well prepared for winter 2018/19. Whole system plans, communications and relationships are already well established and were complimented by additional resilience funded provision and the implementation of various new opportunities to trial new services. Furthermore, from an assurance perspective, the national agreed process for managing winter pressures known as the operational pressures escalation levels (OPEL) plan which is a system wide tool was utilised to manage periods of escalation, maintaining patient safety.

2.0 Winter resilience planning approach

- 2.1 A system wide winter resilience plan for Manchester was developed capturing all interventions and improvements made from all organisations, regional and national teams. The plan was developed through various workshops, meetings and collaboration across the Manchester urgent care system and engaged with commissioners and health and social care providers.

- 2.2 10 key interventions were agreed across our health and social care system for winter, including:

- **Patient flow** ensuring that robust discharge plans were put in place, so that when patients are ready to leave hospital they can be discharged quickly and safely, thus freeing up hospital bed capacity and reducing length of stay in hospital.
- **Manchester Local Care Organisation (MLCO)** community interventions with a key focus on admission avoidance reducing the need for people to be admitted to hospital.
- **Front door streaming pilot** at the Wythenshawe site supported streaming to alternative services either in or out of hospital reducing long waits within the A&E department and reducing admissions to hospital.
- **Additional primary care** extended opening hours in primary care through contracted additional GP appointments evenings and weekend providing greater access within the community reducing the need to attend A&E.
- **Flu programme** comprehensive local flu strategy supporting the national flu campaigns.
- **Operational pressures escalation levels (OPEL) plan** system wide escalation plans in line with the OPEL national process are agreed at an organisational level with defined triggers, actions and communication. This plan is triggered when pressure builds across the system and all organisations are accountable to deliver specific actions to reduce pressure within the hospital environment.
- **Urgent care hubs** GM urgent care hub operational across Greater Manchester to support all hospital sites with the ability to divert or deflect ambulances and support with the movement of patients across the city to the most appropriate place for their care, reducing length of stay in hospital.

- **Service level plans** agreed across health and social care providers, describing clear lines of escalation across our system in and out of hours.
- **Resilience funding** annual contract negotiations for 2018/19 with Manchester Foundation Trust and the North Manchester Care Organisation of Pennine Acute included the requirement that they would establish mechanisms to ensure their resilience throughout the year. This provides assurance of their capability to be flexible and manage system pressures accordingly.
- **System wide improvement plan** has been developed throughout 2018/19 and is aligned to the Greater Manchester (GM) programme areas of:
 - **Stay well** provide support to people to stay well, building community resilience and enabling citizens to access care and support in the community, reducing the need for escalation to A&E.
 - **Home first** to ensure that when citizens need access to urgent or emergency care that the right care can be accessed at home or as close to home as possible working with the whole local health and social care system reducing the need for escalation to A&E.
 - **Patient Flow** to facilitate flow through hospital by reducing length of stay, delayed transfers of care and through the development and utilisation of best practice methodology.
 - **Discharge & Recovery** to assist care systems across GM to safely transfer patients back into the community setting, supporting them to their normal place of residence.

3.0 Additional adult social care winter monies

- 3.1 In November 2018 additional adult social care winter monies were made available to Manchester local authority to the value of £2.7m. The primary purpose of this investment was to support the flow of patients from the hospital setting into community services provision.
- 3.2 The mobilisation and monitoring arrangements for these schemes formed part of the overall Manchester Local Care Organisation (MLCO) winter plan and in order to provide accountability for effective delivery of these schemes, there is oversight by the MLCO Operational Management Group and the Manchester & Trafford Urgent Care Strategic Board.

4.0 Surge and escalation

- 4.1 Well established surge and escalation processes were enacted over the winter period to ensure a co-ordinated system response to pressures. The operational pressures escalation levels (OPEL) provided the framework and robust communications were maintained through the winter period.
- 4.2 System wide winter tactical conference calls commenced daily from 21 December 2018 through to the end of January 2019, in order to support the system through the Christmas and New Year period. Key themes from the conference calls were:

- **Operational pressures escalation levels (OPEL)** - escalations were reported at the start of most weeks before returning to a steady-state later in the week.
- **Staffing issues** – hospitals reported at times agency cover for the evening and twilight shifts to be low.
- **Surge** - unpredictable surges in patients presenting at A&E resulting in increased wait to be seen times.
- **Demand** - increased year on year demand for acute hospital services, resulting in higher numbers of attendances and admissions.
- **Flu** - Lower than expected flu cases, with fewer hospital bed closures. Public Health England data shows that number of Influenza “A” cases has peaked later this winter.
- **Capacity** - hospital sites reduced their bed occupancy before Christmas in anticipation of increased demand. Escalation beds were utilised in order to response to the flow pressures due to higher acuity of patients. High bed occupancy results in pressures in the emergency department and impacts on patient safety.
- **Community support** - Manchester city-wide crisis response service went live in January 2019 and reported high numbers of referrals which helped deflect activity from hospitals and supported admission avoidance.

5.0 4 hour A&E performance

5.1 4 Hour A&E Performance has been challenging during the winter period.

Provider Name	Nov-18	Dec-18	Jan-19
Manchester University NHS Foundation Trust	84.9%	84.4%	81.7%
Pennine Acute Hospitals NHS Trust	83.7%	78.7%	77.5%
<i>Greater Manchester Total</i>	<i>84.3%</i>	<i>81.8%</i>	<i>79.0%</i>

Source: NHS-I

Manchester University NHS Foundation Trust performance covers Manchester Royal Infirmary site hospitals, Wythenshawe, Trafford General, and Altrincham.

Pennine Acute Hospitals NHS Trust performance covers North Manchester General Hospital, Royal Oldham, Fairfield General and Rochdale.

5.2 4 Hour A&E performance deteriorated month on month over the winter period, which is reflective of the pressures seen in relation to surges in activity, a seasonal increase acuity of patients, increased admissions and staffing pressures.

6.0 Urgent care recovery plan

6.1 Due to continued underperformance of the A&E 4 hour target at GM level, NHS England Regional Director (North), Richard Barker, has written to a number of GM organisations, including Manchester Health and Care Commissioning requesting sight of recovery plans to support improved performance. An urgent care plan has been developed with specific actions to deliver immediate improvements to recover performance in February and

March 2019 and a weekly 4 hour performance improvement trajectory has been agreed with our hospitals.

7.0 Delayed Transfers of Care (DTC) and stranded patients

7.1 Through a reduction in bed occupancy before Christmas, all sites managed to reduce the number of DTC patients. After Christmas we experienced a steady increase in these numbers. Stranded patients (with a length of stay greater than 7 days) have also remained high.

7.2 Stranded patient reduction remains a key objective for the urgent care system, and we continue to work in partnership with all stakeholders in order to make improvements to ensure that patients are discharged in an appropriate and timely manner.

7.3 Local stranded patient reduction targets were assigned to the Manchester Local Care Organisation (MLCO) to achieve a reduction by March 2019. The MLCO are engaging in partnership working with the integrated discharge teams (IDT) through weekly priority discharge meetings, increased on site presence, and improving processes in tracking complex patients from date of admission.

7.4 As we have seen increased pressure since the Christmas period, as a system we have instigated a robust daily operational response, with colleagues from the MLCO having a daily presence on both Central (MRI) and South (Wythenshawe) hospital sites. The attendance of colleagues from the MLCO has seen contributions to discussions at the length of stay meetings assisting in the discharge of patients in facilitating and arranging their support post transfer from the hospital. This has resulted in a number of people with complex needs being supported through services and interventions such as:

- Community IV therapy.
- Palliative and end of life support and advice.
- MLCO team members working flexibly and creatively identifying innovative approaches to discharge people.
- Intermediate care (Gorton Parks) providing additional evening staff during the evening and nights. Mobile staff who are able to escorted patients if required.
- Flexible approach to community bed utilisation across the city.
- Proactive discharge to assess.

8.0 Conclusion

8.1 The 2018/19 winter season continues to be a challenging period for the urgent care system, with significant pressures placed upon performance due to demand, increased acuity and staffing issues. Through our governance structures we are closely monitoring the delivery of the improvement plan and the adult social care winter monies to ensure that the interventions put in place are delivering resilience to the system and sustaining improvements in urgent care services.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 5 March 2019

Subject: Care Homes

Report of: Bernadette Enright, Director of Adult Services, Children and Families Directorate

Summary

Our Manchester ambition is for all care homes to achieve good or outstanding CQC ratings within the next 2 years. Delivery will be supported by the MHCC performance and quality improvement team framework, providing effective tools and guidance for providers to achieve our aspirations.

This paper highlights the current CQC and MHCC quality compliance status of the nursing and residential care homes across Manchester and explains the efforts being made to support and improve the standard of care and quality for the residents in receipt of those services.

Recommendations

To consider and comment on the information in the report.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

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	By creating outstanding services across the city will attract high quality workers. This will also support retention and further opportunities
A highly skilled city: world class and home grown talent sustaining the city's economic success	Improved training and education to the workforce, developing skills and service outcomes
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Provide equitable care to all citizens
A liveable and low carbon city: a	None

destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	None

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Background documents (available for public inspection):

None

1.0 Introduction

- 1.1 This paper highlights the current CQC rating of the nursing and residential care homes across Manchester and explains the efforts being made to support and improve the standard of care and quality for the residents in receipt of those services.
- 1.2 Our key Manchester aspiration is to move all care homes to good or outstanding whilst working through our work programme to initially move all inadequate rated homes to requires improvement and then to good onwards.
- 1.3 The work undertaken with the inadequate care homes of Manchester since April 2017, has seen the reduction of the 7 providers we started with, to the current 1 that is in the City and was inspected in December 2018.
- 1.4 The self-assessment used by the care homes rated as good and outstanding has also proven effective as services maintain their outcome following recent inspection.
- 1.5 Further, we are seeking to become more proactive in the way we manage, support and develop the market and how we communicate our strategic commissioning intent. Our aim is to become more flexible in our approach to relationships, which could evolve our understanding of their business decisions as well as the ways in which we are able to specify and deliver outcomes using a more dynamic approach. For example, decisions around different types of engagement with the market, which add value above what is often a transactional commissioning approach. Other examples of this could be encouraging providers to take more ownership for their own improvement on a collective or clustered footprint; supporting certain improvement activities as an enabler, rather than directing the bulk of activities. We may also consider making shorter, more concise interventions as a form of prevention, using an enhanced set of early warning indicators. We may also consider the introduction of a broader Provider Relationship Management (PRM) Strategy and the introduction of a charter, which would commit all parties to work collaboratively in the pursuit of better care outcomes for the people of Manchester.

2.0 Background

- 2.1 Since April 2017, the performance and quality improvement (PQI) team of Manchester Health and Care Commissioning have been working to improve the quality of the 73 nursing and residential care homes in Manchester and this has included the implementation of a new PQI framework for adult social care (ASC). The framework brings health and social care colleagues closer together, and focuses efforts in areas that need it the most such as care homes that were/are rated as “inadequate” or “requires improvement” with the care quality commission (CQC). Building effective relationships with providers whilst working closely with the CQC is a key feature of the framework and the emphasis of the new approach is based on quality improvement and safety to proactively support CQC readiness.

- 2.2 New ways of working have also included engagement with health watch Manchester in their work on “enter and view” visits, ensuring these are aligned and resourced against present practice, rather than historic CQC reports or visit outcomes.

CQC ratings of the 73 care homes inspected, by locality		
10 Inadequate 10 Requires Improvement 10 Good 10 Outstanding		
North (N1&2)	Central (C1&C2)	South (S1&S2)
Blackley	City Centre, Ardwick, Gorton North and Gorton South	Old Moat and Withington
Byron Lodge 10 Allendale Residential 10 Eachstep Blackley 10 Polefield Nursing Home 10 Blackley Premier Care 10 St Euphrasia's 10	Gorton Parks 10 The Dell 10 Beyer Lodge 10	Downing House 10 Brocklehurst 10
Charlestown, Crumpsall and Harpurhey	Hulme, Moss Side, Whalley Range,	Chorlton Park, Didsbury and Burnage
Holmeleigh 10 Chataway Nursing Home 10 Chestnut House 10 Israel Sieff Court 10 Oakbank Care Home 10	Abbotsford 10 Polonia Care Home 10 Alness Lodge Ltd 10 Mariana House 10 Dom Polski 10 Wellfield House 10 Fairleigh House 10	Ashley House 10 Laurel Court 10 Rowsley House 10 Russley House 10 Chorlton Place 10 Belong Nursing Home 10 Holmeleigh Care 10 Yorklea Nursing Home 10
Moston, Cheetham, Miles Platting and Newton Heath	Rusholme, Longsight and Levenshulme	Northenden, Sharston and Woodhouse Park
Moston Grange 10 Averill House 10 Doves Nest 10 Lightbowne Hall 10 Beechill Nursing Home 10 Brookdale View 10 St Mary's Nursing Home 10 Lindenwood Residential 10 Acacia Lodge 10 Next Steps Moston 10 Norlands Nursing Home 10 NWCS 11 Bacup St 10 NWCS 20 Swallow St 10 Silverdene Residential 10 The Royal Elms 10 Wellington Lodge 10 47 Averill Street 10	Oakland House 10 Victoria Nursing Hm 10 Grange Avenue 10 Park Crescent 10 Richmond Care 10 St James House 10 St Joseph's Mcr 10	Yew Tree Manor 10 Cornish Close 10 Ringway Mews 10 The Peele 10 Mainwaring Terrace 10 Marion Lauder House 10 Bradgate Cl 10 St Bonaventures 10 The White House 10
Ancoats, Clayton and Bradford	Chorlton and Fallowfield	Brooklands and Baguley
Brownlow House 10 Seymour Care Home 10 Parkview Care Home 10 Mary & Joseph House 10	Alexandra Lodge 10	Maybank House 10 EAM Lodge CIC 10

- 2.3 A series of questionnaires have been created to use as part of the audits undertaken of services, these include questionnaires for residents, staff, managers and families, to support our understanding on the reflection of how services are delivered in accordance to their own experience and expectation. These questionnaires have been shared and endorsed by MHCC patient and public advisory group members to ensure they are reflective of current experience and feedback. We intent to expand this practice over the next 12 months. Furthermore, the team are to schedule attendance at the family meetings which take place within our care homes across the city in order to obtain a better balance of intelligence associated with resident experience.
- 2.4 The MHCC PQI team are members of a number of Greater Manchester health & social care partnership (GMH&SCP) boards and are actively integrated into the residential and nursing care group.

3.0 Current CQC Ratings

- 3.1 The tables below show the overall CQC ratings for the care homes in Manchester as at February 2019.

Nursing homes

CQC rating	No of care homes	%
Outstanding	0	0%
Good	17	53%
Requires Improvement	13	41%
Inadequate	0	0%
Not yet rated	2	6%
Total	32	100%*

Residential homes

CQC rating	No of care homes	%
Outstanding	2	5%
Good	20	49%
Requires Improvement	15	37%
Inadequate	1	2%
Not yet rated	6	7%
Total	41	100%*

**individual percentages may not add to 100% due to rounding*

- 3.2 The table below shows the 73 individual care homes that have been inspected by locality and indicates the CQC rating. 8 homes remain to be inspected within year.

4.0 Focusing Efforts to improve Quality

- 4.1 Working to improve the standard of care and quality within care homes remains a key priority for MHCC and the new adult social care (ASC) performance and quality improvement (PQI) framework is now embedded and providers are well engaged. The ASC PQI team are currently working with the two main tools within the framework to assess and monitor quality across the sector with care homes being the first cohort of providers.
- 4.2 All “good” CQC rated homes have now received a quality self-assessment (QSA) and completion. The aim of the QSA is to gain assurance that the provider remains at a “good” standard with the CQC. The tool has been developed to reflect CQC key lines of enquiry and also contractual standards

between MHCC and the provider. Some of the homes will have been visited as part of the self-assessment to support the provider through the process and all homes will have a monitoring visit within 12 months of their QSA.

- 4.3 All homes that have had a “require improvement” rating from the CQC have been visited during 2018/19 in a prioritised order (indicated in the table above in section 3). The visits included an audit using the new Manchester audit tool, this has been developed working alongside colleagues in the GM partnership and follows a similar tool that Bolton council use. The tool is based around the CQC regulations including safe care and treatment, safeguarding service users from abuse and improper treatment and meeting nutritional and hydration needs. The focus during the visit is to engage with staff but more importantly with the people who receive the service and their family members. Following the audit, recommendations are made and action plans are developed that the team will monitor throughout the year on an ongoing basis.
- 4.4 The homes that were/are rated as “Inadequate” with the CQC have been subject to a high level of scrutiny as part of the framework both with MHCC and the CQC. These are visited regularly (weekly/monthly) by members of the PQI team including senior managers to support improvement plans or to follow due process if a notice of proposal (NOP) to de-register the home has been served by the CQC. These homes are regular features on the agenda for the established care home improvement group, chaired by the PQI manager for adult social care and attended by a MHCC collaborative multi-disciplinary cohort of senior staff including, safeguarding, medicines management, infection control and social work team members, the meeting is also attended by a GP clinical lead to help support with clinical issues in the community, in particular with GP’s.. This is to ensure the appropriate knowledge and expertise is available to support and resolve escalating situations and gain assurance on focused improvement plans.
- 4.5 Evidence of the success of our new integrated working with providers has seen one of our homes, Yew Tree Manor rated inadequate in all 5 key lines of enquiry (KLOE) areas move to requires improvement and 3 KLOE areas now being measured as “good”. This is the result of the establishment of an integrated action plan between the PQI team and the provider which is our standard offer within our new framework.
- 4.6 The MLCO, MHCC and MMU have co-produced teaching care home packages which has prioritised the top 5-10 nursing and residential care settings that admit the most number of patients into the MRI, NMGH and Wythenshawe. The educational packages will be delivered by experts in subject areas such as catheter care, wound care, mobilisation, nutrition and hydration, dementia care and so forth. To further enhance the health offer in to the homes agreements have been reached with GP’s to increase the healthcare provision which includes ward rounds, ward reviews and physical examinations and interventions. District nurses and social workers continue to interface and liaise in those homes where they are commissioned to do so.

5.0 Timeline of Framework 2018/19

PQI assurance framework – timeline 2018/19										
Consultation	Rollout									
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q4
Design the assurance framework	Workshops with care homes									
Workshops with 5 pilot providers	Care home self-assessment relationship building									
			MHCC review of submissions / action planning							
			Develop QSA for remaining sectors							
					Rollout of tools to homecare, extra care and supported accommodation					
		Develop audit tool for visits to moderate / high risk homes								
				Rollout of audit tool to moderate / high risk homes						
						MHCC review of submissions / action planning				
									Review of process	

5.1 The ASC PQI team are on trajectory with the entire framework roll out, PQI are using Quarter 4 18/19, to review our work and outcomes so that we can reflect and develop our work programme for 2019/20 with the PQI officers and ASC providers.

6.0 Linking in with GM Standards

6.1 The MHCC PQI team are members of a number of Greater Manchester health & social care partnership (GMH&SCP) boards and are actively integrated into the residential and nursing care group. The team also participate in a sub group, looking at how Greater Manchester can develop good practice and share this across the landscape.

6.2 Manchester received two expressions of interest from care homes to take part in the teaching care homes and training programme, both having been

endorsed by the PQI team and both have been accepted by the GMH&SCP enrolling on the programme at the beginning of February 2019.

- 6.3 Manchester successfully encouraging applications from providers to express interest in the registered manager leadership development programme, successfully seeing one of them enrol at the end of 2018.
- 6.4 Manchester commissioners are providing regular updates against the enhanced health in care homes (EHCH) self-assessment document, which is being used to ensure commissioned services across Manchester are aligned. The Manchester system currently has a fragmented approach to how we provide an enhanced health care offer to care homes in the city. Whilst it is recognised this is not ideal, the current service offer to care homes is now under review. In North Manchester we are piloting a new proactive enhanced primary care and medicines optimisation service to support residents. Central Manchester has a GP led service offer; with South Manchester having a dedicated service that currently only supports nursing homes. The review is intended ensure our system develops a consistent offer across the city that over time becomes a fully integrated part of our Integrated Neighbourhood Community based care.

7.0 Reporting

- 7.1 The ASC PQI team regularly attend and present at the monthly MHCC PQI committee that is chaired by Dr Peter Williams, this is a Sub-committee of MHCC board. Regular updates are also provided via the PQI team's one report to the MHCC board.
- 7.2 The ASC PQI manager also chairs the improvement group which reports into the MHCC residential nursing & homecare oversight group chaired by the Director of integrated commissioning.

8.0 New Models of Care

- 8.1 It is important that care is not only viewed through a regulatory lens or that any view of quality is more than the CQC rating, whilst recognising and retaining its importance. The future commissioning of care homes must offer a more holistic approach to care placement and monitoring in Manchester. It should be one which embeds improvement into all aspects of care and includes improving how the commercial and administrative processes that sit behind how care placements are made, monitored and reviewed. The focus must be on ensuring that our market is in a position to positively contribute to individual and collective outcomes, in addition to providing individual care packages. At the heart of this, will be Our Manchester values, which focus on the strengths of individuals and how commissioner meet the needs of our population, now and into the future.
- 8.2 As part of this, the Council have commissioned to parallel pieces of work to consider these concerns and determine the optimum way forward, based on the best available data, evidence and insight. A similar approach to that used

to design the new Our Manchester Homecare model is being used. These projects are:

(i) Bed-based review

This is a significant piece of commissioning work, which has been underway since September 2018. The programme focuses on the entire continuum of provision that isn't either delivered within a person's home (e.g. homecare / domiciliary care) or within an acute setting and for which the person requires a bed.

The scope of the work is to develop our understanding the future bed-based needs of our population and how we will develop a future model with the right design to meet these needs. The focus is explicitly not on starting with the current offer in the city, but rather to develop the future operating model based on needs and evidence. The core outcomes from this work will be:

- Generating a data evidence-driven insight into the future bed-based needs of our population;
- Setting out clearly the gaps between current provision, planned provision and future needs.

It is expected that this work will bring forward a proposal for a new model in the autumn of 2019, with a view to an implementation plan being fully developed towards the end of 2019, once the target model is refined and agreed.

(ii) Review of care brokerage and management functions

As part of the increased engagement with the market during the bed-based review, a significant amount of feedback has been received, considered and processed. A number of key factors/themes have emerged that offer benefits to make both commercial and administrative improvements in the way in which care placements are made, monitored and reviewed. A full, system-wide picture is being developed and will include end to end process mapping on a service by service basis, with a view to improving the way in which we undertake this important function.

It is expected that these benefits would be seen and shared across our system, including by commissioners, hospitals, social work, providers and people in receipt of health and care services.

This piece of work will have two phases, which aim to be completed by October 2019. They are:

- (i) Review and map all existing processes across **health and social care**, where the market we commission from is the same
- (ii) Collaboratively design and implement a new model of care brokerage and management with the experts, including commissioners, social

work professionals, people in receipt of care, providers and other interested stakeholders.

9.0 Future Improvement initiatives

- 9.1 In addition to the bed-based review, we will be using the feedback from the enhanced engagement to identify further improvement areas, such as our new strengths-based assessment processes. We are also developing a range of improvement themes based on the feedback we have already received and that we continue to seek. Our aim is to develop a systematised response, which includes support from the market and people with lived experience in our design efforts. Further work is required to identify core work streams and develop a programme of work, which can be provided in late 2019.

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