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MANCHESTER CITY COUNCIL

Health Scrutiny Committee

Date: Tuesday, 9 October 2018
Time: 10.00 am
Venue: Council Chamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 9.30am in Committee Room 6 (Room 2006), 2nd Floor of Town Hall Extension

Access to the Council Chamber

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Membership of the Health Scrutiny Committee

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

Agenda

1. Urgent Business
To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. Minutes 5 - 10
To approve as a correct record the minutes of the meeting held on 4 September 2018.

5. [10.05-10.50] Support at home: Update on equipment, adaptations and reablement services 11 - 44
Report of the Executive Director Strategic Commissioning and Director of Adult Social Services

This report is intended to inform members of the Health Scrutiny Committee on the progress and development of a range of adult services including the equipment and adaptations services, reablement services; physiotherapy services and housing options for older people. It includes the progress made since the discussions at the last scrutiny meeting in December 2017.

6. [10.50-11.25] Manchester Local Care Organisation 45 - 64
Report of the Chief Executive, Manchester Local Care Organisation

This report provides an update on the progress of the delivery of the Local Care Organisation.

7. [11.25-11.50] Annual Report of the Manchester Safeguarding Adults Board April 2017 - March 2018 65 - 98
Report of the Executive for Strategic Commissioning and Director of Adult Social Services and the Independent Chair of

Manchester Safeguarding Adults Board

To receive the Annual Report of Manchester Safeguarding Adults Board April 2017 – March 2018.

8. [11.50-12.00] Overview report 99 - 110

Report of the Governance and Scrutiny Support Unit

This report provides the Committee with details of key decisions that fall within the Committee's remit and an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked to amend as appropriate and agree.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

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Smoking is not allowed in Council buildings.

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Further Information

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This agenda was issued on **Monday, 1 October 2018** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 6, Town Hall Extension (Mount Street Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 4 September 2018

Present:
Councillor Farrell – in the Chair
Councillors Clay, Curley, Holt, Mary Monaghan, O'Neil, Paul, Riasat, Wills and Wilson

Councillor Craig, Executive Member for Adults, Health and Wellbeing
Councillor Midgley, Assistant Executive Member for Adults, Health and Wellbeing

Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning
Dr Martin Bewley, Speciality Registrar in Public Health

Apologies: Councillors Reeves and Smitheman

HSC/18/34 Minutes

Decision

To approve the minutes of the meeting held on 17 July 2018 as a correct record.

HSC/18/35 Our Manchester Homecare

The Committee considered the report of the Executive Director Strategic Commissioning and Director of Adult Social Care that described a proposed new model of homecare – 'Our Manchester Homecare'. The report explained that in order to achieve the ambition, it was important that the model met the needs of people who used our services and help supported family carers.

The Executive Member for Adults, Health and Wellbeing stated that the new model was therefore:

- focussed on the outcomes that matter to people;
- strengths based, starting with the positive what people could do for themselves and supporting people build or maintain skills and confidence;
- place-based: matched to the footprint of Integrated Neighbourhood Teams;
- centred on continuity of care: the top priority of people using homecare; and
- predicated on building a trusted partnership with homecare providers.

The Executive Member for Adults, Health and Wellbeing referred to the main points of the report which were:-

- Describing the context of homecare: what it was; who received it and the associated costs;
- The case for change;

- Recent developments;
- How the new model was different and a description of the key features of Our Manchester homecare;
- Personalisation and personal budgets;
- Finance and Cost Benefit Analysis;
- How social value would be achieved through the procurement of Our Manchester homecare;
- Equality Analysis; and
- Next steps.

Members supported the move away from a 'time task' model of care and a more person centred approach to homecare and sought clarification of what would happen if the allocated 'budget' of hours were not used by the individual in receipt of care. Members commented that the allocation of hours needed to be consistent and allocated fairly to everyone who received care. Members asked how these changes would be communicated to those in receipt of care.

Members discussed the figures that presented a breakdown of who received care in Manchester and sought clarification on how this was to be addressed to ensure there was an equality of allocations.

Members noted and supported the procurement activities that were described in the report and in particular welcomed the inclusion of the voluntary and community sectors.

Members discussed the issue of subcontracting of care and sought an assurance that any such arrangements would be vigorously monitored and all staff would be paid the Manchester Living Wage as a minimum, noting that this was important to ensure the continuity of care and reduce levels of staff turnover.

Members sought further information on the proposed savings that were to be achieved through the new model of care.

The Executive Member for Adults, Health and Wellbeing advised that the new approach would better meet the needs of those in receipt of care and for staff delivering care. She said that people in receipt of care had been fully consulted upon, in addition to carers, service providers and a range of health professionals, and had been involved with the coproduction of this new model

The Executive Director Strategic Commissioning and Director of Adult Social Care said the new model would enable people to remain in their own homes, supported by and close to their friends, family and community. She said the current model was too rigid and needed to change. She described the new approach as offering flexibility and consistency in the care provided with a person centred, strength based approach that better met the needs of the individual.

The Executive Director Strategic Commissioning and Director of Adult Social Care described that the commissioning of services would address the issue of inequality of care across the population of the city. She said that the establishment of integrated

Neighbourhood Teams would help develop a local knowledge of the community and establish links with those in the community who may not currently access care.

The Executive Director Strategic Commissioning and Director of Adult Social Care commented that the 'budget' of hours was agreed following conversations with the individual and assessed on their needs and the subsequent support plan was focused on outcomes. The hours were flexible and the support plans could be reviewed with the individual at any time to best meet their needs. In response to a Members comment regarding the emerging care needs for the Trans Community she said she acknowledged this and it would be considered.

In response to the concerns expressed regarding sub-contracting the Executive Director Strategic Commissioning and Director of Adult Social Care advised that any contact awarded to a primary lead provider of care would specifically dictate the terms of any subsequent subcontracting arrangements. She said contracts would be robustly monitored and reviewed on annual basis and that these reviews would include the views of individuals in receipt of care.

The Executive Member for Adults, Health and Wellbeing said that subcontracting arrangements would allow for local, not for profit organisations to bid in local neighbourhoods and this would strengthen the offer and provide local innovations to deliver care. She said the new model would recognise caring not as a job but rather a career of choice that offered career progression and this would contribute to the continuation of care.

The Executive Director Strategic Commissioning and Director of Adult Social Care advised that communication with individuals regarding the changes would be managed in an appropriate manner.

In response to the comments raised regarding budgets the Executive Member for Adults, Health and Wellbeing said that funding remained a challenge however the delivery of an improved model of home care was central to the ambitions and delivery of an integrated health and social care system.

Decision

The Committee endorse the proposed new model of homecare for the people of Manchester.

HSC/18/36 Manchester Public Health Annual Report 2018

The Committee considered the Public Health Annual Report 2018 submitted by the Director of Population Health and Wellbeing and Director of Public Health. The 2018 report had a single issue focus on air quality.

The Director of Public Health referred to the main points of the report which were:-

- Providing a description of pollution and the sources of this;
- The impact of poor air quality on health;

- Inequality and air pollution;
- A description of national and local policies and strategies to address air quality;
- Air quality in Manchester and its local health and economic impact;
- Actions at a Greater Manchester (GM) level, including the GM Low Emissions Strategy / Air Quality Action Plan; and
- Actions citizens could take to improve air quality.

Members commented that whilst they welcomed the report too much emphasis was placed on the actions of the individual and not enough attention on the role of businesses and other organisations that contributed to poor air quality.

Members commented that other factors, including those that the Council could seek to influence, for example road traffic management were absent from the report.

A Member commented on the wider impacts of poor air quality on the local population, stating that social isolation, loneliness and childhood obesity could be attributed to poor air quality. He said that improved connectivity across the city was important to improve rates of active travel stating that he welcomed the announcement that Transport for Greater Manchester (TFGM) plan to deliver 1000 miles of walking and cycling routes and 1400 new crossing points. He said that public transport needed to be improved and Green Travel Plans could be easily established for schools and partner organisations. Members further commented that public transport links between hospitals needed to be improved, action needed to be taken to address vehicles idling, in particular taxis and walking routes established.

The Member noted that the Neighbourhoods and Environment Scrutiny Committee regularly received reports around the issue of climate change and emissions and requested that the Chair enquired if the Executive Member for the Environment, Planning and Transport would be willing to address the Health Scrutiny Committee at an appropriate time to inform the Committee on the actions taken within her portfolio that addressed the issue of poor air quality. The Members supported this recommendation.

A Member discussed the issue of second hand tobacco smoke and the health implications of this and asked for an update on what was being done to address this.

A Member commented that the report was silent on the impact of the airport and associated car journeys to and from the site that have an impact on the health of the local population. He said the airport needed to be more accountable to the local population and enquiries should be made with local GPs to establish the levels of asthma and other respiratory conditions and compare these to other areas of the city.

The Assistant Executive Member for Adults, Health and Wellbeing said that there were many good examples of local actions, such as monitoring air quality around schools that could be done for little money, and were useful to raise awareness amongst residents and stimulate local actions and discussions to address the issue of poor air quality.

The Director of Public Health said that work was ongoing to improve active travel that would impact on people's health and recognised that there was a tension between

encouraging residents to be more active whilst the air quality was poor. He reported that the Health Schools Team did work with schools to develop active travel plans and updates on this activity would be reported to the Committee at an appropriate time. He said that all partners on the Health and Wellbeing Board had been challenged to demonstrate what they had done to support and deliver similar schemes. He responded to the comments made on the impact of second hand tobacco some by advising the Committee that this area of activity would be considered by the Public Health Task and Finish Group as part of their ongoing enquiry.

The Director of Public Health said that the Council's Green and Blue Infrastructure was an example of a policy that sought to improve connectivity and improve walking routes. He also said that this was also being addressed using the Council's procurement policy to ensure the social value element included active travel. In response to the comments made regarding the airport and the impact on the local population's health he informed Members that he would revisit the data from local GPs and report back to the Committee at an appropriate time.

Dr Martin Bewley, Speciality Registrar in Public Health addressed the Committee and said that the report had primarily focused on the city centre air quality. He said that there were simple actions that could be implemented to improve air quality, these included reducing congestion at peak times by businesses adopting flexible working patterns and people working from home and businesses reviewing their delivery schedules. He advised that TfGM are considering these, and other actions as part of a wider strategy. He commented on the discussion around the airport by stating that the emissions from aircraft had improved significantly over previous years.

Decisions

The Committee:-

1. Recommend that the Chair discusses with the Chair of the Neighbourhoods and Environment Scrutiny Committee and the for Executive Member for Environment, Planning and Transport how best to report to the Committee that activities that are undertaken as part of her portfolio to improve air quality.

2. Requests the Director of Population Health and Wellbeing and Director of Public Health encourage schools and partners to develop green travel plans that are to be implemented and monitored.

HSC/18/37 LGA Adult Social Care Green Paper: Draft Manchester input

The Committee considered the report of the Executive Director of Strategic Commissioning and Director of Adult Social Care that presented Manchester's draft input to the Local Government Association (LGA) green paper on adult social care and wellbeing, '*The lives we want to lead'*. The period for consultation would end on 26 September 2018.

The Executive Member for Adults, Health and Wellbeing informed the Committee that the Government had repeatedly failed to respond to the challenge of an increasing demand on adult social care services in a context of austerity and increasingly reduced budgets to deliver these important services. She said that the publication of the green paper had been an attempt by the LGA to stimulate this discussion. She said that Manchester needed a fair settlement to fund adult social care to bridge the funding gap.

Members discussed the content of the LGA green paper and welcomed the proposed response presented within the report. Members commented that they fully supported a progressive taxation approach to fund adult social care, commenting that increasing Council Tax was not an appropriate or fair method of funding adult social care and penalised the poorest members of society.

Members debated the merits of means testing some universal benefits such as the winter fuel payment and television license however on balance felt that this was not appropriate.

Decisions

The Committee:-

1. Recommend that the comments of the Committee be incorporated into the response to the LGA consultation;

2. Supports the proposal of a progressive taxation system be implemented to fund adult social care; and

3. Endorses that there should be no changes to universal benefits.

HSC/18/38 Overview Report

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

Decision

To note the report and approve the work programme.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 9 October 2018

Subject: Support at home: Update on equipment, adaptations and reablement services

Report of: The Executive Strategic Commissioning and Director of Adult Social Services

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Summary

This report is intended to inform members of the Health Scrutiny Committee on the progress and development of a range of adult services including the equipment and adaptations services, reablement services; physiotherapy services and housing options for older people. It includes the progress made since the discussions at the last scrutiny meeting in December 2017.

Recommendation

To note progress of the Services.

Wards Affected: All

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1.0 Introduction

1.1 The report is intended to give members of the Health Scrutiny Committee an oversight of the progress of a range of services delivered to adults in the City including the equipment and adaptations services; Reablement services; physiotherapy services and the progress of the Housing Options for Older People. With the exception of the Housing Options for Older People , the staff delivering the services have been deployed into the MLCO from April 2018.It gives an overview of the ongoing efforts to work together in partnership across the City and the work which is underway to improve the service offer to the people across Manchester.

1.2 Members also requested information on fuel poverty in Manchester and the latest Joint Strategic Needs Assessment topic report on this issue is attached as Appendix 1. Work is currently underway to update this topic report in light of the new strategies and organisational changes that have taken place over the last year. Of particular relevance is the establishment of the Manchester Local Care Organisation and the approval of the Manchester Population Health Plan.

2.0 Background

Manchester's Service for Independent Living (MSIL) continues to operate as a city wide service providing a coordinated, comprehensive and streamlined service to disabled and older people to maximise independence, choice, safety and quality of life. The aim is to offer equipment at the early stage of people needing support to reduce reliance on care services, reduce and slow down admissions to nursing and residential accommodation and reduce falls requiring hospital admissions. Where possible supporting people to remain independent in their own homes for as long as they are able and where necessary work with partners to help them to move to a new home which better meets their needs. The service offer is delivered to both children and adults from birth through to death and includes complex assessments for the provision of equipment and major adaptations, they also carry out assessments for priority for rehousing to an adapted or adaptable property, mobility assessments for Blue Badges, and the provision of equipment, minors and major adaptations.

Referrals are made via the Contact Centre or from the Primary Assessment Team (PAT) following a low level assessment. MSIL also accept referrals from Children's Services, Manchester Learning Disability teams and the Mental Health Trust for people who have not had an initial PAT assessment and from some of the Registered Providers in relation to assessments for Decent Homes works. Referrals from the Clinical Commissioning Groups (CCGs) for Community Equipment are received directly onto the on-line ordering system (ELMS). When ordering, referrers are able to select a delivery date and determine the priority of their order. Complex NHS referrals are sent via the Community Equipment Store's sponsored NHS e-mail account. Approximately 70% of all referrals received for Community Equipment are made by staff within community health teams.

The service is made up of 4 distinct areas (complex assessment including the mobility assessments for Blue Badges, minor adaptations, major adaptations, and community equipment) and there are currently 51 FTE staff within the service (not including Business Support). This includes managers, occupational therapists, unqualified assessment staff, technical officers, mechanical and electrical surveyors, joiners and electricians.

3.0 Current Performance of Equipment and Adaptations Services

3.1. Performance September 2017- August 2018

- Assessment – carried out 3,956 assessments of which 927 were for Moving and Handling

- Equipment delivery – 25,597 items of equipment delivered, with 99% delivered within 7 days

- Minor Adaptations (MSIL/owner occupiers /private tenants data only)

  Standard Minor Adaptations – 3627 minor adaptations installed, with an average delivery time of 3 days (e.g. grab rails, additional stair handrails)

  Standard Electrical Minor Adaptations - 1059 minor adaptations installed (e.g.: intercom; loop system) with an average delivery time of 6 days

- Major Adaptations – please see table below detailing the number of major adaptations installed for the period April 2017 – March 2018

Area	**Disabled Facilities Grant Adaptations**	
	MSIL	**Registered Providers**
North	226	42
Central	250	126
South	230	259
Total	706	427
Public Sector Adaptations		
	MSIL	**Northwards**
North	46	114
Central	3	
South	0	
Total	49	114

** The figure for Northwards includes a very small number of PFI properties which may fall in central area but they are not reported split by area.*

3.2 Registered Providers (RPs) and Northwards Housing Trust/PFIs are Continuing to deliver and fund minor adaptations (works costing up to £1,000) to their own properties.

Major Adaptations Performance

Registered Providers and Northwards are delivering their own major adaptations across their properties and are funding 40% of the cost of those adaptations in line with the delivery model which became operational from April 2016. This is with the exception of electrical major adaptations such as stairlifts, through floor lifts and track hoists which continue to be delivered by MSIL. The delivery arrangements are supported by a service level agreement which prescribes the performance measures and outcomes required and includes a new uniform citizen satisfaction survey.

From referral to completion of works, most adaptations with a value of less than £5,000 are being delivered within 7 months. Many are being delivered within 6 months, which is the prescribed target, however the average is distorted by the challenges presented to One Manchester, as our delivery partner in East and Central Manchester. The lead providers, (RPs), have worked hard to develop relationships with other social housing providers in order to gain consent to carry out works to their stock. 50% of the jobs of One Manchester are on behalf of other registered provider landlords. This has presented challenges and engagement in the process has sometimes been problematic, especially in terms of consent for the works. Higher value and more complex jobs, such as ground floor alterations, through floor lifts, and bedroom/bathroom extensions can take up to between 9 to 19 months, from referral to works completion.

Major Adaptations Refused in Favour of Rehousing

It is the policy of the City Council, and has been since 1993, that the Equipment and Adaptations Service will, in the main, meet identified needs through the provision of equipment or rehousing to a more suitable property.

The rationale for introduction of this policy was to ensure that efficient use is made of social housing stock that was already adapted and to avoid having to rip out costly adaptations when a property became empty and there was no one in the housing waiting list who needed them. The overriding issue for both the City Council and Housing Associations is to make the best use of their stock within the resources available to them in very challenging times. For those cases where major adaptations are refused in favour of rehousing, we do award very high priority on the rehousing waiting list to ensure an early offer of accommodation.

For the period Dec 2017 ~ August 2018, of the 1262 cases considered at Panel for the provision of major adaptations, 185 were refused in favour of rehousing (14.6%).

Unfortunately, not many people choose to take up the rehousing option and for the same period, only 3 people have made contact with the Adapted Housing Team to register for rehousing.

3.3 Customer Satisfaction

Customer satisfaction is relatively high, at over 95% on average. The only area of concern appears to relate to the amount of time it takes to carry out the work, where satisfaction is 91%. The recruitment of additional OTs, will shorten the time it takes to assess the need of a disabled person. Addressing the shortage of technical staff is more of a challenge, particularly to shorten the feasibility and delivery of works. The social housing providers, (One Manchester, Wythenshawe Community Housing and Southway Housing), have collectively proposed additional recruitment of technical staff, to support the service. This could potentially be funded by the social housing providers' voluntary contribution towards the cost of the works. A more detailed proposal is due to be considered by the MSIL board, in due course. If practicable, this would help to address some unnecessary delays to the 2nd and 3rd stage of adaptation delivery.

3.4 Discretionary Assistance

The new flexibility in the use of Disabled Facilities Grant have enabled MCC to assist 67 vulnerable individuals, to date, since the policy was approved by the Executive Committee in July 2017. This has included emergency heating grants and addressing other disrepair to reduce the negative impact on the health of an individual and improve their ability to remain safe and warm in their home. Works have been delivered by MCC's Home Improvement Agency, Care & Repair, as part of the existing combined Health and Local Authority commission. The Equipment and Adaptations Team, within MSIL, are also offering a wider, more holistic, approach to their assessment of need. So, for example, defective, or inadequate heating will be addressed alongside traditional adaptations, such as a level access shower or stair-lift. MSIL have also been supporting our colleagues within Homelessness by adapting 15 flats used for temporary accommodation to have accessible bathrooms. This is an on-going project as we hope to provide wheelchair accessible temporary accommodation in a number of flats and there are also further schemes shortlisted for adaptations. This has addressed a serious gap in homelessness temporary accommodation provision.

3.5 Contractor Performance

There are many contractors providing delivery of major adaptations. Upholland Property Services are the contractor for MSIL and provide all non-electrical major adaptations/non-standard minor adaptations to owner occupiers and private tenants and their performance has been more than satisfactory with

excellent feedback received from people receiving an adaptation. For electrical adaptations there is a framework in place for provision across all tenures and orders are placed with one of four contractors depending on what adaptation is required. Again, performance is more than satisfactory and feedback very positive. We have received at least one letter/email of thanks and praise every month for the service and contractors involved as well as positive feedback comments provided on the completed customer satisfaction surveys.
For the RPs, One Manchester use Mack 4 Builders as their subcontractor. Mack 4 have a very positive social value statement and have a satisfaction rating at 100%. Southway Housing have an in-house delivery team, they also have a robust social value statement and their satisfaction levels are at 100%. Both Northwards and Wythenshawe Community Housing use the Procure Plus framework contract. Northwards jobs have almost 100% satisfaction, but Wythenshawe's fall slightly short with just over 91%, for the first quarter of 2018/19. This represents 4 adaptations out of a total of 50 delivered to date, this year. The remaining 46 all scoring a 100% satisfaction. Overall, almost 98% of people are happy with the finished work providing major adaptations across all tenures.

3.6 Tenants of Private Landlords

Demand from tenants of private landlords is and has always been significantly lower than from other tenure. This is because in general, tenants of private landlords tend to be under the age of 65 (two thirds of our customer base are over this age) and working. In addition, a Disabled Facilities Grant (DFG) cannot be awarded unless there is an intention to reside for the grant period which is 5 years, so people living in property with 6 months assured shorthold tenancies would generally not qualify. However, the number of cases refused a DFG for this reason is very, very low. In 2017~18, we received 21 assessments of needs for tenants of private landlords out of a total of 1215 assessments of need (1.7%).

4.0 Housing Options for Older People

4.1 The Housing Options for Older People service (HOOP) has now completed 3 years of operation in north Manchester. The service was established in 2015 as a point of professional support for health and social care staff who may have a customer where a housing issue was exacerbating a medical condition. The service aims to assist in giving timely, professional and practical housing options advice at the point of need. Based on the success of the service in north Manchester, funded by the MHSCC the service has recently expanded across the City and now has complementary roles in the central and south area. This service is currently funded by Registered Providers however discussions are ongoing to find a suitable longer term solution. HOOP officers in central and south Manchester are now spending a day a week in hospital working more closely with discharge teams where it may be difficult for a person to return to their own home. The service aims to deal with approx. 250 referrals a year per officer. A referral may simply need a conversation with a HOOP officer to give straight forward advice and assistance or may result in a significant intervention, including help to move to

a new home. This activity also helps people who may need support to step down from neighbourhood apartments; inappropriate care settings and those at risk from falls.

4.2 The cost of the service per year is £40k. The following data summarises the work that took place and the outcomes achieved over the period for April 2017 – March 2018, with some cumulative 3 years data as well.

There were 271 cases referred in 2017/18. A total now of 778 over 3 years. As numerous couples are referred the number of individuals assisted is approx. 850. Referrals continue to be from a wide range of health and social care professionals including Social Workers; PAT managers; AGE UK; Citizens Advice; Mental Health Colleagues; Macmillan ;GPs; Carers Forum; CASS and Self and Family referrals.

Although many people are referred into the service for a variety of reasons the main reason for this is recorded and shown in the table below:

Reason for approach	**Number**	**Percentage**
Health issues – need more suitable accommodation	**162**	**60%**
Planning for the future	**48**	**18%**
Move closer to family	**28**	**10%**
Safeguarding/homelessness	**7**	**3%**
Hospital discharge	**19**	**7%**
Family breakdown	**3**	**1%**
Other	**4**	**1%**
Total	**271**	**100%**

49 of the 162 (30%) of those needing more suitable accommodation did move within the year and 12 (63%) of the hospital discharge cases has also moved or were on offer at the end of the year in 2017/18.

4.3 Between April 2017 and Sept 2018, 81 people have been assisted to move home. This takes the total to 242 over the 3 years. The team's work isn't just about moving home but about making sure that decisions can also be made in the future at the right time for an individual and the figures are reflective of advice given and a mix of different cases and circumstances.

4.4 For people who moved home between April 2017 and March 2018 then their destination is as follows:

Property Type	Number	% of movers
Extra Care Housing	6	7.5%
Sheltered/Retirement housing	41	51%
Age restricted general needs	16	20%
Adapted general needs	1	1%
Residential Care	6	7.5%
General needs	10	12.5%
Private rented	1	1%
Total	81	100%

5.0 Reablement Activity and Progress

5.1 Reablement is delivered across the City by Manchester City Council staff, is an evidence based approach to maximise people's ability to return to their optimum, stable level of independence, with the lowest appropriate level of ongoing support. Its main aims our:

- Prevent non elective admissions and readmissions to hospital
- Prevent admission into institutional care because of deteriorating health and care needs
- Improve the quality of life of people using the service.

5.2 The current Reablement activity to date:-

Service	**Metrics**	**Jun-18**	**Jul-18**	**Aug-18**
Reablement Core	Number of people referred	243	249	268
	Number of people accepted	136	105	146
	Number of unmet demand	78	102	91
	Period of Reablement per person (average Reablement days per customer)	26	31	24

	Number of people leaving the service	127	143	131
	% of people who required no package of care at end of reablement	48%	52%	58%
	% of people who required a reduced package of care at the end of reablement	15%	14%	19%

5.3 The current challenges within the service are to recruit the number of Reablement Support Workers to the amount of roles required. Extensive recruitment activity has taken place ranging from:

- Jobs Fairs have taken place for Manchester citizens wanting a career in social care
- Twitter, blogging campaigns etc. have been used as part of the recruitment process
- Over 250 applications have been received
- Over 40 days of interviews have taken place across the City
- All new starters will receive a full induction programme over a 4 week period which is adapted to level of expertise per individual
- Rolling recruitment continues with dates set-up to October 2018
- Working with VCSE sector to in reach with other voluntary groups i.e. Big life, Back on Track to improve citizens looking for permanent employment
- Commissioned DWP, The Growth Company and Employee Suite to undertake recruitment drive and provide support with job seekers allowance

The above recruitment process fits with the Our Manchester approach and a key objective is to target unemployed Manchester people into paid work then to follow a career pathway into the health and social care profession.

6.0 Physiotherapy Services

6.1 In North Manchester people can access physiotherapy services in the community by various routes depending on need.

Routine Physiotherapy and Falls

Community physiotherapists in the community rehabilitation service offer assessment and rehabilitation to the residents of North Manchester in their own homes including care homes. This includes people with a variety of clinical conditions including musculo-skeletal, respiratory, general mobility and falls problems. The team provide strength and balance falls classes, OTAGO self-management programme and home therapy. The team are setting up clinics in neighbourhood locations to increase capacity for the semi-mobile, and provide a pro-active monthly drop in to care homes with the most fallers in

North Manchester the assessment time is 1-3 weeks depending on need for as long as is required.

There has been an increase in referrals from 963 in 2015/16 to 1106 between Feb – Aug 2018 (7 months) which is putting increasing pressure on the service and will increase the waiting times if the capacity within the service is not increased.

Musculoskeletal Physiotherapy

North Manchester Care Organisation offers clinic based musculoskeletal physiotherapy at North Manchester General and at Cornerstones Health Centre. The service aims to see the majority of people within 6 weeks of referral.

Specialist Rehabilitation

People who require specialist multidisciplinary community stroke or neurological rehabilitation which includes physiotherapy are seen by our specialist community stroke and community neuro team based at Charlestown Health Centre.

Assessment time

Stroke patients - Average 2 days post discharge
Neuro patients as per customer choice and need for ranges from 2 days – 3 weeks as per GM model but average is 6 days for all patients currently
Currently the best performing specialist rehabilitation service in GM

Urgent Rehabilitation: Manchester Community Response

The Crisis team are a multidisciplinary team including physiotherapists who will assess within 2 hours for those at risk of admission and pass on to other rehabilitation services mentioned for continued rehabilitation. The team have been piloting a traumatic urgent back pain pathway taking referrals from A&E, NWAS and primary care. The Home pathway provides rehabilitation including physiotherapy for up to 6 weeks including Reablement support for those people leaving hospital or in the community to support discharge from hospital and prevent admission. They will assess within 24 hours and provided 7 days a week.

6.2 **Central Manchester**

Access to community physiotherapy is through the following routes depending on need;

Tier II Musculoskeletal Physiotherapy

Central Manchester Community Services offers Tier II clinic based musculoskeletal physiotherapy across the central locality. The service is the

only community run MSK Service within Manchester and aims to undertake a comprehensive assessment, diagnostics review and treatment within the community and sees the majority of people within 6 - 8 weeks of referral and triage.

Routine Physiotherapy & Falls

Physiotherapists offer assessment and rehabilitation to citizens in their own homes, and clinics across central Manchester. This includes people with a variety of clinical conditions including musculo-skeletal, respiratory, general mobility and falls problems. The team provide mobility assessments, balance and strength exercise programs, OTAGO self-management programme and home therapy for people who are house-bound. Referrals are accepted for people registered with a central Manchester GP and age 18+

Intermediate Care

Offers short term community rehabilitation either bed based or in the person's own home. Step up and step down model for community in patient rehab and physiotherapists work across bed bases and community settings. People seen on the home pathway can receive input for up to 6 weeks

Assessment time – ICT home pathway

Urgent assessments are seen within 48 hours of receipt.
Non urgent referrals 48-72 hours of receipt

Therapy provision for Intermediate care is currently provided Monday to Friday, 8.00- 4.30.

Under current development: Urgent Rehabilitation- Manchester Community Response

Investment has been received in central Manchester to develop the Manchester Community Response (MCR) model, initially piloted in North Manchester. This includes the concepts of Crisis Response, Discharge to Assess, Intermediate Care and Reablement. This model will operate over 7 days, extended hours. This model is now in the process of being rolled out in central Manchester but is not yet fully operational.

Under current development: Stroke & Neuro Outreach Rehabilitation

The development of a community based Stroke and Neuro Outreach Team is currently under development within central Manchester. The first stage in this process involves the transfer of the acute outreach team into Community Services. The work that has been undertaken within North Manchester demonstrates the significant patient benefit to a fully resources outreach team and a business case is currently being developed to increase the offer of these services across the central locality.

6.3 **South Manchester**

People can access physiotherapy in the community via a number of routes depending of need as follows:

Integrated Community Rehabilitation Service (ICRS)

In South Manchester community therapy services come under the Integrated Community Rehabilitation Service. This comprises community physiotherapy, community occupational therapy, ESD Stroke, Community Falls and Intermediate Care. Staff work flexibly across the services which increases resilience in times of high demand.

Routine Physiotherapy & Falls

Physiotherapists offer assessment and rehabilitation to residents in their own homes, including care homes. This includes people with a variety of clinical conditions including musculo-skeletal, respiratory, general mobility and falls problems. Referrals for people with neurological conditions are accepted although at present there is no provision for Specialist Neurological Rehabilitation. The team provide mobility assessments, balance and strength exercise programes, OTAGO self-management programme and home therapy for people who are house-bound. Referrals are accepted for people registered with a south Manchester GP and age 18 +

Assessment time

1 – 5 weeks depending on need for as long as needed.
There has been an increase in referrals. In 2015/16 – 1925 compared to 2163 between 2017/18 (of which 737 where referrals for routine physiotherapy). New investment was received for community falls service and this team became fully operational in April 2018. This has led to a significant increase in referrals this year and is putting increasing pressure on the service. Waiting times are increasing and will continue to do so if the capacity within the service is not increased.

Early Supported Discharge Stroke

Referrals are received from acute hospitals only for stroke patients who meet the ESD criteria. Physiotherapy offered for up to 6 weeks based on clinical need.

Referrals accepted for people registered with a South Manchester and South Trafford GP.

Assessment time

Seen within 72 hours of receipt of referral.

Intermediate Care

Offers short term community rehabilitation either bed based or in the person's own home. Step up and step down model for community in patient rehab and physiotherapists work across bed bases and community settings. Average length of stay in the bed bases is around 31 days. People seen on the home pathway can receive input for up to 6 weeks

Assessment time – ICT home pathway

Urgent assessments are seen within 48 hours of receipt.
Non urgent referrals 48-72 hours of receipt
Therapy provision for Intermediate care is currently provided Monday to Friday, 8.00- 4.30.

Under current development: Urgent Rehabilitation- Manchester Community Response

Investment has been received in south Manchester to develop the Manchester Community Response (MCR) model, initially piloted in North Manchester. This includes the concepts of Crisis Response, Discharge to Assess, Intermediate Care and Reablement. This model will operate over 7 days, extended hours. This model is now in the process of being rolled out in South Manchester but is not yet fully operational. Intermediate Care is currently part of ICRS but as the MCR model is developed Intermediate Care will be integrated into that service.

7.0 Summary

There has been significant efforts to manage the change and progress over the last year to improve the services to people and progress has been made. There is still much more to do and further challenges to address. We will continue to work with stakeholders across the City to develop services in terms of quality; responsiveness and value for money.

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MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT
ADULTS AND OLDER PEOPLE

CHAPTER: Wider Determinants of Health

TOPIC: Fuel Poverty

WHY IS THIS TOPIC IMPORTANT?

Fuel poverty is experienced by households which are unable to maintain an adequately heated home at prices that they can afford. There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures (Wilkinson et al 2001). Data from the Department of Energy and Climate Change (DECC) shows that, in 2011, there were 2.39million households living in fuel poverty, representing 11% of all households in England. There are regional variations across the country, with the Midlands and parts of the North of England experiencing levels higher than the national average.

The first national fuel poverty strategy was published in 2001. This was followed by a series of programmes to address energy efficiency in housing. In October 2010, the Government commissioned the Independent Fuel Poverty Review to consider the current fuel poverty target and definition. In March 2012, Professor Hills published the final report of his independent review of fuel poverty, making several recommendations for how fuel poverty should be measured. In 2013, the government launched a Framework for Future Action on Fuel Poverty which provided a national framework for addressing the main drivers of fuel poverty, namely energy efficiency, income and energy prices.

Fuel poverty in England is measured using the Low Income High Costs indicator, which considers a household to be fuel poor if they have required fuel costs that are above the national median level and, were they to spend that amount, they would be left with a residual income below the official poverty line. The latest national figures show that, in 2015, around 11% of all households in England were in fuel poverty. This is equivalent to approximately 2.50 million households in total. National data also shows that fuel poverty is higher among households living in older dwellings and also amongst those in the private rented sector. In terms of household composition, those living in ‘multi-person (adult) households’ are deepest in fuel poverty. However, the highest prevalence of fuel poverty is seen for lone parents with dependent children.

The links between fuel poverty and poor health outcomes are well documented. Illnesses exacerbated by living in a cold home put additional pressures on health services. This is something that is experienced most starkly by primary and emergency care services around periods of cold weather. In 2011, the Marmot Review Team reported on the health impacts of cold homes and fuel poverty and showed that low temperatures are strongly linked to a range of negative health outcomes, in particular a higher incidence of Excess Winter Deaths in relation to colder and less energy efficient housing. The interim report of the Independent Fuel Poverty Review suggested that a conservative estimate of the number of excess winter deaths caused by fuel poverty would be 1 in 10. This equates to 2,700 people per year - more than die on the roads each year.

Exacerbation of chronic conditions by living in cold conditions can also lead to an increase in hospital admissions, and related pressure on health and social care services during winter months. A paper on the cost of poor housing to the NHS shows £848m savings to the NHS per annum if the hazard of excess cold is fixed (Nicol et al 2015). NICE have estimated that the financial impact to the NHS of winter related disease linked to cold housing in the private sector is in the region of £859million (based on figures for 2009).

The Marmot Review also showed that mental health is negatively affected by fuel poverty and cold housing, in particular among adolescents. Fuel poverty can pose particular physical and mental health risks to more vulnerable population groups - notably older people (with the majority of Excess Winter Deaths occurring in the over 65s) and children (impacting not only on health but areas such as educational attainment and resilience). Evidence from the Warm Well Families research project conducted by Sheffield Hallam University illustrates some of the factors influencing the abilities of households with children with asthma to keep warm at home in winter and access help. Similar evidence describing the experiences of older people keeping warm in their own home was collected as part of the Keeping Warm in Later Life (KWILLT) project.

In 2015, Public Health England strongly recommended that fuel poverty and reducing excess winter illness and death are considered as 'core business' by health and wellbeing boards and included in joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs), in order to inform year-round commissioning.

THE MANCHESTER PICTURE

The Manchester picture: data

The independent Fuel Poverty Review proposed a new measure of fuel poverty: the Low Income High Cost (LIHC) indicator. The new indicator is a relative measure which takes into account both whether a household's income level is below the poverty line (after housing costs) and whether the household's energy costs are higher than typical for their household type. Under the "Low Income, High Cost" measure, households are considered to be fuel poor if they have required fuel costs that are above average (the national median level) and where they would be left with a residual income below the official fuel poverty line were they to spend that amount.

An indicator showing the percentage of households in an area that experience fuel poverty based on the "Low income, high cost" methodology is also included within the Public Health Outcomes Framework (PHOF). It is not possible to robustly estimate fuel poverty levels for small geographical areas and figures for Local Authorities are therefore modelled estimates based on data from the English Housing Survey (EHS). More information about the methodology used to model fuel poverty is available on the BEIS website at: https://www.gov.uk/government/statistics/fuel-poverty-sub-regional-methodology-and-documentation.

The latest sub-regional fuel poverty data for 2015 (published by the Department of Business, Energy and Industrial Strategy on 29 June 2017) shows that there are estimated to be around 3,900 fuel poor households in Manchester. This is equivalent to 15.3% of the

estimated number of households in Manchester compared with an average of 11.0% of households across England as a whole.

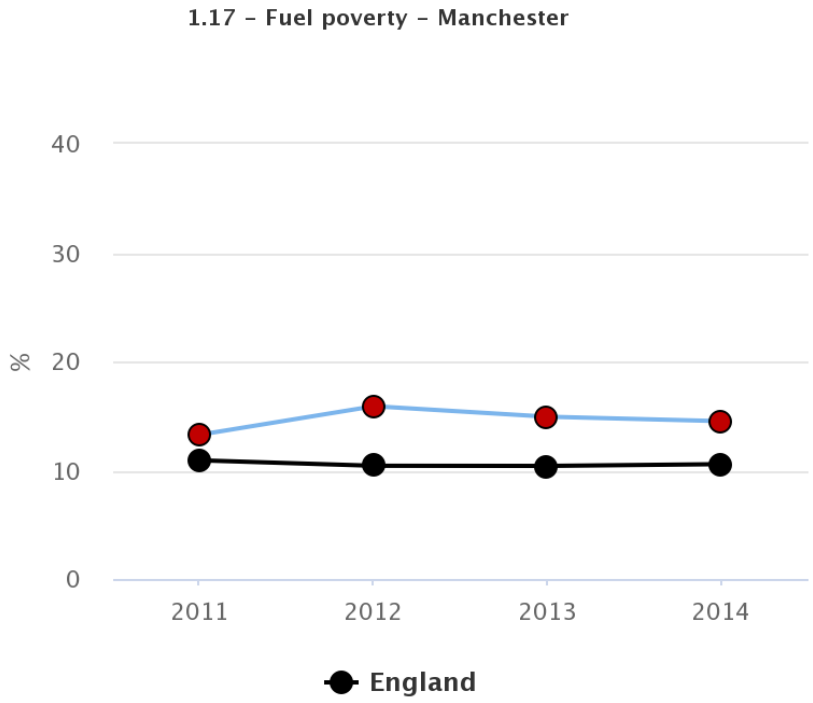
Table 1 (below) shows that Manchester contains the highest number and proportion of fuel poor households of any local authority within Greater Manchester and the highest of any major city outside of London apart from Birmingham.

Table 1: Sub-regional fuel poverty data, Greater Manchester (2015)

Local Authority Name	Estimated number of households	Estimated number of fuel poor households	Proportion of households fuel poor (%)
Bolton	118,662	14,811	12.5
Bury	79,708	8,938	11.2
Manchester	208,928	31,939	15.3
Oldham	91,541	11,032	12.1
Rochdale	89,308	11,034	12.4
Salford	105,638	12,076	11.4
Stockport	124,472	12,746	10.2
Tameside	96,846	11,512	11.9
Trafford	96,386	9,519	9.9
Wigan	139,097	15,216	10.9

There are also significant variations within the city, with a particular concentration of households that are fuel poor in Central Manchester. According to the 2015 figures, the highest rates of fuel poverty are found in the wards of Longsight, Rusholme, Gorton South Levenshulme, Moss Side and Fallowfield. In each of these areas, more than 1 in 5 households are estimated to be fuel poor. The full set of figures for Manchester wards are contained in an appendix at the end of this report.

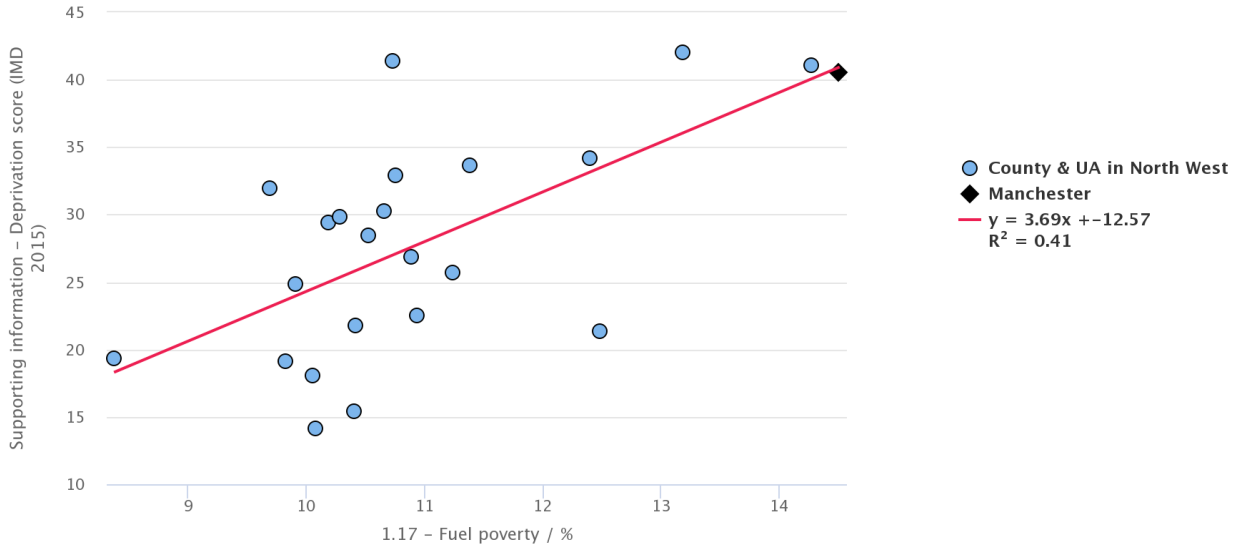
The chart below shows that levels of fuel poverty in Manchester have remained broadly stable over the past few years, albeit with a small (but statistically significant) reduction in the level of fuel poverty in the city from 15.9% in 2012 to 14.5% in 2014.



Please note that caution should be exercised when looking at year on year changes for individual Local Authorities, such as Manchester, as changes observed may be due to uncertainty in the data and/or small sample sizes.

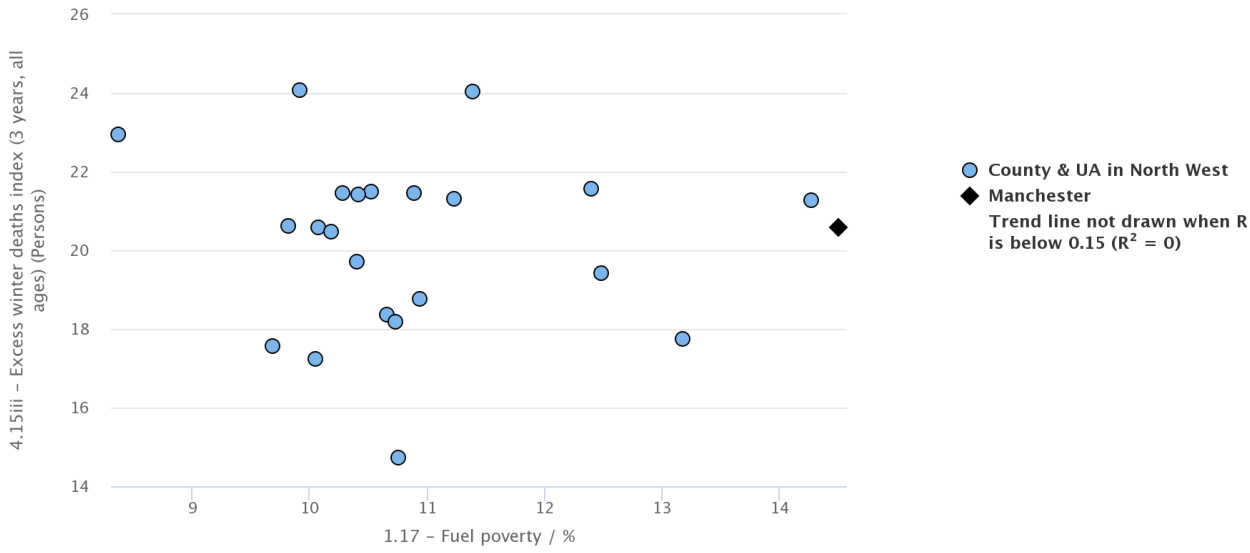
However, it is important to bear in mind that the underlying methodology used to model household energy consumption was revised between 2012 and 2013. This resulted in a small reduction in the overall energy consumption for the average household. The overall effect of this was to increase slightly the proportion of fuel poor households under the Low Income High Cost indicator as the median energy cost threshold was reduced and more households were pushed into fuel poverty (for more details of this change see https://www.gov.uk/government/organisations/department-of-energy-climate-change/series/fuel-poverty-statistics. This new methodology has resulted in changes to overall rate of fuel poverty in Manchester as well as those wards with the highest levels of fuel poverty.

Across the North West Region, there is a clear association between levels of fuel poverty and low income as reflected in the Index of Multiple Deprivation (IMD) 2015.



The above graph shows that Manchester (and Liverpool) stand out in comparison with other local authorities across the North West by virtue of them having both high levels of fuel poverty and multiple deprivation.

The association between an exacerbation of illness through living in a cold home and an increase in mortality during the winter months across the North West is much less clear.



Analysis of excess winter deaths and hospital admissions shows that Manchester - like the rest of the country - experiences higher numbers of deaths in winter months than in the non-winter ones. This issue mainly affects older people living in the City although there is still seasonal variation in mortality among younger age groups. The chart above compares the proportion of households living in fuel poverty and the excess winter deaths index (all ages/all persons) for the three year period August 2012 to July 2015. Over this 3 year period there were 678 deaths in the winter months (December to March) in Manchester - an average of 226 a year. This is equivalent to around 21 extra deaths in the winter months compared with the average number of non-winter deaths. The chart shows that

the local authorities with the highest levels of fuel poverty (i.e. Liverpool and Manchester) are not necessarily the same authorities that have the highest numbers of excess winter deaths (Rochdale and Wigan).

Historic analysis of mortality data going back to 1983/84 shows that, despite year on year variations, there is a clear downward trend with the number of excess winter deaths in Manchester falling over the last two decades. The fact that Manchester has a relatively young population, combined with a reasonably good standard of current and former social housing stock and a commitment to tackling fuel poverty and providing affordable warmth, all contribute to a position where excess winter deaths in Manchester are not significantly higher than the national average.

A similar approach can be taken to look at the association between an exacerbation of illness through living in a cold home and an increase in the use of hospital services during the winter months, particularly emergency (i.e. unplanned) admissions to hospital. The table below shows excess winter emergency admissions over the last two financial years (2014/15 and 2015/16)

	2014/15	2015/16
Average number of admissions per month (winter)	5,255	4,967
Average number of admissions per month (non-winter)	5,191	5,061
Ratio	1.01	0.98
Index	1.24%	-1.86%

N.B. Winter (Dec-March); Non-winter (August-November and April-July)

The data does not suggest that there is a significant difference (positive or negative) in the number of emergency admissions in the winter compared with non-winter months. This could indicate the success of the local health and care system in diverting patients away from hospital during the winter months or simply be a sign that that pressure on services is consistent all year round. It is also possible that a larger excess might be found if admissions for non-urgent (i.e. planned) care are looked at because of the fact that it is more likely that this type is scaled back as a result of winter pressures.

For low-income households privately renting, high fuel bills can mean having to decide between heating and eating. In Manchester, more than a quarter of people (28.4%) rent from a private landlord or letting agency. Evidence points to the fact that privately rented properties tend to be the least energy efficient and contain the highest number of fuel poor households. This can be seen to be the case in areas of Manchester such as Longsight, Levenshulme and Cheetham where there are still a number of pre-war properties owned by private landlords that require solid wall insulation, which is expensive to install.

The Manchester picture: lived experience

With the exception of the evaluation of the Greater Manchester Combined Authority's (GMCA) Green Deal Communities Programme described below, there is very little local evidence of the direct impact of fuel poverty of the lives of people living in Manchester. However, there are a number of published reports and articles that do look at fuel poverty from an individual person and family perspective.

Ambrose et al. (2016) worked with local authorities in Hackney and Rotherham to explore the attitudes of tenants living in the private rented sector towards the energy efficiency of their homes. People in both locations highlighted how difficult it could be to maintain health and wellbeing when living in energy inefficient properties that were difficult and expensive to heat. This had a particular impact on people suffering from chronic conditions (such as respiratory diseases and arthritis) that are known to be exacerbated by cold homes.

> *"I can feel it if it's a freezing cold winter it all goes into my back, at first I thought I'd got really bad back ache but it's not, it's cold in my back and it kills. It is to do with the weather but it doesn't seem to bother if I'm in a heated house."*

People also highlighted the psychological and emotional impacts of having to balance the costs of heating the home against other household expenditure and deciding how much of the home they could afford to keep heated as well as the long term health risks associated with poor diet.

Butler and Sherriff (2017) focused on the lived experience of energy vulnerability among young adult households - a demographic group identified as being disproportionately more likely to be living in fuel poverty compared to any other age group. Three key themes emerged from the research: the challenges faced by young people in establishing an independent home for themselves; energy-related threats to living in a comfortable home; and the behavioural and the psychological mechanisms used by young adults to help them cope with these threats.

Middlemiss and Gillard (2013) drew on qualitative data to explore the experience of fuel poverty in the UK and highlighted a substantive shift in people's ability to cope and their need to compromise on basic needs. In a later paper (2015), the same authors attempted to characterise household energy vulnerability through the lived experience of the fuel poor. When considering the negative health impacts of fuel poverty they noted that ailing health is not just an effect but also a cause of fuel poverty. For example, certain conditions require an increase in fuel consumption to treat symptoms and maintain adequate comfort and warmth, thereby driving up household energy costs, whereas other conditions are exacerbated by the cold or heat.

Shortt and Rugkåsa (2005) described the impacts on self-reported health of a fuel poverty programme in a rural community in Northern Ireland. In-depth interviews with householders showed that people perceived the intervention to have impacted positively on their overall health and well-being as well as on their mental health.

> *"I don't get so many colds now, or at least I've had none so far, touch wood! I have arthritis and I find the heat does help."*

As part of their evaluation of the Changes4Warmth approach to cold homes (Sherriff, 2016), the Sustainable Housing and Urban Studies Unit (SHUSU) at the University of Salford looked at the experiences of mental health service users with keeping warm at home in order to understand better the relationship between cold homes and mental health and of the appropriateness and impact of a home visitor energy advisor approach.

Generally speaking, the interviews reaffirmed the existing evidence regarding the impacts of cold homes on people's mental health. These impacts related not only to the direct impacts of cold temperatures but also to the potentially stressful task of managing the home, keeping on top of bills and balancing budgets. As such, the issue is not simply the relationship between mental health and thermal comfort but also about issues that are less tangible and easy to measure such as the sense of control householders have over their home, as well as a degree of stress that results from managing energy hungry services and the costs associated with them.

In September 2016, the GMCA's Green Deal Communities Programme was awarded the 'Large Scale Project of the Year Award' at the National Energy Efficiency and Retrofit Awards. The scheme helped around 1,300 home owners and private tenants across Greater Manchester, predominantly low income households. GMCA spoke to some of those involved and a sample of residents to record their experiences of this project. Residents reported having warmer homes, considerable savings on their fuel bills and significant improvements to their health, particularly those with long term illnesses e.g. asthma and Raynaud's. Aesthetic and sound improvements to homes and neighbourhoods were also highlighted as a major benefit of the scheme. More information about people's views on the Greater Manchester's Green Deal Communities Programme is available as a video link.

WHAT WOULD WE LIKE TO ACHIEVE?

The refreshed Greater Manchester Strategy ("Stronger Together") recognises the scale of fuel poverty across the city region and underlines the importance of improving both existing and new housing stock through energy efficiency measures. Through the Greater Manchester Community Budgets Pilot a programme to tackle fuel poverty is also being tested in Oldham. This involves an investment agreement between partners channelling £200,000 into preventative measures. Detailed analysis by SmartGreen has also made recommendations about the potential future strategic approach to fuel poverty in Greater Manchester.

The Greater Manchester Low Carbon Hub has a priority to reduce fuel poverty through retrofitting existing homes with energy efficient measures and behaviour change. Historically, Greater Manchester-wide schemes focused on fuel poverty and energy efficiency have been successful in ensuring the delivery of a baseline offer of insulation, boiler replacement and energy switching and behaviour-change advice to residents in Greater Manchester. However, these programmes have been reliant on Government funding, which has ceased, and now the emphasis is to work with private sector energy companies, which have an obligation to assist vulnerable households although this tends to be restrictive and cannot deliver at the same scale as when Government funding was available.

The Greater Manchester Population Health Plan 2017 – 2021 notes the substantial health benefits associated with improvements to housing conditions. For example, cavity wall insulation can deliver improvements equating to a health saving of £969. The Plan describes a programme of work to help facilitate the roll-out, testing and evaluation of an

approach to tackling issues around poor-quality housing based on the work already taking place across the conurbation. In particular, the Plan describes the opportunity for developing a Greater Manchester Home Improvement Agency (HIA) model. This would build on existing models in operation and would ensure that all districts are able to provide a basic offer to all older and disabled residents across Greater Manchester, while also providing a single access point for health and social care professionals to refer into. It is envisaged that the model would include a core service together with a menu of options that localities can adopt/commission. The intention is to include fuel poverty / energy efficiency measures within the scope of the service.

The Manchester Family Poverty Strategy 2017-2022 (in preparation) highlights the specific impacts of fuel poverty on the health and wellbeing of children in Manchester. These impacts include low weight gain in infants under three years old, increased likelihood of presenting to health services and hospitals in the child's first three years of life, increased likelihood of children experiencing symptoms of respiratory problems and developing asthma, increased risk of multiple mental health problems and risk-taking behaviour in young people. More broadly, the effects of fuel poverty can also result in children not having breakfast before school or warm healthy meals later in the day, not being able to shower or have their clothes washed properly, being unable to concentrate on homework in a cold home and therefore falling behind and being bullied by other children.

WHAT DO WE NEED TO DO TO ACHIEVE THIS?

The key elements in determining whether a household is fuel poor or not are income, fuel prices and fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household). National data suggests that there is a correlation between unemployment and fuel poverty but, although being unemployed increases the risk of being fuel poor, the depth of fuel poverty within this group is the lowest. Rising fuel prices have also been an influential factor for many years, with the Hills Review estimating that fuel poor households experience average costs of nearly £600 a year more than better-off households with typical costs.

There is also evidence that fuel poverty is more likely to affect those living in the private rented sector (the Decent Homes standard has accelerated improvements in energy efficiency in social housing) and those living in older, in particular pre-war, properties. Single person households are particularly likely to experience fuel poverty. Whilst communities of interest and vulnerable groups are likely to be particularly at risk of fuel poverty, national modelling of fuel poverty data makes it difficult to monitor the impact on equalities locally.

In March 2015, NICE published guidelines on excess winter deaths and illness and the health risks associated with cold homes. The guideline includes recommendations on the following areas:

- developing a strategy for people living in cold homes
- identifying people at risk from cold homes
- training practitioners to help people with cold homes

- raising awareness of how to keep warm at home
- ensuring buildings meet required standards

In June 2016, NICE published a set of quality standards for preventing excess winter deaths and illness associated with cold homes. These consist of 6 statements which together describe high-priority areas for quality improvement in this area of work:

- Statement 1: Local populations who are vulnerable to the health problems associated with a cold home are identified through year-round planning by local health and social care commissioners and providers.

- Statement 2: Local health and social care commissioners and providers share data to identify people who are vulnerable to the health problems associated with a cold home.

- Statement 3: People who are vulnerable to the health problems associated with a cold home receive tailored support with help from a local single point of contact health and housing referral service.

- Statement 4: People who are vulnerable to the health problems associated with a cold home are asked at least once a year whether they have difficulty keeping warm at home by their primary or community healthcare or home care practitioners.

- Statement 5: Hospitals, mental health services and social care services identify people who are vulnerable to health problems associated with a cold home as part of the admission process.

- Statement 6: People who are vulnerable to the health problems associated with a cold home who will be discharged to their own home from hospital, or a mental health or social care setting have a discharge plan that includes ensuring that their home is warm enough.

In December 2014, the Department for Energy and Climate Change (DECC) commissioned National Energy Action to carry out an online survey to catalogue local schemes that are targeting individuals with health problems for energy efficiency measures and other fuel poverty interventions. The aim of the survey was to collate information on health-related fuel poverty schemes to better understand levels of activity in this area and highlight challenges to implementation, as well as successful approaches. The resulting catalogue of fuel-poverty schemes contains survey responses and interviews from around 75 schemes (including schemes in Oldham, Bolton, Wigan and Manchester) along with details of any health referral systems used to identify and target households with health problems and their funding sources. The Department for Business, Energy and Industrial Strategy (the successor to DECC) has recently commissioned Liverpool City Council to update the catalogue.

Information from other parts of Greater Manchester, notably Wigan and Oldham, provides evidence on local interventions that have been shown to work in terms of reducing fuel poverty. The Warm Homes Oldham scheme is a partnership between Oldham CCG, the Oldham Housing Investment Partnership and Oldham Council which was set up to offer

comprehensive advice and support to local residents who are struggling to pay their bills and heat their homes. A review of the benefits of the scheme carried out by Sheffield Hallam University found evidence of significant improvements in general health and wellbeing, life satisfaction and the condition of homes. The study also identified significant savings on NHS budgets resulting from reduced GP and hospital visits, counselling and medication, as well as increases in GDP due to higher employment rates and reductions in sickness absence, along with savings to the exchequer due to reductions in benefit claims. A full version of the report can be found at the Sheffield Hallam University website.

A series of options (differentiated by reducing cost) to produce a single-point-of-contact health and housing referral service similar to that implemented in Oldham have been developed for further consideration across Greater Manchester.

A street by street External Wall Insulation scheme delivered by Wigan Council in areas with high levels of multiple deprivation and fuel poverty was successful in helping to improve home energy efficiency and reduce fuel poverty and also brought additional benefits in terms of improving the quality of people's home life, improving the appearance of their homes (and hence their community area) and reducing invasive noise levels.

WHAT ARE WE CURRENTLY DOING?

The Government has placed a responsibility on local authorities to assess the needs of their residents and to act as catalysts for change in local areas. The Manchester Strategy 2016-2025 ('Our Manchester') sets out the commitment of the city council and its partners across the city to 'taking residents out of fuel poverty, through energy efficiency measures and reducing energy bills', specifically, by improving the energy-efficiency of existing homes, building new homes to the highest standards and locally generating increasing levels of affordable, low and zero-carbon energy.

Manchester City Council is also an active participant in the work that is going on to adopt a more strategic approach to addressing fuel poverty across Greater Manchester. This work is being coordinated by the Greater Manchester Combined Authority (GMCA) and includes a range of schemes in relation to health and wellbeing, climate change and housing, underpinned by a clear and shared understanding of the expectations of each of the local authorities in the city region.

The Home Energy Conservation Act (1995) recognises local authorities' ability to use their position to improve the energy efficiency of all residential accommodation. All 326 local authorities in England have a statutory obligation to report to the Secretary of State on progress in their area to improve energy efficiency in residential accommodation. The Greater Manchester Home Energy Conservation Act (HECA) Report 2017-2019 sets out the energy conservation measures which will be delivered, the measures are what we consider practicable, cost-effective and likely to result in significant improvements in the energy efficiency of residential accommodation. The report has been produced in partnership with the Association of Greater Manchester Authorities (AGMA) to ensure a consistent and comparable approach across Greater Manchester.

Each of the 10 Local Authorities in Greater Manchester have produced an Annex to the Greater Manchester report detailing specific actions in their local areas. Annex 2 describes the measures that Manchester City Council has taken to help achieve significant energy efficiency improvements of residential accommodation by taking advantage of the financial assistance and other benefits offered from central government. These measures include:

- Working with partners to successfully deliver solid wall and internal insulation measures and provide new 'A' rated boilers and other soft measures by utilising Government funded schemes (including GD and ECO) to meet the needs of Manchester's residents and housing stock. The City Council is also supporting the delivery of Energy Company Obligation (ECO) scheme (2017-2019) across Greater Manchester by utilising flexible eligibility funds to assist fuel poor residents in need of heating and insulation for low income households and for low income households where one resident has long term ill health.

- Developing and implementing energy efficiency improvements in residential accommodation in a cost-effective manner by using area based/street by street roll out involving local communities and by working in partnership with charitable and voluntary organisations (such as Walking with the Wounded) and other local organisations, such as Registered Housing Providers, to ensure that residents are enabled to live in energy efficient properties.

- Providing support to households seeking to improve the energy efficiency of their home through the Home Energy Loan Plan (HELP) in partnership with Manchester's Home Improvement Agency. Residents are currently able to access an interest free loan of up to £10,000 for energy efficiency improvements works, such as solid wall insulation, new boilers and renewable technologies. Between 2000 and 2016, approximately £3,325,000 worth of loans were accessed by a total of 1,134 households. In addition to the HELP loan, Manchester City Council has a limited budget to provide Emergency Heating Grants to vulnerable home owners who are on low incomes and suffer from cold related illness. Since the fund was established in 2014, approximately £144,000 has been awarded to 62 householders.

- Supporting residents to access funding and support to improve the energy efficiency of their homes through the Citizen Advice Bureau (CAB). The CAB's Energy Advice Service is dedicated to helping combat fuel poverty and provides one-to-one advice and support to residents who are at risk of fuel poverty, dealing with fuel debt, including negotiation of affordable payment arrangements and grant applications to Charitable Trusts for arrears and essential household items.

The City Council is also committed to working with local and national partners to promote the Energy Company Obligation (ECO) scheme and other relevant government policy to achieve its ambitions. ECO aims to target those that require energy efficiency improvements using a 'whole house' approach. As part of this programme there is an Affordable Warmth Target aiming to deliver heating and insulation measures to the poorest and most vulnerable residents who are likely to be in fuel poverty. Eligibility for the scheme includes private or rented tenure and receipt of a qualifying benefit. ECO also provides insulation and heating measures to the most low-income and vulnerable

households and insulation measures to low income communities. This programme of work is dependent upon the availability of ECO funding.

The Greater Manchester Combined Authority (GMCA) are working with the University of Manchester, who have recently been awarded a European Energy Poverty Observatory project (EPOV), to identify funding opportunities to assist fuel poor residents in Greater Manchester. There are also a number of examples of anchor institutions working collaboratively to address poverty. In 2014, 25 Housing Providers in Greater Manchester signed up to five pledges which set out how they will take forward the Greater Manchester Poverty Commission recommendations, including tackling food and fuel poverty.

To date, fuel poverty in Manchester has been tackled largely through national government programmes to support energy efficiency and carbon reduction in domestic housing. Over the last 10-15 years, these programmes have ranged from funded installations of loft and cavity wall insulation through to financial mechanisms such as the Cold Weather Payment, Warm Homes Discount and Warm Front. However, the levels of funding behind these programmes is currently decreasing, which is impacting on both the scale of national programmes and the share for which Manchester is eligible.

Previously annual winter bids to the Department of Health's 'Warm Homes, Healthy People' programme aimed to protect individuals and communities from the effects of severe winter weather. This delivered a package of energy efficiency and heating improvements to the most vulnerable residents through a range of joint working with local organisations such as Care and Repair, Citizens Advice Bureau and MACC. In previous years, funds from this programme have totalled over £1million annually in Greater Manchester. There is no equivalent funding currently available from the Department of Health to address fuel poverty. Without such funding, the wider implications of the health impacts that fuel poverty causes cannot be addressed.

A number of other initiatives are being delivered in the city to address issues in relation to fuel poverty.

Green Doctor Service

The Green Doctor service is delivered by Groundwork in partnership with housing providers, utility companies or energy company. Green Doctors seek to provide independent, impartial advice in order to help people to make their homes warmer, cut fuel and water bills, reduce their carbon footprint and thereby make their homes more environmentally friendly and cheaper to run. The service offers home visits and provides advice on energy use, explain how to access grant support for improvements and give support on other environmental issues such as recycling, composting and water use.

The project specifically focuses on people who are vulnerable due to long term chronic health conditions made worse by living in an inadequately heated home. The project improves health and well-being by supporting vulnerable people to live in warm homes and reducing the stress caused by high fuel bills.

In 2014, Groundwork partnered with Southway Housing and Eastlands Homes to deliver a Green Doctor Service to residents at risk of fuel poverty and/or welfare reform. In one year the service supported over 450 households (70% of those targeted) and identified average

annual cost savings of £284 per household. 90% of households acted on our recommendations.

Carbon Co-op
Carbon Co-op was established by a group of Greater Manchester residents in 2008 with the aim of working together at a community level in order to improve homes up to 2050 standards. Carbon Co-op exists to enable its members to make radical reductions in household carbon emissions and energy bills. It does this by taking a 'whole house', holistic view of the entire property and implementing packages of complimentary improvements to give far greater efficiency savings. Its target is to help its members reach the performance levels necessary to meet the 2050 carbon reduction targets (i.e. 17 kg CO2/m2/a). As well as offering ongoing services to members, Carbon Co-op delivers a range of grant-funded or commissioned projects.

'Winter Warm'
Each year, Public Health Manchester supports the Age-Friendly Locality Networks across the city to arrange 'Winter Warm' events and messages. These local community events are designed to encourage older people to plan ahead for the winter and to keep healthy, safe and well during the colder months. In previous years, activities have included:

- Housing Provider organisations sharing relevant information with their respective tenants e.g. Southway Housing Trust have, in previous years PAT tested electric blankets and on occasion provided replacements.

- Promoting the offer from Care and Repair to provide free Energy Efficiency checks (followed up with support to change suppliers if appropriate)

- Supporting Age UK deliver their national annual message to local communities.

Many of the Age Friendly Manchester projects across the city connect older people and as a consequence, older vulnerable people that we engage know better how to access information about keeping warm and keeping well.

The Manchester Health and Wellbeing Service ("buzz") is responsible for supporting and developing Age-friendly Locality Networks across Manchester and is facilitating the production of individual Age-friendly Action Plans. Each local plan includes the provision of two local seasonal campaigns, Spring into Summer and Winter Warm.

The Age Friendly Manchester team will support the delivery of future local Winter Warm events which will held in Neighbourhoods across the city. The events will be used to share local and national messages and campaigns including wider campaigns such as the NHS "Stay Well This Winter" message and the Greater Manchester Fire and Rescue Service "Safe4Winter" campaign.

OPPORTUNITIES FOR ACTION

There are a number of gaps within services in Manchester that need to be addressed. In particular, current services are targeted towards the most deprived wards in the city. The government's new definition of fuel poverty provides new evidence regarding the pockets of the city which are most at risk, and future programmes need to ensure that households in all of the worst affected areas are targeted.

Resources need to be invested to deliver services that take a holistic approach to the causes and effects of living in fuel poverty. Currently, there is a shortfall with funding only available to support a small proportion of the affected households in Manchester. In the current economic climate households are under increasing financial pressure which, combined with the impacts of welfare reform changes, is likely to drive more households into fuel poverty over the coming months and years, increasing the demand on services. Manchester is currently dependent on the availability of national funding streams to finance programmes to tackle fuel poverty, and there is a lack of certainty about funding in the longer term.

The closure of the AWARM programme (this ended in March 2012) means that there is no comprehensive system of referrals for fuel poverty, and resources are no longer available to provide training on fuel poverty across front line services at scale. GPs and other health professionals state a mixed awareness of fuel poverty and also competing referral priorities (such as treatment of cardiovascular illness taking priority over addressing the underlying cause of fuel poverty).

Consideration is currently being given to rolling out the model adopted by the Warm Homes Oldham scheme across other GM authorities.

Further work is required to ensure that fuel poverty is jointly owned across all key services including Health, Social Care, Housing and Environment. The Public Health Outcomes Framework includes a target around fuel poverty, but further dialogue is required to ensure that all relevant services are connected to this target. Further connections could also be made between work on fuel poverty and Greater Manchester's public service reform programme. Currently fuel poverty is only addressed directly within one of the city's Strategic Regeneration Frameworks (East Manchester). There are no voluntary and community organisations specifically dedicated to alleviating fuel poverty in Manchester.

Further analysis could be undertaken to explore a number of gaps in the evidence base.

- National data is available on the relationship between fuel poverty and household energy efficiency (SAP rating), existing insulation measures, size of property, economic activity, household composition, energy cost payment methods, and age of occupants. However, this data is not available at a sub-regional level.
- There is an acknowledged link between fuel poverty and housing tenure, with many fuel poor households in the private rented sector. Further analysis could be undertaken about how this impacts on fuel poverty levels across the city.
- The new national indicator presents a different picture of fuel poverty across the city compared with the previous indicator. The overall rate across the city is lower, but the concentration of fuel poverty in some neighbourhoods is starker and some

wards have a higher number of households affected under the new definition. Further analysis into the implications of the new measure could also therefore be undertaken.

Consideration should be given to developing a methodology for showing the cost saving to the NHS when the Council has taken enforcement action to remedy a hazard identified under the Housing Health and Safety Rating System (HHSRS). Taking this work forward would include discussion and implementation of more effective referral pathways to Neighbourhood Delivery Teams and to the Greater Manchester Energy Advice Service for energy efficiency measures.

There is a limited amount of evidence available relating to the impacts of previous programmes to provide energy efficiency measures including both the longer term impact and views of users.

ACKNOWLEDGEMENTS

Stacie Cohen, Policy Officer (Poverty and Growth), Manchester City Council

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Appendix: Sub-regional fuel poverty data by ward, 2015

Ward Name	Estimated number of households	Estimated number of fuel poor households	Proportion of households fuel poor (%)
Ancoats and Clayton	6,701	904	13.5%
Ardwick	7,963	1,270	15.9%
Baguley	7,540	864	11.5%
Bradford	7,388	935	12.7%
Brooklands	5,486	574	10.5%
Burnage	5,903	863	14.6%
Charlestown	6,542	769	11.8%
Cheetham	8,268	1,396	16.9%
Chorlton	7,021	901	12.8%
Chorlton Park	6,488	898	13.8%
City Centre	9,368	858	9.2%
Crumpsall	6,256	1,025	16.4%
Didsbury East	5,029	499	9.9%
Didsbury West	6,474	790	12.2%
Fallowfield	5,299	1,133	21.4%
Gorton North	6,557	1,200	18.3%
Gorton South	6,591	1,464	22.2%
Harpurhey	7,857	1,180	15.0%
Higher Blackley	6,016	815	13.5%
Hulme	6,877	691	10.0%
Levenshulme	5,777	1,241	21.5%
Longsight	4,654	1,176	25.3%
Miles Platting and Newton Heath	6,916	921	13.3%
Moss Side	6,612	1,422	21.5%
Moston	6,859	945	13.8%
Northenden	6,624	889	13.4%
Old Moat	6,301	1,201	19.1%
Rusholme	5,051	1,205	23.9%
Sharston	6,689	901	13.5%
Whalley Range	6,296	989	15.7%
Withington	4,831	1,178	24.4%
Woodhouse Park	6,694	842	12.6%

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OTHER RELATED JSNA TOPICS

Manchester JSNA
http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment

- Respiratory Diseases

Date: August 2017

It is hoped that you have found this topic paper useful. If you have any comments, suggestions or have found the contents particularly helpful in your work, it would be great to hear from you.

Responses can be sent to jsna@manchester.gov.uk

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 9 October 2018

Subject: Manchester Local Care Organisation

Report of: Michael McCourt, Chief Executive, Manchester Local Care Organisation

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Summary

Further to the establishment of the Manchester Local Care Organisation (MLCO) as a public sector partnership on April 1st 2018 through the agreement and signing of a Partnering Agreement, this paper provides Scrutiny Committee with a further update progress made across core business areas of MLCO. Scrutiny Committee are advised that this paper builds on the update provided in June 2018.

The paper provides an overview of the following:

- Background on the development and establishment of MLCO through the signing of the Partnering Agreement;
- The long term vision of MLCO;
- Update on Neighbourhood working; and,
- Update on progress against MLCO priorities including New Care Models and MLCO work to support system resilience.

Recommendations

Scrutiny Committee is asked to note the contents of this report and in particular: Progress made to establish MLCO; progress made to mobilise New Care Models; and, the work MLCO has undertaken to support system resilience.

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	Support Manchester residents to improve their health and wellbeing so they can benefit more from jobs created in the city

A highly skilled city: world class and home grown talent sustaining the city's economic success	Improve health and wellbeing so Manchester residents are better able to access the skills and learning they need to find and sustain jobs. Improve career pathways in health and social care and support residents to access these opportunities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Radically improve health outcomes and reduce health inequalities across the city. Integrate health and social care, and support people to make healthier choices, so that people have the right care at the right place at the right time.
A liveable and low carbon city: a destination of choice to live, visit, work	Better connect health and social care services to local people. Communities playing a stronger part in looking after residents in their neighbourhood, including those who are unwell, vulnerable, socially isolated and lonely.
A connected city: world class infrastructure and connectivity to drive growth	N/A

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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.

MLCO Introductory Video - https://youtu.be/0eVUrSLA7BQ

MLCO Business Plan Summary - https://www.manchesterlco.org/s/MLCO-Summary-Business-Plan.pdf

1. Introduction

1.1 Further to the establishment of the Manchester Local Care Organisation (MLCO) as a public sector partnership on April 1st 2018 through the agreement and signing of a Partnering Agreement, this paper provides Scrutiny Committee with a further update of progress made across core business areas of MLCO. Scrutiny Committee are advised that this paper builds on the update provided in June 2018.

1.2 The paper provides an overview of the following:

- Background on the development and establishment of MLCO through the signing of the Partnering Agreement;
- Update on Neighbourhood working; and,
- Update on progress against MLCO priorities including New Care Models and MLCO work to support system resilience.

2. Background to MLCO and the Locality Plan

2.1 A key priority of the Our Manchester Strategy is to radically improve health and care outcomes, through public services coming together in new ways to transform and integrate services. This involves putting people at the heart of these joined-up services, a greater focus on preventing illness, helping older people to stay independent for longer, and recognising the importance of work as a health outcome and health as a work outcome. The Locality Plan, "Our Healthier Manchester", represents the first five years of transformational change needed to deliver this vision.

2.2 Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city. The Locality Plan aims to overcome the significant financial and capacity challenges facing health and social care in order to reduce these inequalities and to become clinically and financially sustainable.

2.3 The plan sets out the complex, ambitious set of reforms that are needed to integrate services for residents. This included developing a Local Care Organisation for integrating out-of-hospital care, a single hospital service for integrating in-hospital care, and a single commissioning function for health and social care.

2.4 The Locality Plan is fully aligned with the Our Manchester approach to change ways of working. This will mean supporting more residents to become independent and resilient, and better connected to the assets and networks in places and communities. Services will be reformed so that they are built around citizens and communities rather than organisational silos.

2.5 On 2 October 2018, Cllr Bev Craig, supported by senior officers from across the Manchester Health and Care System, delivered an update on the delivery of the Locality Plan to full Council, which included an update on MLCO and care closer to home.

3. Establishing Manchester Local Care Organisation

3.1 MLCO was formed on 1 April 2018 as a public sector partnership powered by Manchester University NHS Foundation Trust, Greater Manchester Mental Health, Manchester City Council, Manchester Health & Care Commissioning and the Manchester Primary Care Partnership.

3.2 MLCO is a pioneering new type of organisation bringing together the teams from these organisations that provide community-based care in the city in a new way. Over 2,700 staff from Manchester's adult and children's NHS community teams and adult social care and support teams have now been deployed to MLCO. They include district nurses, social workers, health visitors, therapists, support staff and many other health and care professionals. These teams are now working together as part of one single organisation for the first time putting Manchester's residents at the heart of care close to home.

3.3 Previous updates to Scrutiny Committee have noted that it would not be possible to establish MLCO as single legal entity owing to legal and financial issues, including implications for VAT costs to the Council, all of which are national constraints outside of the control of partners locally.

3.4 To maintain progress, in March 2018 each partner organisation of the MLCO: Manchester City Council (MCC); Manchester University NHS Foundation Trust (MFT); Manchester Primary Care Partnership (MPCP); Greater Manchester Mental Health NHS Foundation Trust (GMMH); and, Manchester Clinical Commissioning Group (CCG part of MHCC) signed the Partnering Agreement which established the MLCO from 1st April 2018. Under these arrangements and the terms of the Agreement existing health and social care contracts will remain with the current providers, however in scope services will be managed through MLCO.

3.5 Scrutiny Committee are reminded that as part of the Partnering Agreement a specific schedule was included which outlines the Service Level Agreement (SLA) for MCC. The SLA confirms those functions and services that will be delivered through MLCO, and confirms those functions that will not be delegated into it. The Agreement also makes provision for those decisions which would not be delegated to MLCO, including decision making that would still reside with the Council (or officers of).

4. Building the MLCO

4.1 Working with the public and partners is a key part of the MLCO approach. The MLCO mission, vision and way of working (described above) was co-produced with staff, partners and residents through a series of engagement sessions called Future Search in 2017. Over 370 people took place in these discussions to shape the neighbourhood approach to integrated care.

4.2 Since MLCO was formed in April 2018, the team has put an extensive engagement programme in place working in partnership with Manchester Health and Care Commissioning. This has focused on jointly using our

resources to engage around the locality plan as a way of introducing MLCO, explaining the changes made in the system over the last two years and talking around priorities for the future. Over 800 residents have been engaged with at 30 plus sessions in GP practices, shopping centres and community events between July and September 2018. A full update on the locality plan engagement work so far was presented to full council in October.

4.3 Staff engagement has also been key throughout the creation of MLCO - 672 staff have attended engagement events in the build up to the launch of MLCO and first months of operation. This has supported one of our key aims of ensuring that services transfer safely in year one and has helped develop our priorities. A leadership event, Freedom to Lead, took place at the end of September with 200 attendees from community health, social care, primary care and the voluntary/community sector. The aim was to share progress, best practice and connect teams across the city.

4.4 MLCO is now planning a programme of neighbourhood engagement to support the creation of the 12 health and care Integrated Neighbourhood Teams across the city. Again, the approach is one of partnership and the approach will ensure that our work complements that of the MCC neighbourhood teams as part of an asset based approach to engagement - adding new capacity and ideas for engagement work alongside that carried out by MHCC and MCC. The Neighbourhood Partnership Approach is described in further detail later in the report, and as part of this approach Elected Members will form part of the governance that will be put in place at neighbourhood level.

5. MLCO Strategy and vision

5.1 It is through the engagement described at Section Four that the mission statement of MLCO was developed - ‘leading local care, improving lives in Manchester, with you’. In simple terms, there are two main things that MLCO has been set up to do:

- Make a positive contribution to help people in Manchester live longer and enjoy better health than many do now
- To improve community and neighbourhood care for people in the city.

5.2 So whilst MLCO will manage our community health and care services, it is here to do much more that by ensuring that we work in new ways and do things differently in the city.

5.3 By working together with partners including the VCSE, MLCO will help the people of Manchester to:

- Have equal access to health and social care services
- Receive safe, effective and compassionate care, closer to their homes
- Live healthy, independent, fulfilling lives
- Be part of dynamic, thriving and supportive communities
- Have the same opportunities and life chances - no matter where they're born or live.

5.4 To ensure that MLCO is able to deliver what needs delivering there is a focus on four clear ways of working which guide how we work and how we structure our services. These are:

- **Promoting healthy living** - helping people to stay well through prevention, supporting them to lead healthier lives and tackling health issues before they escalate
- **Building on vibrant communities** - using all the resources available in the wider communities people live in and identify with in a true neighbourhood approach, improving population health and wellbeing
- **Keeping people well in the community** - helping people who have existing health needs and complex health issues to stay as well as possible in their homes through 12 integrated neighbourhood based teams and citywide services
- **Supporting people in and out of hospital** - ensuring community-based care helps people to avoid unnecessary hospital admissions; or to discharge them from hospital care, quickly and safely, as soon as they are ready if they do need time in hospital.

5.5 By working as one team for the first time, under the single MLCO management structure, we have the opportunity to do these things better than we have ever been able to do before in Manchester.

5.6 Longer term by 2028 there's a number of things that we will have seen by working as one team across the city through MLCO :

1. We will have improved the number of people supported to stay well
2. We will see fewer people dying early from preventable conditions
3. Avoidable non-elective (unplanned) hospital activity will be reduced
4. The overall costs of care packages will have reduced
5. We will benefit from improved collaborative working in the city
6. The outcomes that matter to local people will have improved
7. We will have reduced variation in outcomes and access by place
8. There will be reduced variation in outcomes and access by communities of identity
9. The number of children who are school ready will have improved
10. There will be more economically active households in Manchester.

6. 2018/19 Business Plan

6.1 The MLCO 2018/19 business plan was approved by Partners at the MLCO Partnership Board in March 2018. The business plan provides an update on the progress made to date in the establishment of the organisation, including the context set out in section 2. It also describes what MLCO will do in 2018/19 to deliver it strategy (as set out in Section 5).

6.2 As part of their ongoing joint working arrangement MLCO and Manchester Health and Care Commissioning (MHCC) have been working to identify priority areas as from the 2018/19 key deliverables that with additional resource from MHCC could have progress accelerated.

6.3 Four priority areas have been identified:
- Integrated Neighbourhood teams
- High Impact Primary Care
- Manchester Community Response
- System resilience and escalation

6.4 Initial strategic aims and action plans have been developed against each of the work streams, with these actions progressing. It was agreed that in order to make swift progress a gateway model will be utilised, which will enable focus to ensure that alongside delivery of better outcomes, these schemes will contribute towards the system financial targets as well as improved patient flow.

6.5 As well as being responsible for the delivery of the priority areas identified above MLCO is responsible for delivery of a host of services across the city including:
- Childrens Community Health Services, including - Health Visiting, School Health Service, and Speech and Language Therapy;
- Adults Community Health Services in North Manchester, including – Bladder and bowel, District Nursing, Intermediate Care and Palliative Care;
- Adults Community Health Services in South Manchester, including – Intermediate Care, Coronary Heart Disease and Failure, District Nursing, and Palliative Care;
- Adults Community Health Services in Central Manchester – including Care Home Support, Integrated Neighbourhood Teams, Intermediate Care and Home Physiotherapy;
- Adult Social Care, including – Learning and Physical Difficulties Supported Accommodation, Shared Lives, and Day Services.

6.6 A more comprehensive overview of services provided in 2018/19 is appended to this report.

6.7 Over 2019/20 and 2020/21 the breadth of services provided through MLCO will expand significantly to include amongst other things Home Care and Residential and Nursing Homes. Further detail on the scoping and phasing of MLCO is appended to this report.

7. Governance of MLCO

7.1 As set out in Section Three, the MLCO was established as an organisation through the signing of the Partnering Agreement. However, the MLCO is not a recognised statutory body or legal entity, it is a virtual organisation responsible for the delivery of a range of services including community health services, and adult social care.

7.2 Whilst the MLCO is responsible for delivering a range of services, due to the way the organisation was established. i.e. not through the award of a single health and care contract, the accountabilities for provision remain unchanged. Adult Social Care, whilst delivered through the ambit of the MLCO, remain the statutory responsibility of Manchester City Council (MCC), and likewise

community health provision including services previously delivered under contract in North Manchester through the Northern Care Alliance and Pennine Acute Hospitals NHS Trust specifically.

7.3 As part of the Partnering Agreement (Schedule One), the MLCO is overseen by a Partnership Board, the membership of which is comprised of the parties to the Partnering Agreement detailed in Section Three. The role of the Board is to maintain strategic oversight of and accountability for the MLCO and to support the MLCO's Executive in carrying out their functions, including assistance to remove any barriers within the partner organisations which the MLCO Executive are unable to resolve through normal channels. The operational responsibility for the delivery of the services within the MLCO rests with the MLCO Executive Team.

7.4 With the launch of MLCO in April 2018, the organisation mobilised its internal governance arrangements. To meet the MLCO's ambitions for service delivery which include delivering safe and effective care, the internal governance for the organisation was built upon appropriate design principles. These are that the MLCO's governance must:

- be effective, efficient, functional and safe;
- reflect and support the organisational functions of the MLCO and the accountability framework with partner organisations;
- be clear and simple, and easily understood by MLCO staff;
- be clinically and professionally led, with strong GP input;
- be person centred;
- emphasise the importance of 'place' and local neighbourhoods across the city;
- recognise the contribution of the Voluntary, Community and Social Enterprise (VCSE) sector and engage with it appropriately at all levels;
- enable the MLCO to deliver system-wide change to improve population health and wellbeing;
- support innovative leadership, the maximum appropriate devolution of decision-making and appropriate risk-taking at team-level (Tight/Loose);
- allow the MLCO to operate safely and efficiently within existing regulatory frameworks;
- be affordable, deliverable and maintainable; and
- be cognisant of existing organisational and place based governance arrangements and structures.

7.5 Furthermore, whilst the MLCO is responsible for £170 million worth of services in 2018/19, the governance that has been created has been designed to ensure it is able to have effective oversight of in excess of £600 million worth of services per annum from 2019/20 onwards. As part of this it is critical that the MLCO embeds discipline around its internal governance in 2018/19 to ensure that the MLCO can operate safely and effectively in 2019/20 without having to mobilise new governance arrangements.

7.6 Embedding that discipline involves: mobilising a regular and recognised cycle of meetings; embedding clear accountability arrangement through the organisation; ensuring that organisation is able to think forward as well as

understand today; and, ensuring that onward accountabilities are clearly understood and managed.

7.7 The governance that has been mobilised to support the delivery of the MLCO, will continue to iterate as the organisation develops particularly in regards to the governance that will be developed to support Integrated Neighbourhood Teams.

8. Integrated Neighbourhood Team Leads

8.1 One of the principal building blocks for MLCO was the creation of 12 Integrated Neighbourhood Teams, operating across the city. Each of these teams would be brought under a single leadership structure managed by a team leader. The 12 neighbourhoods are:

- Ancoats, Clayton and Bradford;
- Ardwick and Longsight;
- Cheetham and Crumpsall;
- Chorlton, Whalley Range and Fallowfield;
- Didsbury East and West, Burnage and Chorlton Park;
- Fallowfield (Old Moat) and Withington;
- Gorton and Levenshulme;
- Higher Blackley, Harpurhey and Charlestown;
- Hulme, Moss Side and Rusholme;
- Miles Platting, Newton Heath, Moston and City Centre;
- Wythenshawe (Baguley, Sharston, Woodhouse Park); and,
- Wythenshawe (Brooklands) and Northenden.

8.2 Conversations regarding the development of the 12 integrated neighbourhood teams began in late summer 2017 involving staff side and trade union colleagues. Initially it was envisaged that the 12 new INT lead roles could be advertised as additional new posts. However, following discussion within the Manchester LCO and with MCC it was recognised that there was an advantage in realigning the existing locality and neighbourhood services at the same time as appointing to the INT lead roles.

8.3 The MLCO has been working together with staff, partners and trade unions, to develop plans to create new structures for our public-facing services, including the creation of 12 Integrated Neighbourhood Teams (INTs) and 3 new Manchester Community Response Teams.

8.4 The new arrangements include an investment in professional leadership in both health and social care, and will provide opportunities for career development for staff, as well as benefits for the public as outlined below:

- They support integrated working, through developing and enabling neighbourhood-based service delivery models which focus on building relationships with local communities, to better meet their needs;
- They provide opportunities for career progression for existing staff from both health and social care. The ambition, both now and in the future, is that MLCO roles will attract people from diverse backgrounds, which reflect our communities;

- The MLCO have strengthened professional leadership capacity across health and social care, with clear lines of professional and management accountability; and
- The structures support delivery of a consistency of service offer across the city, and the investment in the development of neighbourhood delivery and professional leadership for the next two years will help to create the most successful and sustainable delivery models in the future.

8.5 Because these new structures have the effect of displacing a number of existing posts, a management of change process is being followed in line with agreed MLCO principles and existing organisational policies. To this end, a formal consultation process with 'in-scope' staff who are most directly affected by the proposed changes commenced on 20th August 2018. The consultation period concluded 17th September 2018, with no issues raised to date. Once details of new structures have been finalised at the end of the consultation period, a further series of briefing sessions for staff across MLCO will be arranged, so that all staff understand the changes and anticipated benefits of the new arrangements.

8.6 It is expected that internal appointments from 'in-scope' staff into new roles will be confirmed by the end of September 2018, with the remainder being recruited through agreed channels through early Autumn.

8.7 The recruitment to the 12 INT Lead posts is critical to ensuring that MLCO can transition to the neighbourhood model of delivery that its Target Operating Model was built on. The importance of the roles cannot be overstated as they will lead the implementation of a health and care service delivery model that is reflective of the needs of the populations that they serve for the first time at scale, and will ensure that services from all sectors can be better connected at a local level.

9. Integrated Neighbourhood Team Hub

9.1 As work to recruit the 12 INT Lead post progresses so does work to ensure that there are appropriate estate solutions in place to accommodate integrated working. The hubs for the Integrated Neighbourhood Teams (INTs) across Manchester continue to be mobilised, which will ensure that staff from across health and social care are physically co-located. The locations of the hubs are as follows:

Central –	Chorlton
Central –	Gorton District Office
Central –	Vallance Centre
Central –	Moss Side Health Centre
North –	Victoria Mill
North –	Cheetham Hill PCC
North –	Cornerstones
North –	Harpurhey District Office
South –	Etrop Court
South –	Burnage

South – Parkway Green House
South – Withington Community Hospital

9.2 To date estates and IMT work has been completed in six of the hubs (Chorlton, Gorton District Office, Vallance Centre, Burnage, Moss Side Health Centre, and Withington Community Hospital) with health staff operating out of all six of these. Significant progress has been made at the Cornerstones site with estates work completed and IMT work underway, it is expected that the site will be available for use in October 2018.

9.3 In regards to the remaining five hubs, progress has been made in terms of completing lease arrangements with Partners. The process to create the INT hubs is a relatively complex one with a range of inter-dependencies that have to be considered and mitigation identified where required. A number of the outstanding sites will require existing occupants to decant elsewhere (much like a chain process in a residential property transaction) and there remains both IM&T and estate issues to resolve. Partners from across the system are working to ensure that all works relating to other are completed by Quarter Four 2018/19 (subject to relevant leasing arrangements being agreed).

10. Neighbourhood Partnership Approach

10.1 Critical to the success of the INTs was building a different model of governance at a neighbourhood level, capable of ensuring MLCO services are better connect aligned to the neighbourhoods that are served. Throughout Quarter One and the early part of Quarter Two MLCO continued the development work that it had started in 2017/18. The arrangements that have developed, which will include member representation, will be mobilised when the INT Leads are in place.

10.2 Scrutiny Committee are asked to note that the neighbourhood partnership approach does not abdicate MLCO of its responsibilities in relation to the delivery of any contractual, regulatory or statutory obligations, and the model that will be implemented will sit as part of MLCO agreed governance framework and not instead of.

10.3 Scrutiny Committee are also asked to note that MLCO is working closely with colleagues at the Council to ensure that the implementation of MLCO neighbourhood approach is aligned to other reform programmes within the city.

10.4 Bringing Services Together for People in Places (BST) is a joint delivery plan across MCC, MHCC and the MLCO and wider partners to improve system and citywide collaboration. The aim is to reduce complexity for residents and our collective workforce by reducing duplication and strengthening relationships in places.

10.5 This aims to support the Neighbourhood Partnership Approach by:

- Developing a plan to agree the relationship between Neighbourhood Partnerships, Ward Coordination, Place Groups and Locality Provider Partnerships;
- Helping to align the flow of plans and priorities across the system so that Neighbourhood plans add value to Ward plans and Place plans;
- Creating more informal networking spaces to help build relationships before Neighbourhood Partnerships are established. Working through system challenges in a bottom up approach with frontline and operational managers;
- Working collectively with VCSE and universal services to address 'system' challenges that could impact Neighbourhood Approach e.g. capacity of organisations; and,
- Joining up resident engagement activities to ensure insight and stories are shared.

10.6 This aims to support INTs by:

- Bringing organisations together to shape the induction and development programme for key connector roles e.g. Neighbourhood Leads and Health Development Co-ordinators;
- Bringing together footprints (1:3:12:32) to further inform outcomes based commissioning;
- Bringing together risk stratification and data/insight from wider reform programmes to inform INTs and Neighbourhood Plan; and,
- Increased knowledge of the local offer through multi-disciplinary team meetings or 'huddle' spaces, where practitioners can broker a more holistic offer for the people they are working with.

10.7 To support the development of the neighbourhood based approach upon which MLCO is built, 12 bespoke neighbourhood plans will be produced that recognise the different needs that exists across the city. These are due to be produced in Quarter Four of 2018/19.

11. New Care Models

11.1 The development and mobilisation of the New Care Models (NCM) continues with regular reporting via MLCO internal governance and agreed arrangements with MHCC. Scrutiny Committee are asked to note:

- The Health Development Coordinator roles for Central and South are being recruited to and the services will go live as the Coordinators commence in post. At the time of drafting the Community Links for Health (Be Well) service is still on track to go live on 1st October 2018.
- Following the full mobilisation of the High Impact Primary Care pilot across the City (in three neighbourhoods), the service is going through its planned evaluation and investment review. Proposals are in development for the next phase of the service delivery.
- The Enhanced Home from Hospital service is currently being reprocured as part of the Citywide Support Services procurement led by MHCC.

- Crisis Response, Discharge to Assess and Reablement, which form three core aspects of the Manchester Community Response (MCR) service model, continue with their implementation as follows:
    - Crisis Response for Central Manchester is scheduled to go-live in November for North West Ambulance Service (NWAS) referrals. South will follow once remaining staffing roles have been filled. Crisis Response already operates in North Manchester.
    - The roll out of Discharge to Assess has started in North and South with preparations for Central still underway. Staff continue to be recruited into the teams to increase service capacity and support rollout.
    - The expansion of the Reablement service continues with significant progress made against the recruitment target of 62 additional Reablement Support Worker staff.
- All of the other mobilised models remain on track. There are, however, system recruitment challenges relating to Advance Nurse Practitioners, Therapists and reablement workers. The MLCO team is actively reviewing recruitment approaches to address this.
- The NCMs that remain at business case stage all continue to progress through the drafting and approval process.

11.2 The MLCO has recently commissioned the development of internal activity reports. This reporting will ensure that MLCO led services are able to accurately report their activity. This reporting is a core component of the work to understand the efficacy of NCMs as it will ensure that the MLCO is able to accurately track the level of activity in community services to ascertain whether there is a deflection of activity as a result of NCMs. This work forms part of a broader performance development programme that is being produced jointly with the MLCO, MFT and MHCC.

11.3 High Impact Primary Care, which provides primary care-led, multi-disciplinary, proactive, intensive person-centred support for people living with the most complex medical, psychological and social needs and those who are the most frequent users of acute care services continues to run across three neighbourhood areas site: Cheetham and Crumpsall; Gorton and Levenshulme; and, Wythenshawe.

11.4 Overall the HIPC programme is running as expected although referral rates are still slightly lower than would be required to extract the maximum level of benefit. Both the Central and South team are now proactively supporting some GP practices to identify and refer potential patients. The time limited nature of the programme (it is initially funded as a pilot) has delayed recruitment into some key posts, however MLCO is working to address these delays to ensure that the anticipated outcomes and benefits can be delivered.

11.5 In North (Cheetham and Crumpsall), as of September 13th, there are currently 137 people enrolled and being actively supported by the service, from a total of 191 referrals made since Nov 2017 and a total of 9 people discharged.

11.6 In Central (Gorton and Levenshulme) as of September 13th, there are a total of 60 people enrolled and being actively supported in the service, from a total of 136 referrals made since Feb 2018 and a total of 19 people discharged.

11.7 In South (Wythenshawe), as of September 13th, there are a total of 54 people enrolled and being actively supported in the service, from a total of 94 referrals made since Feb 2018 and a total of 14 people discharged.

11.8 Work is now underway to complete recruitment into vacant posts, increase the level of referrals into the services, and to undertake detailed planning for rolling out implementing HIPC from 2019 onwards (which will be subject to the relevant investment review business planning processes).

12. System Resilience and Escalation

12.1 Alongside leading the programmes of work bringing together health and social care services and delivering transformation activity, MLCO is working with Manchester University NHS Foundation Trust (MFT) to support local people by working to prevent the need for admission to hospital wherever possible, and getting people home from hospital in a timely and safe manner when they do need hospital care. With support from partners including Manchester City Council and Greater Manchester Mental Health NHS Foundation Trust, there has been an initial period of focussed activity to support people who have faced a long length of stay in hospital. Alongside this, plans have been developed around medium to long term improvements to support system-flow between the community and acute hospitals and to develop sustainability plans. Both of these are summarised below.

12.3 MLCO is now working with MRI to redesign historical organisational processes and develop new system-wide processes between the hospital and community. The aim is to sustain improvement in patient flow in the medium to long term. This will assist in ensuring that people are not only prevented from becoming stranded, but more importantly, that they are better supported in the community to avoid admission wherever possible in the first place. MLCO is working with Manchester Health and Care Commissioning (MHCC) to review resource allocation to ensure that this work can be sustained as a key priority.

12.4 MLCO will continue to escalate the short term work with MRI in its system-wide co-ordination role over the next few weeks, up to the point that Manchester Community Response is mobilised. This New Care Model, partly based on the solution in North Manchester, will help support and manage this demand moving forward.

12.5 MLCO is also part of the Manchester Royal Infirmary's Patient Flow Improvement Board, supporting work programmes and bringing a system and partnership viewpoint where appropriate. An example of the MLCO's involvement is the development of a frailty unit on the MRI site. This has helped to co-ordinate support from primary care and North West Ambulance Service to design and deliver a system solution rather than an MRI solution. A number of these initiatives were prioritised outputs from a system-wide flow workshop co-

ordinated by the MLCO and held on the Oxford Road campus in July 2018. This identified issues and opportunities to help improve flow in Central Manchester.

12.6 Further to the focused work programmes in development at the MRI, MLCO is also working collaboratively with colleagues at the Wythenshawe and North Manchester hospital sites. It is expected that a number of the programmes of work will be scaled up to ensure that there is a consistent offer for people across the City of Manchester.

12.7 In addition to the work identified above, MLCO continue to identify and develop programmes that will look to make both an immediate and medium term impact on patient flow across Manchester. This is in conjunction with the development of new models of care and includes a range of schemes such as: development of a control centre to co-ordinate out of hospital care across the City of Manchester, review of the current urgent primary care model with all providers, increasing resources for packages of care for short stay patients and expansion of the High Impact Primary Care service. MLCO is in discussion with MHCC and Partners regarding resourcing solutions.

13. MLCO Achievements

13.1 Despite only being operational since April, MLCO has made significant progress. Since April 2018 MLCO has focused on six key priorities that are outlined in our business plan. Perhaps the most important priority has been to ensure a safe transition of services to MLCO in year one. Staff have now been deployed to MLCO and are working under one organisation and one single integrated leadership structure for the first time.

13.2 Alongside this, work has been taking place to develop and pilot a range of new ways of working. These include three new prevention schemes starting this year - Winning Hearts and Minds, Healthy Start to Life (focusing on childhood obesity, food poverty and wellbeing in young children) and Healthy Ageing (focusing on falls prevention) - which are aiming to help people in Manchester improve their health and lifestyles now, hopefully preventing ill health in future years.

13.3 One of MLCO's current priorities is to work with Manchester's hospitals, with MLCO staff, primary care, commissioners and providers of care homes and home care, to try to join up care planning to reduce the time someone might wait to be discharged. It might seem contradictory to prioritise hospital when we are a community organisation. However, if someone is in hospital who now doesn't need to be, it has to be our priority to get them home to their community. As set out above, MLCO has had significant success in supporting people out of hospital and into care closer to home.

13.4 MLCO has three priorities for the remainder of 2018/19, alongside the population health work; Manchester Community Response, High Impact Primary Care and establishing our 12 Integrated Neighbourhood Teams. Significant progress has been made to ensure that these services are mobilised:

- **Manchester Community Response** (MCR) will be launched late autumn and will provide a bundle of health and social care services to help prevent admissions through A&E and support early discharges wherever possible. This is our key service to keep care as close as home to possible, even when there is a need for an urgent response and includes new pathways to the residents are kept out of hospital.
- **High Impact Primary Care** (HIPC) is a service modelled on the best national and international evidence for managing the care of people with multiple care needs. HIPC is currently being piloted in three neighbourhoods and it aims to support people with known long-term health needs. In its first few months it has helped improve care delivery and reduced many unnecessary (and unhelpful for the person) attendances at A&E, to their GP, or calling 111 as examples. We are now looking to roll this service out across all 12 neighbourhoods of the city. The effectiveness of this approach is well documented and we can expect it to reduce hospital demands and improve the lives of people living with complex health needs.
- **The 12 Integrated Neighbourhood Teams** (INTs) will be at the heart of MLCO and the bedrock for place based care. Our current priority is to secure 12 senior leaders who will be the leader for each neighbourhood. Several months of work with staff side representatives from health and social care has agreed a pioneering solution to agree job descriptions and terms and conditions that ensure these leaders can come from either side of the health and care spectrum. This team leader will be supported by a quartet of leaders - a GP, a nurse, a mental health practitioner and a social worker - in each neighbourhood. Together they will lead the integration of care close to people's homes. Better joined up community care and expanded health prevention services will help improve care and health outcomes where people live.

14. Recommendations

14.1 Scrutiny Committee is asked to note the contents of this report and in particular: progress made to establish MLCO; progress made to mobilise New Care Models; and, the work MLCO has undertaken to support system resilience.

Appendix One – MLCO Services 2018/19

Adult Social Care Citywide Services

Including:

- Learning Disability Social Work Teams
- Short Term Intervention
- Sensory
- Drugs
- Alcohol
- Forensic
- No recourse to Public Funds
- Multi Agency Safeguarding Hub
- Transition Team
- Asylum and Refugee
- Emergency Duty Service

Adults' Community Health Services in South Manchester

Including:

- District Nursing Service (days, nights and treatment rooms)
- Community Physiotherapy and Occupational Therapy
- Intermediate Care
- Community Handling Team
- Stroke Early Supported Discharge
- Community Falls
- Podiatry
- Nursing Home Team
- Community Palliative Care
- Coronary Heart Disease and Heart Failure Team
- Stoma Service
- Abdominal Aortic Aneurysm Screening
- Expert Patient Programme
- Tier 2 Gynaecology
- Community Flow and Care Navigation

Adults' Citywide Community Health Services

Including:

- Learning Disabilities
- Community Dental
- RU Clear Sexual Health Service
- Sickle Cell & Thalassaemia

Adults' Community Health Services in North Manchester

Including:

- Bladder & Bowel
- Tissue Viability & Leg Ulcer
- Active Case Management
- Home IV Therapy Team
- Homeless Leg Ulcer Service
- Lymphoedema
- District Nursing
- Out of hours District Nursing Service
- Treatment Rooms
- Housebound Phlebotomy
- Diabetes
- Community Rehabilitation (Falls, Physio and Occupational Therapy)
- Community Stroke & Neuro Rehabilitation Teams
- Macmillan Palliative Care
- Podiatry
- Leg Circulation
- Manchester Community Response (previously known as Community Assessment & Support Services)
- Crisis Response
- Navigator Service
- Discharge to Assess including nurse assessors
- Crumpsall Vale Community Intermediate Care Unit
- Home Pathway
- Reablement

Children's Citywide Community Health Services

Including:

- Health Visiting (including Homeless families)
- Vulnerable Baby Service
- Child Health
- School Health Service (including School Nurses and Healthy Schools)
- Audiovestibular Medicine (including Audiology and New Born Hearing Screeners)
- Orthoptics
- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Children's Community Nursing Team
- Community Paediatricians Service

Adult Social Care Business Delivery Services

Including:

- Learning and Physical Difficulties Supported Accommodation
- Shared Lives
- Equipment and Adaptations
- Community Alarms
- Day Services
- Short Breaks

Adult Social Care Locality Services

Including:

- Social Work and Primary Assessment Teams
- Reablement
- Hospital Social Work Teams
- Business Support for Social Care

Adults' Community Health Services in Central Manchester

Including:

- Chorlton, Fallowfield & Whalley Range Integrated Neighbourhood Team – Treatment Room, District Nursing and ACM
- Rusholme, Moss Side & Hulme Integrated Neighbourhood Team – Treatment Room, District Nursing and ACM
- Gorton & Levenshulme Integrated Neighbourhood Team – Treatment Room, District Nursing and ACM
- Ardwick & Longsight Integrated Neighbourhood Team – Treatment Room, District Nursing and ACM
- Continence
- Home Physiotherapy
- Falls Team
- Macmillan
- Out of Hours District Nursing
- Care Home Support Team
- Intravenous Therapy (IV)
- Intermediate Care – bed based
- Intermediate Care Home Pathway
- Discharge to Assess
- Musculoskeletal (MSK) Tier 2 Physiotherapy
- Podiatry

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Appendix Two – MLCO Scope of Services 2019/20 and beyond

20/21 LCO scope of services

This schematic demonstrates the proposed list of services in scope from Year 3 of the LCO

LCO Executive Team

Associated values against contracts based on MHCC 2017/18 Month 4 budget position – subject to variation

Mental Health

18/19 total £0

2018/19 LCO Services

N/A, a Memorandum of Understanding to be in place in 2018/19.

19/20 total £32.2m

2019/20 LCO Services

- Continuing / Funded Care - £32.2m

20/21 total £102m

2020/21 LCO Services

- GMMH provided MH Services - £79.5m
- Non-GMMH provided MH Services - £22.8m

ASC Provision

18/19 total £47m

2018/19 LCO Services

- Primary assessment team & social workers - £8.1m
- Reablement - £5m
- Hospital Social Work Teams - £1.3m
- Learning Disability Social Workers - £2m
- Assistive Technology - £0.1m
- Short Term Intervention Team - £0.4m
- Shared Lives - £1.2m
- Equipment - £1.1m
- Adaptations - £1.5m
- Community Alarms – £0.9m
- Learning and Physical Difficulties Supported Accommodation - £12m
- Day Centres - £3m
- Information & Advice Team - £0.7m
- Admin Support for Social Services - £1.1m
- Personal and Individual Budgets - £8.8m

19/20 total £1m

2019/20 LCO Services

- Carer Support - £0.72m
- Respite - £0.26m

20/21 total £6m

2020/21 LCO Services

- Adults Emergency Duty Service - £0.31m
- Early Help Services - £5.75m

ASC Commission

18/19 total £15m

2018/19 LCO Services

- Early Years – Health Visitors & Delivery Model - £10.35m
- Public Health – Children's Services - £3.77m

19/20 total £112m

2019/20 LCO Services

- Learning Disability Social Care Packages - £42.65m
- Public Health – Wellbeing services - £4.7m
- Public Health – Sexual Health - £8.58m
- Public Health – Drugs & Alcohol - £8.95m
- Public Health – Other Services (inc domestic violence) – £0.35m
- Residential & Nursing Homes - £27.73m
- Home Care - £12.67m
- Transfer of Care - £0.08m
- Extra Care - £1.59m
- Sheltered Housing - £5.2m

20/21 total £28.5m

2020/21 LCO Services

- Mental Health Social Workers - £4.85m
- Mental Health Care Packages - £16.52m
- Mental Health Supported Accommodation - £2.49m
- Early Years – Health Visitors & Delivery Model - £4.63m

Primary Care

18/19 total £8m

2018/19 LCO Services

- Cardiology – £0.25m
- Out of Hours – £4.5m
- Care Homes Access - £0.46m
- MPATH - £0.38m
- Alternative Transfer - £0.26m
- Community Healthcare 7 Day Access - £1.9m
- Graphnet - £0.05m
- Primary Care Outreach Team – £0.13m
- Minor Ailments Scheme – £0.16m
- Non Medical Locally Commissioned Schemes - £0.32m
- Diabetes Health & Lifestyle - £0.4m

19/20 total £94.8-£183m*

2019/20 LCO Services

- HIV Nurse - £0.02m
- Primary Care IT – £2.55m
- Prescribing - £90.88m
- AMPS WIC - £1.41m
- Core Primary Care - £88.11m
- Non Medical Locally Commissioned Schemes - £0.05m

**the primary care contract value will be included within the scope of the LCO at the sole discretion of GMS/PMS contract holding practices (subject to MCP contract being in place)*

Health Provision

18/19 total £64.1m

2018/19 LCO Services

- UHSM Community Healthcare - £13.21m
- PAT Community Healthcare - £15.79m
- Lung Health Check – £1.19m
- CMFT Adult Community Healthcare – £15.78m
- CMFT citywide LD services - £3.3m
- CMFT City Wide Children's Community Healthcare - £13.9m
- Equipment - £0.66m
- BCF - £0.16m
- Phlebotomy - £0.08m

19/20 total £6m

2019/20 LCO Services

- CAMHS - £6.03m

Health Commission

18/19 total £19.7m

2018/19 LCO Services

- MSK and TLT Physio - £1.02m
- Gastroenterology - £0.68m
- VCSE Services - £0.47m
- Non Obstetric Ultrasound - £2.29m
- Magnetic Resonance Imaging - £1.21m
- ENT – £1.03m
- Endoscopy - £0.37m
- Echocardiogram - £0.25m
- Electrocardiogram - £0.34m
- DVT - £0.08m
- Audiology - £0.38m
- Carer Support – 0.08m
- Pain Management - £0.42m
- Ophthalmology - £0.05m
- Minor Surgery - £0.1m
- Interpreter Service – £0.59m
- Home From Hospital - £0.06m
- Home Oxygen - £0.79m
- NHS Cross Boundary Contracts – £1.79m
- Hospices – £1.13m
- LD Spot Placements - £5.28m
- Y1 Reconciliation Services (20 Services see detail) - £1.3m

19/20 total £8.3m

2019/20 LCO Services

- Dermatology - £1.19m
- Microbiology - £0.26m
- Learning Disability Placements & Healthcare - £1.18m
- Optometry & Ophthalmology - £0.27m
- Personal & Individualised Budgets - £3.74m
- CAMHS – £1.68m

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 9 October 2018

Subject: Annual Report of Manchester Safeguarding Adults Board April 2017 – March 2018

Report of: Dr Carolyn Kus, Executive for Strategic Commissioning and Director of Adult Social Services and
Julia Stephens-Row, Independent Chair of Manchester Safeguarding Adults Board

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Summary

Attached to this report is the Manchester Safeguarding Adults Board Annual Report covering the period from April 2017 to March 2018. This document reports on the work of the partnership. As a statutory function of the Council it is a requirement to produce an annual report.

Recommendations

The Committee is asked to:

1. Note the publication of the Manchester Safeguarding Adults Board (MSAB) annual report 2017/2018; and

2. Support the promotion of the importance of adult safeguarding across all the partners and in the services they commission ensuring that safeguarding is at the heart of services going forward.

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	
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	Vision of the MSB 2015/2018 was ensuring every citizen is able to live in safety, free from abuse or neglect. This vision supports delivery of the Our Manchester Strategy.
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.

https://www.manchestersafeguardingboards.co.uk/

1.0 Introduction

1.1 Adult Social Care Safeguarding Boards became statutory with the implementation of the Care Act 2015 a key aspect of this is the production of an annual report. The Manchester Safeguarding Adults Board (MSAB) annual report covers the period from April 2017- March 2018. This report demonstrates the significant amount of work undertaken across a range of agencies and partnerships to safeguard adults in Manchester.

1.2 Manchester Safeguarding Adults board brings together a number of statutory and non-statutory partners from across the city to ensure that there is a joined up approach to adult safeguarding, and this is fully embedded in partner agencies.

1.3 This year's report captures the work of the MSAB and the partnership as a whole. It follows a different format from previous years and provides details of progress made against the priorities by the partners and the subgroups which support the Board.

It demonstrates that over the last year a firm foundation is being built upon and how much more safeguarding is becoming everyone's business.

2.0 Background

2.1 The Care Act 2014 placed Adult Safeguarding Boards on a statutory footing and the Board agreed a three year strategy with an annual review of its priorities. The Board engaged with service users early in 2017 to identify the priorities for 2017/18.

2.2 The Priorities of the MSAB for 2017/18 which have been carried forward into 2018/19 are:

- Engagement and Involvement – listening and learning, hearing the voice of adults, Making Safeguarding Personal.
- Complex Safeguarding – Domestic Violence and Abuse, Forced Marriage, Female Genital Mutilation (FGM), so-called Honour Based Violence, Trafficking and Modern Slavery, Preventing Radicalisation, Vulnerability and Organised Crime, Missing from Home.
- Transitions – moving from childhood to adulthood in a positive way.
- Neglect – safeguarding and supporting adults at risk of wilful neglect, acts of omission and self-neglect.

These themes whilst shared with the Manchester Safeguarding Children Board (MSCB) have 'adult' specific pieces of work which are being delivered.

2.3 The Board has worked alongside the Manchester Safeguarding Children Board and other bodies including the Community Safety Partnership and the Health and Wellbeing Board to deliver these priorities.

2.4 One important development this year was the publication of two Safeguarding Adults Reviews, these were supported by a learning event and materials were made available for the information from these two reviews to be shared across the workforce. Building on this we have been able to have some dedicated resource to promote the online learning that is available and identify any gaps in learning and development that need to be addressed.

2.5 Each year partners are required to complete an assurance statement by way of a self-assessment which enabled them to demonstrate the progress they were making to deliver on embedding the Care Act principles. Each of these returns were assessed by the Quality Assurance Performance and Improvement (QAPI) subgroup and then shared at a peer review session thus enabling good practice to be shared and areas of improvement to be identified. This session were considered to be very useful and a number of formal and informal links were made.

2.6 There are six subgroups which are driving forward the work of the board and I am grateful to all those who chair and sit on these groups. Four of these are joint with the Manchester Safeguarding Childrens Board which demonstrates the overlap of many of the issues in particular with regard to Complex Safeguarding.

3.0 Conclusion

3.1 The vision of the Manchester Safeguarding Adults Board is "ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play. This report provides information and examples of the work thus far; however there is much more to do. The role of the community in supporting this work should not be underestimated and the Our Manchester Strategy of "a liveable and low carbon city: a destination of choice to live, visit, work" is underpinned by the safeguarding agenda.

MSAB
MANCHESTER SAFEGUARDING ADULTS BOARD

MANCHESTER SAFEGUARDING ADULTS BOARD

2017/2018 Annual Report

'Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.'

Published September 2018

MSAB
MANCHESTER SAFEGUARDING ADULTS BOARD

This Annual Report was endorsed by Manchester Safeguarding Adults Board on 6th September 2018.

The report is produced by Manchester Safeguarding Adults Board (MSAB)

It reports on matters relating to the preceding to 2017/18.

The report includes lessons from reviews undertaken within the reporting period.

In addition to being made available to the public, this report will be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

If you have any comments about the Boards work or wish to find out more you can contact MSAB: - Manchester Safeguarding Adults Board on 0161 234 3330 or email: manchestersafeguardingboards@manchester.gov.uk

Large print, interpretations, text only and audio formats of this publication can be produced on request. Please call on 0161 234 3330

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1. Chair Foreword

Welcome to the annual report of Manchester Safeguarding Adults Board (MSAB) which covers the period April 2017 to March 2018.

Manchester Safeguarding Adults Board brings together a number of agencies across the city to ensure that there is a joined up approach to Adult Safeguarding. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives, and protecting those who lack the mental capacity to make these decisions.

The format for this year's report has changed to focus on the progress being made by the Board, Sub groups and partners towards the Board priorities. There are six sub groups of the Board, four of which are joint with the Manchester Childrens Safeguarding Board (MSCB) clearly demonstrating the areas of overlap particularly with regard to the many areas of Complex Safeguarding. I am grateful to all those who chair and sit on these groups. This year we also developed a shared strategic plan with the MSCB.

The report also details findings from two safeguarding adult reviews, performance information and identifies joint approaches taken to issues of concern.

The vision of the Manchester Safeguarding Adults Board is "ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play." Our Trust Your Instinct campaign was one example of how we have been working with professionals to raise awareness.

Whilst there is much more to do the detail in this report signifies that we are establishing a firm foundation and raising awareness of the importance of Safeguarding in the city.

J. B. Stephens-Row

Julia Stephens-Row

Independent Chair of Manchester Safeguarding Adults and Children Boards

August 2018

2. Executive Summary

This report details the progress we have made around all of our priorities set at the start of 2017 in the 2017/18 Business Plan, along with the areas identified as future challenges relating to individual and multi-agency safeguarding arrangements. It is put together along with contribution from partners and sub groups and includes information regarding the progress of the Board over the last year.

An important function of the Board is to monitor and evaluate the effectiveness of what is done by all Board safeguarding partners both individually and collectively to safeguard and promote the welfare of adults, including advising them on ways to improve.

The Board meets regularly and is supported by a number of subgroups, detailed later within this report.

The 2017/18 priorities were set at a joint Board event (with the MSCB) in April 2017.

We chose four main priorities:

- Engagement and Involvement
- Complex Safeguarding
- Transitions
- Neglect

During the 2017/18 period, MSAB published two Safeguarding Adult Reviews: SAR AA and SAR CA which are summarised at section 7. The Board screened five cases during 2017/18, two of which were found to meet SAR criteria and for which reviews are underway, two of which were found not to meet SAR criteria and for which Learning Reviews are underway and one of which was found not to meet SAR criteria and requiring no further action.

A Making Safeguarding Personal (MSP) desktop audit was undertaken by the Board between October to November 2017. The process required partner agencies to complete an audit tool to provide evidence and to give an overview against the general standards of MSP within their organisation. It also provided an opportunity to populate an action plan following the identification of gaps following the audit. The action plan then formed part of the MSAB Business Plan to ensure continued focus.

The "*Trust Your Instinct"* Campaign was launched. This campaign is aimed at all members of society, from members of the public to safeguarding practitioners.

In January 2018 the Board agreed the publication of the MSAB Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs, known as the PoT Policy.

The Interboard Protocol was launched in July 2017. This protocol outlines the co-operative relationship between the Manchester Children's Board, (MCB), the Manchester Community Safety Partnership (MCSP), the Manchester Health and Wellbeing Board (MHWB), the Manchester Safeguarding Adults Board (MSAB) and the Manchester Safeguarding Children Board (MSCB) in their joint determination to safeguard and promote the health and wellbeing of children, young people and adults in Manchester. The aim of this protocol is to ensure that the core principles underpin how the five Boards and other partnership forums operate and work together.

3. About Manchester

The latest population statistics for Manchester, taken in mid-2017, show that 70.5% of the Manchester population is aged between 16 – 64 years of age and 9.3% aged 64 and over. This is a large section of the population and gives rise to significant and wide ranging safeguarding challenges.

<u>Section 42 and safeguarding enquiries - SOURCE: Manchester City Council Safeguarding Adults Collection (SAC) 2017/18):</u>

Section 42 enquiries - these are defined as where a concern (alert) results in a full safeguarding investigation.
Completed section 42 enquiries – these are defined as where an investigation has been concluded and outcomes agreed.
Safeguarding Concerns – defined as a concern for the safety of an individual.

During 2017/18 there were:

- 7693 safeguarding adult concerns raised, 1513 of which progressed to enquiry.
- 2976 DoLs (Deprivation of Liberty Safeguards) were requested, 1040 of those were granted.
- increase of 35.9% in the number of concerns from 5,969 in 2016/17, to 8,110 in 2017/18. (This is the 4th consecutive year of increase in the number of reported concerns as a total).
- increase of 36.5% (435) in the number of enquiries from 1,189 in 2016/17, to 1,624 in 2017/18.

This increase in activity is likely to be the result of the new adult MASH team.

Adult safeguarding completed enquiries:

- 315 - physical abuse
- 93 for sexual abuse
- 261 for psychological abuse
- 370 for financial or material abuse
- 8 for discriminatory abuse
- 39 for organisational abuse
- 506 for neglect and acts of omission
- 49 for domestic abuse
- 12 for sexual exploitation.

Population Health

The Manchester Population Health Plan is the City's overarching plan for reducing health inequalities and improving health outcomes for our residents which will reduce safeguarding risks in the population. Much of 2017/18 was spent developing the plan and consulting with a wide range of stakeholders. The plan can be found here:

www.manchester.gov.uk//health_and_wellbeing/public_health

The Plan, with five priority areas for action, has been developed in partnership with a wide range of stakeholders and is an integral component of the refreshed Locality Plan, "Our Healthier Manchester".

The five priorities

1. Improving outcomes in the first 1,000 days of a child's life
2. Strengthening the positive impact of work on health
3. Supporting people, households, and communities to be socially connected and make changes that matter to them
4. Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
5. Taking action on preventable early deaths

reflect the wider determinants of health that underpin social and economic wellbeing to support safe and connected communities. In addressing the safeguarding needs of vulnerable adults we need to address a complex range of factors throughout an individuals' lifetime such as parenting capacity, development/educational issues, housing, employment and income, social integration and support, drug and alcohol misuse, and issues related to service provision or uptake.

4. Statutory Framework and how we deliver

This annual report is compiled in line with the Care Act 2014 and details achievements and progress made and considers forward planning to address emerging themes and any developing risks and challenges.

Manchester Safeguarding Adults Board meets every two months and focuses on how we are implementing the Business Plan, the priorities within it and the impact our action is making towards safeguarding outcomes for our adults.

Board members are required to commit to 80% attendance at meetings over the year period. Those members who do not meet this attendance rate are contacted by the Independent Chair. A full list of membership as of March 2018 can be found at Appendix 1.

The Board has statutory responsibility for completing Safeguarding Adults Reviews (SARs) by overseeing the screening, conduct and publication of SARs and other learning reviews. This work is supported by the Safeguarding Adult Review Subgroup, Learning from Reviews Subgroup and the Learning and Development Subgroup.

Other Subgroups that support the Board are the Quality Assurance and Performance Improvement Subgroup (QAPI), Communications and Engagement Subgroup and the Complex Safeguarding Subgroup.

The MSAB Executive Group manages the Boards business, co-ordinating the work programme and overseeing key business functions on behalf of the Board. This includes overseeing the Risk Register and the budget, along with any reports that will be presented to the Board. The group also, where necessary, commissions policy or practice task and finish groups to examine specific cases or areas of practice more fully.

The Governance Structure for Manchester Safeguarding Board can be found at Appendix 2.

The Board and Subgroups are supported by the Manchester Safeguarding Board Business Unit.

The Board support for the MSAB has been through significant change in the last year. There was one member of staff who was dedicated to supporting the MSAB and also leading on Safeguarding Adult Reviews. This has now been changed to having one member of staff supporting both Boards and one member of staff leading on Safeguarding Adult reviews and Serious Case Reviews (children). The changes were brought about as each of the previous roles had a number of overlaps and the changes seem to be working well. It will be important to monitor the workload requirements of both roles.

There is now a permanent MSB integrated board manager, and a new part time role focussing on learning and development for the adult workforce which has been much needed.

Future challenges:-

The team are focusing on mapping the current systems in Manchester to ensure that they are appropriate. Moving forward, part of this system review will link in to the wider GM strategy and build a more collaborative working arrangements including the system of selecting and nominating reviewers for SARs.

It should be noted that as a result of the legislative changes introduced through the Children and Social Work Act 2017, the Government sent out consultation in October 2017 detailing revisions to the current Working Together Statutory Guidance. Following this, the Government proposes to update and replace the current statutory guidance as 'Working Together to Safeguard Children 2018.'

This signifies an interesting year ahead as the changes include replacing Safeguarding Childrens Boards with new partnership arrangements. It will be important to ensure that any changes do not adversely impact on the work of the MSAB and continue to build on the joint working achieved thus far.

5. Our Priorities for 2017/18

The 2017/18 MSAB Business and Strategic Plan was set out by the Board early in 2017, detailing priorities and actions for the forthcoming year. The 2017/18 strategic plan can be found at Appendix 3.

We chose four main priority areas:

Engagement and Involvement - Listening & learning; hearing the voice of adults; Making Safeguarding Personal

We will:

- Listen to the views of adults
- Make sure their voices are heard and are at the centre of what we do
- Put adults in control of decisions about their care and support
- Be proactive in making adults aware of emerging issues and how we'll deal with them

We have:

- Undertaken a Desktop audit – Making Safeguarding Personal
- ensured that Making Safeguarding Personal has been given greater focus in 2018/19
- Engaged with a range of service users in helping set priorities and actions in the business plan

What will change?

- We will know what adults think and take account of it when we make plans
- We will know those views are taken account of when agencies set up and make changes to services.

Complex Safeguarding - Domestic Violence & Abuse (DV&A), Female Genital Mutilation (FGM), Sexual Exploitation, Radicalisation, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

We have:

- Held a series of awareness multi agency awareness raising events on modern slavery and trafficking and developed a Manchester Modern Slavery and Trafficking Strategy
- Requested that the Community Safety Partners provide the Complex Subgroup with thematic updates on all of the complex work streams and the Board received six monthly updates on issues of concern.

What will change?

- We will be assured that adults at risk are effectively and consistently protected from harm, or supported it if it does occur.

Transitions - Moving from child to adulthood in a safe and positive way

We will:

- Agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- Map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- Facilitate the development of a Transitions Strategy that ensures individuals' engagement with services as they transition is consistent, seamless and safe; no-one 'slips through the net'.

We have:

- held a multi-agency transitions workshop with further actions to continue into 2018/19

What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

Neglect - Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

We have:

- promoted the finding of a Safeguarding Adult Review which had an element of self-neglect
- agreed a Task and Finish group to start work on Manchester's Self Neglect Strategy, including hoarding

What will change?

- We will have greater understanding that adults at risk of neglect are being safeguarded

6. What have we done?

Trust Your Instinct Campaign

The "*Trust Your Instinct"* Campaign was launched - this campaign is aimed at all members of society, from members of the public to safeguarding practitioners. Further details about the campaign can be found on our website at: **https://www.manchestersafeguardingboards.co.uk/resource/trust-your-instinct**

Adult MASH (Multi Agency Safeguarding Hub) - In April 2017 the Adult MASH was implemented to respond to adult safeguarding concerns. The MASH undertakes the initial assessment of new/closed/review Safeguarding Adults Concerns. This involves working with the citizen where possible, to respond to and prevent harm or abuse from occurring and ensuring appropriate recommendations are made for follow up by the respective agencies in the community.

Positions of Trust Policy – In January 2018 the Board agreed the publication of the MSAB Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs (PoT). The Policy is a multi-agency policy and is based upon the North West Policy which was developed and based upon the West Midlands Adult Position of Trust Framework: A Framework and Process for responding to allegations and concerns against people working with adults with care and support needs, which was ratified by the North West ADASS Regional Safeguarding Group.

The policy can be found here: **www.manchestersafeguardingboards.co.uk/msab-pipot-policy**

High Risk Protocol - The protocol provides a framework for working with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services. This was published by the MSAB in March 2018.

The protocol can be found in this section of our website:

www.manchestersafeguardingboards.co.uk/msab-multi-agency-policy-procedures

Making Safeguarding Personal - A desktop audit was undertaken by the Board between October to November 2017 regarding Making Safeguarding Personal (MSP). The process required partner agencies to complete an audit tool to provide evidence and to give an overview against the general standards of MSP within their organisation. It also provided an opportunity to populate an action plan following the identification of gaps following the audit.

Some strengths were identified - At Manchester City Council, MSP is undertaken in a manner that reflects the individual need with consideration being given to an appropriate method of communication, language, relative/carers etc with access to interpreters, equipment and advocates, to enable the individual to participate fully in the process. Within the Greater Manchester Mental Health NHS Foundation Trust (GMMH), audits are completed on a monthly basis and feedback given to both practitioner and manager regarding MSP elements. Capacity, best interest, and advocacy prompts have been incorporated onto systems. Within Greater Manchester Police, specialist officers understand the role of appointed representatives and mental capacity advocates under the Mental Capacity Act 2005, they understand and refer to Independent Domestic Violence Advisor (IDVA), and have processes in place to make appropriate referrals.

An area which appears to be fully understood across the partnership is the need to elicit customer feedback. There are a number of methods used and a variety of ways that the information is used.

Some recommendations were made that:

The partnership should consider the implications of MSP for their organisation in terms of culture change and learning needs.

All agencies should work in collaboration with other partners to safeguard vulnerable adults placing the wishes of the person at the forefront of any decisions
Learning and development around MSP can be delivered using a range of methods, including staff briefings, practice forums, case discussions, identifying champions, peer and group supervision, practice and feedback, and promotion of reflective practice.

Policies, procedures, and training programmes are in place for Safeguarding Adults, Deprivation of Liberty Safeguards (DoLS), referrals to Independent Mental Capacity Advocate (IMCA). Best Interest decisions include a relative, friend, or advocate. Where this work has not yet been completed, there are plans to do so.

Clear metrics by which to measure the impact of MSP within each agency must be established, which will help refine recording systems.

Work is ongoing in all of these areas and will move into 2018/19 as a priority, with a Task and Finish group being set up to fully consider this area.

7. Safeguarding Adults Reviews and Lessons Learned

The Care Act 2014 requires that a Safeguarding Adult Review (SAR) is carried out when the following criteria are met:
There is reasonable cause for concern about how MSAB members or other agencies providing services, worked together to safeguard an adult;
and the adult has died, and the MSAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died); or, the adult is still alive, and the MSAB knows or suspects that the adult has experienced serious abuse or neglect.

Cases Meeting SAR Criteria		
SARs that have been conducted and have concluded, and Reviews have been published in 2017/2018	2 cases	SAR AA and SAR CA
SARs that have been screened in 2017/2018 and found to meet SAR criteria and reviews are currently underway	2 cases	
SARS that were screened prior to 2017/2018 and placed on hold due to parallel court proceedings and which have resumed during 2017/2018	1 case	

Cases not meeting SAR criteria		
Learning Review concluded 2017/2018 Learning Review underway 2017/2018	1 case 2 cases	
No review action required (case does not meet SAR criteria and no further action required)	1 case	

Published Reviews

SAR AA (published December 2017 - www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews)	
Key Themes: Neglect Adult AA was found in a state of extreme ill health and neglect in their parents' home suffering from sepsis, acute malnutrition, acute renal failure and other health issues. It is alleged that Adult AA lost all contact with the outside world in 1995, prior to which they had had minimal contact with their GP and no contact had been recorded after 1984. Adult AA spent 12 months in hospital before being determined as medically fit and is now making positive progress.	**Key Findings and Learning** Overall the review determined that this was a highly unusual set of circumstances in which there was no clear opportunity to safeguard Adult AA. There are no statutory health screening systems in place for adults and no requirement for GPs to assertively follow up non-attenders. It is possible for an adult post-18 to become invisible within society without professional knowledge. The window of opportunity for intervention is around the ages 15-18. ● The period when Adult AA lost contact with the outside world is historic and current working practices relating to young people aged 15 – 18 now provide clear safety nets around children missing from education.

	• The MSAB ensures that community Awareness safeguarding campaigns continue and give due regard to 'invisible people'; • Adult AA's case is to be used as a case study to test Manchester's current Transitions processes and the findings of the Review to be shared across Adult's and Children's services.
Learning Activities A Learning Summary, 7 Minute Briefing and materials from the Learning Event are available here: www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews A Learning Event for practitioners and professionals was held on 8th November 2017 (advertised as A1) to disseminate the findings and learning from this review.	**Actions** All the actions associated with the recommendations for SAR AA have been signed off as complete by the Learning From Reviews subgroup. These include - the "Trust Your Instincts" campaign with booklets and posters raising awareness about safeguarding children and vulnerable adults has been launched. The Adult MASH and the multi-agency safeguarding adults referral form have been launched and publicised. Policies and procedures relating to children missing education have been strengthened to protect vulnerable children who stop going to school.

SAR CA (published March 2018) – www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews	
Key Themes: Mental Health, DVA Adult CA was aged 22 year old and had been known to mental health services since the age of 16; they had a history of anxiety, self-harm, alcohol and substance misuse. Adult CA was under the care of adult psychiatry outpatients. Adult CA had been impacted by domestic abuse in her life, by experience as an adult and by witnessing it as a child. In 2016 Adult CA was taken to hospital after self-harm and an overdose. Later in 2016, after having been out celebrating their birthday CA died as a result of suicide.	**Key Findings and Learning** The review concluded that: • Improved communication and greater coordination of the agencies working with Adult CA, including the identification of a lead agency would have been beneficial; • A safeguarding referral could have been made by the agencies who had contact with CA when they initially made threats to kill themselves; • There was no central point of contact, no identified lead agency, and on occasion an absence of effective and timely information sharing • The waiting list for psychological therapy was significant and is of concern • Adult CAs acts of self-harm were not always perceived as high risk. Recommendations included: • MSAB should issue a multi-agency referral pathway & guidance that stipulates the responsible agency for making referrals; • CA's case is tested by the Adult MASH to determine how they would be responded to today; • Assurance is sought regarding waiting list management of psychological therapy referrals; • Domestic abuse services should consider a 'think family' approach, and where there are concerns that a perpetrator has experienced DA, these should feature in MARAC discussions and support or safety measures put in place.

Learning Activities	Actions
A Learning Summary, 7 Minute Briefing and materials from the Learning Event are available here: www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews A Learning Event for practitioners and professionals was held on 8th November 2017 (advertised as C1) to disseminate the findings and learning from this review.	Most of the actions relating to SAR CA have been signed off as complete by the Learning From Reviews subgroup. These include - the Adult MASH and the multi-agency safeguarding adults referral form have been launched and publicised. The MARAC Review includes recommendations and actions related to perpetrators and this has been presented at Domestic Abuse Strategic Group. Manchester Health and Care Commissioning (MHCC) confirms that a significant amount of additional resource has been agreed for Improving Access to Psychological Therapies (IAPT) as part of the three year investment framework.

Learning Reviews

In addition to the statutory reviews that have been published or are underway, MSAB has also conducted three learning reviews during 2017/18, one of which has been concluded. The subject of this learning review was the mother of a child who had been the subject of a SCR. The SCR process had highlighted concerns about whether effective safeguarding of a vulnerable adult with mental health concerns had been carried out effectively, in the period leading up to and during a mental health crisis.

Learning from the review included:

- MSAB and MSCB should maximise the opportunities offered by holding joint reviews in cases where there are adult and child safeguarding issues requiring deeper analysis;
- The important of a person centred approach rather than a system only approach, especially where there are issues of non-compliance
- It should always be possible to retrieve historical data about services involved in the provision of care to vulnerable adults;
- Professionals providing services should understand the issues of equality and divers should provide learning opportunities to increase awareness of the impacts of Post-Traumatic Stress Disorder (PTSD) on adults and families with refugee status when working with adults with refugee status. Adjustments should be made in recognition.
- When statutory child protection intervention involves children of parents with vulnerabilities it is crucial that an advocate is identified to support the adult/parent during the process.

8. Progress against our Business Priorities

We asked our Subgroups to provide updates as to how they have contributed to these priorities, by sending out a proforma detailing our priorities and asking what has worked well and any future challenges. The subgroups discussed these and responded accordingly. Extracts from the responses are detailed below. The full responses can be found on our website here: **www.manchestersafeguardingboards.co.uk/msab-annual-reports**

Learning from Reviews (LfRSG)

This subgroup has the responsibility for monitoring the implementation of recommendations and actions arising from completed Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR), other Learning Reviews and also specific recommendations for MSCB or MSAB arising from Domestic Homicide Reviews (DHR).

Areas of Future Development - this is a new subgroup that was formed in September 2017 and it has taken several months to set the parameters of how the group will operate. For example: as the group evolved it became clear that membership needed to be extended to include Adult Social Care, Probation and a representative for Domestic Violence & Abuse. The Terms of Reference had to be amended and agreed and a permanent Chair and Deputy needed to be secured. There have been issues with the quality of action plans arising from reviews which makes it difficult to monitor the implementation of actions, this has been fed back to the strategic Board and plans are in place to address the problem of actions not being SMART. The subgroup is still in development in terms of being able to evidence changes in practice arising from learning from Safeguarding Adult Reviews (SAR). As the subgroup becomes embedded there will be an opportunity for future development in terms of thematic analysis of learning that will inform the Boards' Business Plan.

Communication and Engagement

This subgroup has the responsibility for facilitating the development and dissemination of accessible information in a variety of formats to raise awareness about safeguarding children and adults; targeting a range of stakeholders including citizens, professionals, service users and carers.

This subgroup was formed to:

- maximise communication and engagement opportunities between MSB partners and external stakeholders
- provide a forum to share communication & engagement expertise

The subgroup will:

- act in a consultative capacity for the MSAB on communication and engagement activities
- allocate or respond to the work of other MSB subgroups
- offer support and advice to the planning and development of communication & engagement activities
- develop the MSB Communications & Engagement Strategy on behalf of the Boards
- offer expert advice and support to the MSB Communications Manager.

In keeping with revised MSB Business Plan the long term priorities will be:

1. Modern Slavery Strategy – MSAB & MSCB
2. MSP Service User Groups – MSAB.

Practice example – what has worked well?

- the MSCB website was replaced by a new MSB website **www.manchestersafeguardingboards.co.uk** in January 2017; the website was then remodelled and all content refreshed in June / July 2017. Website analytics for 1.4.17 to 31.3.18 show the website had 31,602 users.
- marketing and communications activity for 2017/18 focused on MSB materials such as Trust Your Instinct and national campaigns.
- in June 2017 the MSB Twitter feed @McrSafeguarding was launched to support the integrated MSB website.

Learning and Development (L&D)

This subgroup has the responsibility for supporting, analysing and assessing the delivery and impact on practice of a targeted Multi Agency Training programme that incorporates learning from SAR**.**

Engagement and Involvement:

1 SAR event which covered two SAR's was delivered with 38 professionals attending. This event and presentations were delivered and developed by the independent chair of the two reviews. This ensured that the key themes were identified and learning shared with those in attendance.

Complex Safeguarding: The learning and development programme delivered by the MSB includes a classroom based training programme incorporating courses on Awareness of Domestic Violence and Abuse, Forced Marriage and Honour Based Violence. In addition to the classroom based sessions; online training is available through our contract with Virtual College and include courses on Understanding Pathways to Extremism and the Prevent Programme, Introduction to Female Genital Mutilation, Forced Marriage, Spirit Possession and Honour Based Violence, Basic Awareness of Adult Sexual Exploitation and Trafficking, Exploitation and Modern Slavery.

What has worked well?

L&D Safeguarding Training Coordinator (Adults) – Successful recruitment occurred early in quarter 4 to the part time (17.5 hrs) post of Safeguarding Training Coordinator week commencing 12th February. Initial work commenced on:

- Planning Adult Safeguarding conference focussed on Making Safeguarding Personal (delivered in June 2018)
- Research for the adult safeguarding training offer
- Review of SAR commissioning process

Face to Face Training - A total of 1612 professionals attended learning events or training courses for adults and children in 2017/18 which is a 9.5% increase on the previous year. The numbers of non-attendees has decreased to 15.2% (compared to 16.6% last year). MSB L&D Website - The updated training website was launched in Summer 2017 and is proving popular and easier to access (mobile device friendly). The Impact Evaluation Questionnaire has been embedded into the training website alongside an improved reporting tool and automated back office features.

New Training Courses – Money Management for homeless young people (2 courses delivered as part of a national one off project) and Introduction to Loss Grief and Bereavement which is delivered by Bereavement UK at no cost and has been included into the training programme.

Online Training – MSB has a contract with Virtual College and provides access to over 50 adult and children safeguarding training courses. A total of 5475 courses were accessed and 4924 courses were completed in 2017/18 this is an increase of 22% from last year and a 178% increase in 2014/15 (when 1,765 courses completed) and self-registration was first introduced. The course completion rate was 90% which has improved from a 76% pass rate last year. This is a significant improvement on last year and reflects the pro-active work in promoting online learning (3000 posters were printed and distributed) and the linking of the training and online learning websites.

Online Training Feedback – All learners who complete a module (training course) have to provide feedback to obtain the training certificate. 95% of learners found the modules easy to access and navigate and 97% would recommend the course to other colleagues.

Impact Evaluation (IE) Reports (Face to Face Training) – Two IE reports for 2016/17 (Neglect and Parental Mental Health and Safeguarding Children) are completed, report and recommendations are pending L&D Sub Group approval. Two IE reports for 2017/18 have been completed, pending L&D Sub Group approval (Awareness of Domestic Violence and Abuse) one using data collected via a telephone survey and one using the online Impact Evaluation Questionnaire and these reports will be compared and considered by the L&D Sub Group for future reporting purposes.

Impact Evaluation of Online Training – A total of 434 module feedback was provided which represents 8.7% of completed course modules this is a slight decrease from last year when 10% provided feedback. When asked if participation in the e-learning supported them to make measurable improvements to their work practice 78% agreed. Over 86% assessed their confidence in applying the learning to their practice had improved since completing the training.

Areas of Future Development:

Training delivery - The training pool that has delivered many different training sessions has reduced in number during the year due to professionals changing job roles. This will be a focus for development during 2018/19.

Training programme development – The following are areas that have been identified that require further training course development:

- Young people transitioning into adulthood themed courses
- Neglect Training (children and family focus)
- Safeguarding Adult basic awareness

Training Non-attendance - Although non-attendance has decreased overall (15.2%) the largest non-attenders are MCC Children and Families who have a 43% non-attendance rate which has increased from 24.5% last year. These statistics are based on adults and children.

Impact Evaluation Reports: The MSB L&D team aim to undertake impact evaluation reports 3 months following course delivery. Due to limited resources in the business unit, completion of the telephone surveys has been a challenge. Online Impact Evaluation for face to face training was piloted and will be used for future courses.

Trainee online Feedback for face to face Training Courses: Due to limited business support post course online feedback to trainers has been inconsistent.

There is currently a vacant Business Support post and once filled, these areas will be addressed.

Complex Safeguarding

The purpose of this group is to receive thematic strategies/plans, research/policy developments (statutory/practice) and provide a challenge and support role within the context of strategic and operational delivery in the seven strands of complex safeguarding: Child Sexual Exploitation (CSE) and Sexual Exploitation (SE); Missing from home, care & education; Gangs & violence; Modern Slavery & Trafficking; Radicalisation & extremism; Female Genital Mutilation (FGM); and Honour Based Violence (including Forced Marriage)

A workplan focussing on actions for all 7 strands of Complex Safeguarding was set for 17/18 - through this, actions and activities were tracked and supported. The workplan evolved constantly as work was completed and actions achieved. Thematic priorities were discussed at every meeting, on a rolling basis.

What has worked well?

The group has met regularly and shared updates with all boards. Progress has been made against all actions, with clear plans set for future working and productivity. Recognising the impact of the work we undertake is a priority moving forward.

There has also been good partnership working and commitment across all key sectors and other partner agencies.

Sexual Exploitation – there has been increased joined up working, with the 'Think Family' approach being better utilised, with better agency involvement and intelligence sharing from all areas.

Protect (Manchester CSE Team) has developed into a multi-agency HUB with a future challenge for this as it becomes part of the Complex Safeguarding Hub, there is also better recognition that 'CSE' doesn't stop at 17 and recognition of the connection with Adult Sexual Exploitation – vulnerability surrounds both.

Training is commissioned by independent providers and there has been improved work at schools, although there is still more to do to help young people recognise their own vulnerabilities.

Radicalisation and Extremism – Manchester's Channel Cases Peer Review was also delivered in March 2017 and from this an action plan for improvement developed. The action plan set out a number of actions to strengthen the process for making referrals and the multi-agency support offered to vulnerable people. The action plan has been delivered but will now need to be reviewed in light of the changes proposed through the Home Office's GM Dovetail pilot, which aims to go live in October 2018 and will see the transfer of Channel functions from the police to local authorities.

Channel referrals have improved. It is recognised that some of this is due to the impact of the Manchester Arena attack and subsequent investigations but also because more people are aware of the referrals process and who they can speak to for advice. The referring agencies have also become more diverse and we are moving away from just police based referrals. Health, schools, colleges and the Local Authority (LA) are also referring.

Manchester is committed to engaging with communities on sensitive and challenging issues relating to extremism, radicalisation and terrorism. The city's RADEQUAL campaign is the city‘s response to building community resilience to prejudice, hate and extremism. It is about empowering and enabling organisations and communities to come together to challenge prejudice, hate and extremism. The campaign has been successful in establishing a community network which comes together regularly to critically think about the difficult issues and come up community solutions.

Vulnerability and Organised Crime – with regards to Criminal Exploitation, we have finalised a Manchester definition, policy statement, formulated a multi-agency response and commissioned a piece of analytical work.

There are crossovers between Organised Crime and Vulnerability and will certainly be a future challenge in terms of risk and demand.

Modern Slavery and Violence – A Modern Day Slavery and Trafficking subgroup has been set up to work towards a Manchester Modern Day Slavery and Trafficking Strategy, utilising workshops and frontline practitioners. Three awareness days were held by Stop The Traffik and the Strategy was launched in April 2018 alongside workshops and a train the trainer training schedule.

Domestic Violence and Abuse, including Female Genital Mutilation and ‘so called Honour Based Violence’

FGM – during this period we commissioned voluntary sector groups to develop health and peer mentors in the community and deliver a Zero tolerance event and held a GM event for faith leaders to sign anti FGM pledge.

HBV - 7 minute briefing developed to raise awareness across the partnership. We extended opening hours to the community language domestic abuse helpline and commissioned Independent Choices to deliver community events and drop in sessions for awareness and support

DVA - MSB DVA policy reviewed. There has been a successful implementation of Safe & Together and a commitment for DVA specialist to be involved in all SAR/SCR's as part of the panels. Continued funding has been secured for 18/19 for Midwifery support service and IRIS funding secured to expand the programme. Funding for an LGBT IDVA post was also secured on a GM level for 2 years.

There has also been good partnership working and commitment across the DVA sector and other partner agencies.

<u>Areas of Future Development:</u>

Sexual Exploitation – there needs to be ongoing awareness raising in communities. More work needs to go into having difficult conversations, identifying the risks of social media, understanding perpetrators and interventions and recognising the transition impact of CSE on adults.

DV&A – The roll out of Safe & Together will be a priority moving forward, to include partner agencies. We also plan to develop an MSB FGM training offer and implement learning from DHR’s.

Modern Slavery and Trafficking – A future challenge will be the launch and implementation of Manchester Modern Day Slavery and Trafficking Strategy by agencies across Manchester. We also need to ensure that Duty to Notify and

National Referral Mechanism (NRM) referrals are maintained. We will continue to work with AFRUCA to support Community Champions work raising awareness of Modern Day Slavery and Exploitation, including referral pathways and how to get help. This is expected to run between July 18 – July 19.

Radicalisation and Extremism - Social media and the internet – fake news and propaganda, radicalisation, effective and credible counter narratives continues to be a challenge. Some areas / agencies have lower Channel referrals and we need to understand why. We need to continue work to remove the stigma and fear of making referrals and develop confidence in people to make Channel referrals, some of this is through the refreshed training and local case studies. We will continue to support people to hold difficult conversations to develop critical thinking and resilience and improve information sharing between agencies to better understand risk as well as vulnerabilities. The roll out of GM Dovetail pilot will present challenges, along with the proposed pilot Multi Agency Centres.

Quality Assurance Performance Information (QAPI)

The priority for MSB QAPI over the last 12 months has been to develop the data set of information compiled from various agencies into a usable and effective suite of measures. This has been mostly achieved now following contributions from a range of agencies as part of the QAPI group. The data has assisted the group in being able address questions of accountability as well as prevention learning and improvement.

There is now a comprehensive multi-agency dataset in place. The dataset now has enabled the review and collation of two full years of data from 2016-2018 from a range of agencies including Social Care, GMP, Manchester Health & Care Commissioning, and Manchester Foundation Trust. This has included really positive information on the GP IRIS (Identification & Referral to Improve Safety) programme which is a success story in as much that 100% of GPs are now trained in IRIS and the number of referrals to support services made by all GPs in one year has increased from 6 to 785.

A joint MSCB / MSAB multi-agency case file audit on the theme of DVA was completed in April 2017 and multi-agency recommendations were accepted for further work and improvement by both of the Boards.

The Annual MSAB Assurance statements was sent out to all MSAB partners and a corresponding peer challenge event was held in January 2018 which led to agencies identifying opportunities to work more closely together and share good practice. Some agencies have worked more closely to review and improve their assurance statements, set more challenging goals and improve partnership working since.

It is also intended to undertake a practitioner survey to assess the effectiveness of learning from both audit and case review findings, and the group are working on opportunities to proactively seek the views of service users to better understand how we make safeguarding more personal.

Practice Example - Complex Safeguarding:

The multi-agency dataset now incorporates quarterly data reports on Domestic Abuse, Vulnerable Adults, Honour Based Violence, FGM, Missing from Home and Modern Slavery.

A joint MSCB / MSAB multi-agency case file audit on the theme of Domestic Abuse was completed in April 2017 and a range multi-agency recommendations were agreed by both Boards.

Safeguarding Adults Review Subgroup

The primary purpose of the SAR Sub Group is to screen incoming referrals to assess whether they meet SAR criteria or not, and to recommend to the Independent Chair whether a SAR should be conducted. If SAR criteria is not met, SARSG can also recommend another type of learning review or activity, including single agency reviews. SARSG also

monitors the progress of SARs that are underway and considers first drafts of completed reviews, providing feedback to the independent reviewer prior to the Reviews being considered by Board.

Once reviews are completed and signed off by Board, Learning & Development Sub Group (L&D SG) are charged with conducting case specific Learning events and publication of learning materials (including a Learning Summary, Slides and a 7 Minute Briefing), Learning from Reviews Sub group (LfRSG) are charged with monitoring of any actions agreed as a result of the review findings. Lessons learned from reviews help to improve safeguarding practice and reduce risk.

Areas of future development - SARSG recognise that Board members need to nominate appropriate representatives to Review Panels who can provide strategic analysis of historic and current policies and procedures and enact change in their agencies where required. Panel members need to identify appropriate and SMART actions for their agencies in response to learning coming out of reviews for the Board to consider when the Review is concluded; and be able to cascade learning within agencies as it emerges through the review process.

Practice Example - Transitions:

The importance of effective transition was highlighted in SAR AA in which a young person with a mild learning disability and epilepsy left school in the 1980s (possibly removed by parents) and henceforth disappeared from the world, not having any engagement with the usual universal agencies (GPs, hospitals, employment, tax or benefit agencies) until being found aged in their forties living in a severely neglected and near-death state in their parents home. The period when the AA left school and disappeared are historical circumstances and current practices relating to young people aged 15-18 provide clear safety nets for young people aged 15-18 going missing from education, however the case will be used as a case study to test Manchester's current Transition processes to explore how a young person with moderate needs is supported into adulthood.

9. What our partners say:

We also asked our partner agencies what they have done to support our priorities and asked them what has worked well and what their future challenges are. Extracts regarding priorities are recorded here. Full responses can be found here on the MSB website: www.manchestersafeguardingboards.co.uk/msab-annual-reports

Engagement and Involvement – Practice Examples

Manchester Health Care and Commissioning (MHCC) - The Safeguarding Team continues to ensure that empowerment is a consistent theme in their work, ensuring that the voice of the adult is heard and embedded in all safeguarding activity. Where necessary professional challenge is made to ensure this principle of safeguarding is upheld. IRIS is commissioned by the Clinical Commissioning Group (CCG) and each year consults with survivors on their experience of the IRIS process and uses a Making Safeguarding Personal approach to client care planning.

We continue to embed Making Safeguarding Personal through our provision of Safeguarding Supervision to Named Nurses, Continuing Healthcare Nurses and the MASH Nurses. We also apply this routinely when we review serious incidents through the NHS Serious Incident Framework and on our walk around visits to providers.

Greater Manchester Fire and Rescue Service (GMFRS) - GMFRS are currently working alongside homelessness groups such as Justlife, Nightstop, Riverside, Street Support, Shelter, Manchester City Council etc to address the issues and help remove the barriers faced by Manchester's homeless as they transition from homelessness into temporary unsupported accommodation. GMFRS are a partner in the provision of rolling night shelters, offering the use of our community room at Manchester Central fire station for this purpose. We use this offer to engage and educate homeless people in fire safety and survival training.

GMFRS front line and community safety staff and volunteers take an active part in a number of community cohesion initiatives, high profile events and targeted campaigns both as a fire and rescue service and with partners. Staff are engaging more closely with hard to reach groups, recognising the diversity of the community we serve and also reaching out to the various faith groups within the GM area. We are doing this to raise awareness of fire safety and the help and support that is available through GMFRS.

Greater Manchester Mental Health (GMMH) - The Trust is committed to providing the best possible service to patients, their friends, relatives and carers. By seeking their opinions, we are able to better understand and tailor our services specifically to them. We recognise power relations obscure ways of understanding and making sense of a person's own perspective. We have a personalised approach to safeguarding practice, which is person led and not service led. GMMH aims to involve service users in all aspects of the Trust's operation and development from the Trust Board to individual teams and projects. Service users and carers register their interest in a variety of activities, from helping to interview staff, taking part in mental health research, carrying-out Patient Environment Action Team (PEAT) inspections with clinical staff to ensure basic standards of cleanliness and upkeep are being met and joining unique service user groups.

The Trust Creative Wellbeing staff and service users worked with Manchester Art Gallery over 4 sessions to co-curate an exhibition exploring the relationship between art and mindfulness highlighting the importance of supporting wellbeing through the arts.

Complex Safeguarding – Practice Examples

Greater Manchester Police - The City of Manchester Division is committed to establishing a new integrated partnership operating model to reduce the risk of harm and to improve the protection and safeguarding of children, young people and adults with complex safeguarding needs at risk of exploitation. This will be achieved through effective information sharing, joint working, integrated interventions and support and protective practices. The Complex Safeguarding Hub will be based at Greenheys Police Station and will focus on the following strands of exploitation: Sexual Exploitation / Modern Slavery / Criminal Exploitation and Organised Crime Groups.

Strategic Housing - All information received via the Board has been shared with Registered Provider (RP's) Safeguarding Champions. e.g human trafficking. RP's attend multi agency meetings (when invited). RP's need to be included in any future work around the Complex Safeguarding Hub.

National Probation Service (NPS) - During the course of the last business year the National Probation Service has continued to work in close collaboration with key agencies to reduce the impact Serious and Organised Crime has on the communities of Manchester. Specifically, the NPS has been actively involved in the development of the 'complex safeguarding hub' providing advice and support to the steering group and across a range of thematic projects including vulnerable adults.

Greater Manchester Fire and Rescue Service (GMFRS) - GMFRS support those who are suffering from high level domestic violence/abuse and provide a safe room facility for use by GMP. Officers in our Protection section work with GMP and identify potential cases of modern day slavery and support partner agencies and services in this work. Staff have received training in how to identify and report concerns regarding potential radicalisation, human trafficking and modern day slavery.

CASE STUDY – Manchester Foundation Trust - Following significant domestic abuse training to a variety of staff across MFT by the adult safeguarding team, our adult safeguarding matron received the following feedback regarding one of our senior specialist nurses -

'*Although safeguarding issues are, thankfully, rare in Radiology, an elective patient made a disclosure to us last week. I would just like to commend your department / one of your nurses for the professional and useful help and guidance we were offered. She was immediately available at the end of the phone for our queries and was able to give valuable advice to us and enabling us to support the patient. She also followed up on the incident with the relevant ward, once the patient was admitted to her overnight bed'.*

This is an excellent example of a situation where training supported the member of staff to ask the appropriate questions, the safeguarding nurse was on hand to support the member of staff to do the right thing. The patient was followed up and her safety was addressed as part of her care plan.

Transitions – Practice Examples

Manchester City Council Adult Social Care - We recognise that a successful transition experience for children into adulthood is vital. This includes ensuring that a pathway is available to provide information/guidance/support to contribute to the wellbeing of the person concerned and tackling issues which could occur where neglect or abuse may occur. A work stream is currently being progressed for Children/Adults/key partners to refresh this area of responsibility. The Safeguarding Adult Service is contributing to this discussion and the related development work.

The Christie - Teenage and Young adult cancer services, key workers continue to support during the transition from children to adult services providing continuity and consistency, empowering young people to take control of their care.

Pennine Acute Hospital Trust (PAHT) - Pennine Acute Hospitals NHS Trust have policies e.g. Management of 17 to 18 year olds which supports management of children and young people who are transitioning into adulthood to get the support they require in an environment of their choice e.g. some young people do not want to be nursed on a children's ward vice versa.

Where more work needs to be done in partnership with e.g. Local Authority is how to deal with children and young people who may suffer CSE and this does not go away when they are 18 years old, therefore staff need to understand processes for support.

Neglect – Practice Examples

Manchester Health Care and Commissioning (MHCC) - Our assurance processes are used by the CCG Safeguarding Team to ensure that wilful neglect or acts of omission are recognised, reported, learnt from and prevented. As a commissioning service we are not directly involved in operational practice. Learning from Safeguarding Adult Reviews have been recognised the need for a more robust response to self-neglect, this has been taken forward by health who are leading a task and finish group the development to design and implement the Adult Neglect Strategy.

Manchester Foundation Trust (MFT) - In 2017/18 MFT agreed to lead on the development of the adult self-neglect strategy for Manchester. In 2017/18 MFT has seen increased numbers of adult neglect cases attending A/E departments a significant number with issues of self-neglect. Training delivered to frontline staff, supports staff to

recognise and respond to situations when a patient has been neglected for whatever reason. Ongoing work on Making Safeguarding Personal and giving patients who experience neglect a voice, will continue in 2018/19 with a dedicated Trust sub-group focussing on Early Help and Neglect with representation from across The Trust.

Greater Manchester Fire and Rescue Service (GMFRS) - Both through Safe and Well delivery and also post- fire reassurance work, GMFRS staff have identified and reported many cases of neglect to local social services staff. This included the raising of a SAR in relation to one individual who it was perceived had been potentially failed by support services. All front line staff are equipped with the necessary knowledge and skills and access to the resources required to make appropriate referrals and to ensure the immediate safety of the individual(s) concerned. GMFRS actively engage with known hoarders and work with clients and also partners such as social services, mental health services and housing association staff to improve the conditions and outcomes for people with this condition.

10. Budget

The Manchester Safeguarding Adults and Childrens Board budget was combined for 17/18. The total budget during that period was: £ **707,019.74.** A full breakdown of the budget can be found at Appendix 4.

11. Future Challenges and Priorities

The MSAB reviewed its objectives and priorities from March to June 2017 and for the first time developed a shared strategic plan along with the MSCB. Each of the Boards have their own vision and objectives however the overarching strategic priority to be assured that safeguarding is effective across Manchester is shared, as are the thematic priorities, key functions and the four specific priorities of engagement and involvement, complex safeguarding, transitions and neglect. However the MSAB focus with regard to neglect is on self-neglect, wilful neglect and neglect by omission.

It has been agreed that because work on this shared plan and specific priorities only really started in September 2017 that these would be carried forward into the financial year April 2018 - March 2019. The details are set out in the plan on a page which can be found at Appendix 5.

After much discussion it was agreed that the thematic priorities of mental health, learning disabilities and substance abuse which are much wider than safeguarding; are more appropriately addressed through other arrangements for example the Health and Wellbeing Board. It remains important however for the Board to ensure that safeguarding issues in relation to these areas are considered as necessary.

The Board has a detailed business plan to which each of the subgroups contribute to ensure that work is progressed. For example a task and finish group has been established to develop a self-neglect strategy; and an audit was undertaken in November 2017 to identify how partners were addressing Making Safeguarding Personal. This has now led to a more detailed action plan being developed as the audit demonstrated this was an area of challenge and there remained a lack of consistency with regard to implementation.

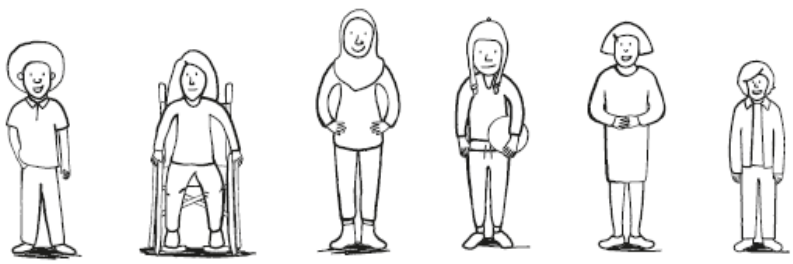
This report has demonstrated the progress made thus far on the priorities, however as indicated a number of challenges still remain. These include the need for the Board to effectively seek assurance that adults are engaged as key partners and that their voices are at the centre of the Boards work; and that Making Safeguarding Personal is embedded in our work.

In order to address these challenges, Making Safeguarding Personal has been added to the Business Plan with its own heading to ensure it is maintained as a Board priority and a task and finish group has been set up to action how this will be embedded. The Communications and Engagement Subgroup have also set up a 'Service User Engagement' task and finish group in order to identify which groups could be utilised to support the Board.

A further challenge is that as the understanding of neglect is raised across the workforce, so have the number of referrals for Safeguarding Adults Reviews. The process of reviews quite rightly takes time and resources from across the partnership. Critical to this process is to ensure that learning is shared across the partners and with such a large number of agencies it is vital that changes in practice are made and embedded. We are in the process of developing a neglect strategy which will improve awareness and give practitioners the skills to start to address this very complex area.

At a time of changes within the structure and delivery of health and care with the formation of Manchester Foundation Trust and Manchester Local Care Organisation it is vital to ensure that safeguarding remains a high priority. This is facilitated by the Board receiving regular updates on the new arrangements.

An area for future consideration is the changes being made to move from Safeguarding Children's Boards to Safeguarding Children's Partnership. Whilst these do not have to be established until September 2019 at the latest, joint planning has started to take place. This is to ensure that the close working between the two current boards where there are a number of overlapping agendas and priorities, joint subgroups, integrated business unit continues; whilst ensuring that the emphasis on Adult Safeguarding remains a high priority.



12. Glossary

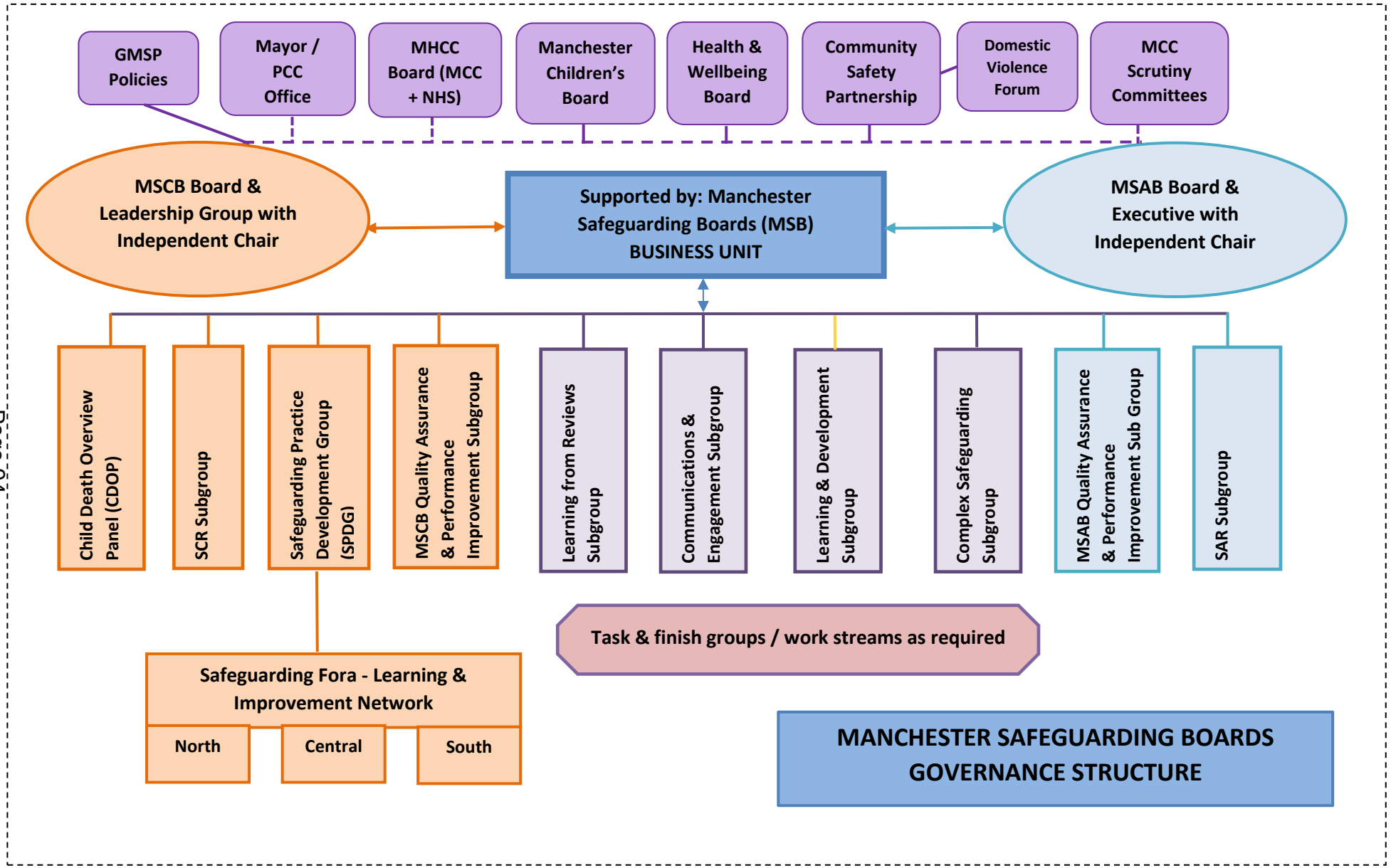
GLOSSARY			
CCG	Clinical Commissioning Group	**HBV**	Honour Based Violence
CGM CRC	Cheshire & Greater Manchester Community Rehabilitation Company	**HMIC**	Her Majesty's Inspectorate of Constabulary
CMHFT	Central Manchester Hospital Foundation Trust	**HMP**	Her Majesty's Prison
CP	Child Protection	**IDVA**	Independent Domestic Violence Advocate
CQC	Care Quality Commission	**IRIS**	Identification and Referral to Improve Safety
CQUIN	Commissioning for Quality & Innovation	**JSNA**	Joint Strategic Needs Assessment
CSE	Child Sexual Exploitation	**LD**	Learning Disability
DASH	Domestic Abuse and Harassment	**LSAB**	Local Safeguarding Adults Board
DBS	Disclosure and Barring Service	**LSCB**	Local Safeguarding Children Board
DHR	Domestic Homicide Review	**MAPPA**	Multi Agency Public Protection Arrangements
DoLS	Deprivation of Liberty Safeguarding	**MARAC**	Multi Agency Risk Assessment Conference
DV&A	Domestic Violence and Abuse	**MCA**	Mental Capacity Act (2005)
DVPN	Domestic Violence Prevention Notices	**MCC**	Manchester City Council
DVPO	Domestic Violence Prevention Order	**MHCC**	Manchester Health and Care Commissioning
FGM	Female Genital Mutilation	**MSAB**	Manchester Safeguarding Adults Board
GMFRS	Greater Manchester Fire and Rescue Service	**MSCB**	Manchester Safeguarding Children Board
GMMH	Greater Manchester Mental Health NHS Trust	**NHSE**	National Health Service (NHS) England
GMP	Greater Manchester Police	**NICE**	National Institute for Health & Care Excellence
RP	Registered Provider	**NPS**	National Probation Service
SAB	Safeguarding Adults Board	**PAHT**	Pennine Acute Hospital Trust
SAR	Safeguarding Adults Review	**QA**	Quality Assurance
SCR	Serious Case Review	**QAPI**	Quality Assurance and Performance Improvement
VCSE	Voluntary, Community and Social Enterprise		

13. Appendices

Appendix 1

MSAB MEMBERSHIP LIST 2017/18	
Care Quality Commission (CQC)	Manchester City Council Housing
Cheshire and Greater Manchester Community Rehabilitation Company (CRC)	Manchester City Council Population Health and Wellbeing Team
Central Manchester Foundation Trust (CMFT) (joined with University Hospital of South Manchester (UHSM) to become Manchester Foundation Trust (MFT) on 01/10/17.)	Manchester City Council Elected Member Portfolio Holder
Greater Manchester Fire and Rescue Service (GMFRS)	Manchester Health and Care Commissioning (MHCC)
Greater Manchester Police (GMP)	National Probation Service (NPS)
Greater Manchester Mental Health (GMMH)	NHS England
Healthwatch Manchester	North West Ambulance Service (NWAS)
Her Majesty's Prison Service (HMPS)	Pennine Acute Hospital Trust (PAHT)
Manchester Alliance for Community Care (MACC)	The Christie NHS Foundation Trust
Manchester City Council Adult Services (MCC)	University Hospital of South Manchester (UHSM) (joined with Central Manchester Foundation Trust (CMFT) to become Manchester Foundation Trust (MFT) on 01/10/17.)

Appendix 2


GMSP Policies
Mayor / PCC Office
MHCC Board (MCC + NHS)
Manchester Children's Board
Health & Wellbeing Board
Community Safety Partnership
Domestic Violence Forum
MCC Scrutiny Committees
MSCB Board & Leadership Group with Independent Chair
Supported by: Manchester Safeguarding Boards (MSB) BUSINESS UNIT
MSAB Board & Executive with Independent Chair
Child Death Overview Panel (CDOP)
SCR Subgroup
Safeguarding Practice Development Group (SPDG)
MSCB Quality Assurance & Performance Improvement Subgroup
Learning from Reviews Subgroup
Communications & Engagement Subgroup
Learning & Development Subgroup
Complex Safeguarding Subgroup
MSAB Quality Assurance & Performance Improvement Sub Group
SAR Subgroup
Task & finish groups / work streams as required
Safeguarding Fora - Learning & Improvement Network
North
Central
South
MANCHESTER SAFEGUARDING BOARDS GOVERNANCE STRUCTURE

June 2017

SHARED STRATEGIC PLAN 2017/18

MSAB MANCHESTER SAFEGUARDING ADULTS BOARD

MSCB MANCHESTER SAFEGUARDING CHILDREN BOARD

MSAB Vision:

Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.

MSCB Vision:

Every child and young person in Manchester should be able to grow up safe, free from abuse, neglect or crime; so allowing them to enjoy a happy and healthy childhood and fulfil their potential.

MSAB Objectives:

- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that vulnerable people are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

MSCB Objectives:

- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCRs and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

Our overarching strategic priority:

- To be assured that safeguarding is effective across Manchester

Achieving our thematic priorities for 2017/18:

- Mental health, learning disability and substance abuse are key considerations across all of our priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

Our key functions:

- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

ENGAGEMENT and INVOLVEMENT

Listening & learning; hearing the voice of children & adults; Making Safeguarding Personal

We will:

- Listen to the views of children and adults
- Make sure their voices are heard and are at the centre of what we do
- Put children and adults in control of decisions about their care and support
- Be proactive in making children and adults aware of emerging issues and how we'll deal with them.

What will change?

- We will know what children and adults think and take account of it when we make plans
- We will know those views are taken account of when agencies set up and make changes to services.

COMPLEX SAFEGUARDING

Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

What will change?

- We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported it if it does occur.

TRANSITIONS

Moving from child to adulthood in a safe and positive way

We will:

- Agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- Map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- Facilitate the development of a Transitions Strategy that ensures individuals' engagement with services as they transition is consistent, seamless and safe; no-one 'slips through the net'.

What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

NEGLECT

Ensuring the basic needs of every child are met

We will:

- Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- Communicate and embed the neglect strategy across partner organisations
- Seek assurance that early help is sought where there is a risk of abuse

What will change?

- We will be assured that children at risk of neglect will be safeguarded and protected.

NEGLECT

Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

What will change?

- We will have greater understanding that adults at risk of neglect are being safeguarded

Manchester Safeguarding Boards For the 12 Months ending 31.03.2018			
Cost Elements	**Annual Budget**	**Actual YTD**	**Var.YTD**
PAY Costs			
Total Pay Costs	**441,470.00**	**442,189.63**	**719.63**
Non-Pay			
* **Premises**	**7,000.00**	**1,659.20**	**-5,340.80**
* **Transport**	**2,300.00**	**2,615.94**	**315.94**
* **Supplies & Services**	**148,849.74**	**179,310.47**	**30,460.73**
* **Third Party Payments**	**101,000.00**	**0.00**	**-101,000.00**
* **Internal Charges**	**6,400.00**	**13,613.92**	**7,213.92**
* **Onwards Internal Trading**	**0.00**	**1,138.58**	**1,138.58**
Non-Pay Expenditure Childrens	**265,549.74**	**198,338.11**	**-67,211.63**
TOTAL EXPENDITURE Board	**707,019.74**	**640,527.74**	**-66,492.00**
INCOME			
Miscellaneous Income	**0.00**	**-50.00**	**-50.00**
MCC Education	-71,000.00	-71,000.00	0.00
MCC Housing	-9,450.00	-9,450.00	0.00
MCC Other	94,500.00	0.00	-94,500.00
Total Contribution from MCC	**-174,950.00**	**-80,450.00**	**94,500.00**
National Probaton Service		-4,381.86	-4,381.86
NHS	-52,400.00	-52,400.00	0.00
Cafcass	-550.00	0.00	550.00
GMCA(GM Police)	-38,800.00	-64,282.00	-25,482.00
External Income	**-91,750.00**	**-121,063.86**	**-29,313.86**
Interest	**0.00**	**96.31**	**96.31**
Contribution from MCC General Fund	-440,319.74	-440,319.74	**0.00**
Total Revenue Income	**-707,019.74**	**-641,787.29**	**65,232.45**
Over/Underspend	**0.00**	**-1,259.55**	**-1,259.55**

April 2018

SHARED STRATEGIC PLAN 2018/19

MSAB MANCHESTER SAFEGUARDING ADULTS BOARD

MSCB MANCHESTER SAFEGUARDING CHILDREN BOARD

MSAB Vision:

Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.

MSCB Vision:

Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.

MSAB Objectives:

- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that adults at risk are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

MSCB Objectives:

- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCRs and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

Our overarching strategic priority:

- To be assured that safeguarding is effective across Manchester

Achieving our priorities for 2018/19:

- Engagement and Involvement, Complex Safeguarding, Transitions and Neglect are our key priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

Our key functions:

- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

ENGAGEMENT and INVOLVEMENT

Listening & learning; hearing the voice of children & adults; Making Safeguarding Personal

We will:

- Ensure the views of children and adults are listened to
- Ensure their voices are heard and are at the centre of the decisions we make
- Ensure children and adults are in control of decisions about their care and support
- Be proactive in making children and adults aware of emerging issues and how we'll deal with them.

What will change?

- We will take the views of children and adults into account when the Board makes decisions.
- We will see greater involvement of children and adults in decisions about their future.

COMPLEX SAFEGUARDING

Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

What will change?

- We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported if it does occur.

TRANSITIONS

Moving from child to adulthood in a safe and positive way

We will:

- Ensure partners are aware of the agreed transitions definition, as it relates to our member agencies and services.
- Ensure support is provided at all the points where individuals transitioning from child to adulthood may need care and support and provide any safeguarding requirements.

What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

CHILD NEGLECT

Ensuring the basic needs of every child are met

We will:

- Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- Communicate and embed the neglect strategy across partner organisations
- Seek assurance that early help is sought where there is a risk of abuse

What will change?

- We will be assured that children at risk of neglect will be safeguarded and protected.

ADULT NEGLECT

Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

What will change?

- We will be assured that adults at risk of neglect are being safeguarded.

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Manchester City Council
Report for Resolution

Report to: Health Scrutiny Committee – 9 October 2018

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: l.walker@manchester.gov.uk

Background document (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.

None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Response	Contact Officer
4 September 2018	HSC/18/36 Manchester Public Health Annual Report 2018	The Chair discuss with the Chair of the Neighbourhoods and Environment Scrutiny Committee and the Executive Member for Executive Member for the Environment, Planning and Transport how best to report to the Committee that activities that are undertaken as part of her portfolio to improve air quality.	The Chair will update the Committee with how this is to be progressed.	Lee Walker Scrutiny Support Officer
4 September 2018	HSC/18/36 Manchester Public Health Annual Report 2018	The Director of Population Health and Wellbeing and Director of Public Health encourage schools and partners to develop green travel plans that are to be implemented and monitored.	A response to this recommendation has been requested and will be circulated once received.	David Regan Director of Public Health

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on 28 September 2018, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
Cornish Close Scheme Ref: 2017/05/31B	Appointment of a support provider for the Cornish Close Scheme which includes 14 supported accommodation units over 5 properties, 6 short break beds.	Strategic Director of Adult Social Services	March 2018 or later	Report and Recommendation	Lesley Hilton-Duncan 0161 234 4419 lesley.hilton-duncan@manchester.gov.uk
Adult Social Care – Provider National Living Wage 2017/18 Fee Increase for Care Homes, Extra Care, Learning Disabilities and Mental Health services Ref: 2017/07/18E	Proposed increases are • 5% Care Homes • 3% Extra Care, LD and MH The increases proposed above when added to the previously agreed Homecare increases would be within the £4.26m allocated through the budget process.	City Treasurer	October 2018 or later	National Living Wage Briefing Note.	Michael Salmon 0161 234 4557 m.salmon@manchester.gov.uk

Review of adult social care commissioned services fees Ref: 2017/01/24B	To approve an update to fees for providers for implementation 2018/19.	Strategic Director of Adult Social Services	March 2018 or later	Report and recommendation	Lucy Makinson 0161 234 3430 l.makinson@manchester.gov.uk
Framework Agreement / Contract for the Provision of Homecare Services Ref: 2018/07/02B	The appointment of Providers to deliver Homecare Services	Executive Director Strategic Commissioning and Director of Adult Social Services	December 2018	Report and Recommendation	Mike Worsley Procurement Manager mike.worsley@manchester.gov.uk 0161 234 3080
Contract for the Provision of Advice Services 2018/08/16A	The appointment of a Provider to deliver Advice Services	Executive Director Strategic Commissioning and Director of Adult Social Services	November 2018	Report & Recommendation	Mike Worsley Procurement Manager mike.worsley@manchester.gov.uk 0161 234 3080
Contract for the Provision of Housing Related Support for Young People, Homelessness and Drug and Alcohol Services 2018/08/16B	The appointment of Provider to deliver	Executive Director Strategic Commissioning and Director of Adult Social Services	December 2018	Report & Recommendation	Mike Worsley Procurement Manager mike.worsley@manchester.gov.uk 0161 234 3080

Subject **Care Quality Commission (CQC) Reports**

Contact Officers Lee Walker, Scrutiny Support Unit
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

Provider	Address	Link to CQC report	Date	Types of Services	Rating
Anchor Carehomes Ltd	Lightbowne Hall 262 Lightbowne Road Moston Manchester M40 5HQ	https://www.cqc.org.uk/location/1-363198488	24 August 2018	Residential Home	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Requires Improvement
African Caribbean Care Group	African Caribbean Care Group Claremont Resource Centre Rolls Crescent Manchester M15 5FS	https://www.cqc.org.uk/location/1-923841141	29 August 2018	Homecare Agency	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

PSS (UK)	PSS Shared Lives (Manchester) Peter House Oxford Street Manchester M1 5AN	https://www.cqc.org.uk/location/1-3942856837	30 August 2018	Shared Lives	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Mr Ajay Jain	Oakmount Dental Practice 628 Wilmslow Road, Manchester M20 3QX	https://www.cqc.org.uk/location/1-2179975998	29 August 2018	Dentist	**No Action Required**
Moston Healthcare Limited	Moston Healthcare Limited (Formerly known as Mr Michael Fine - Moston Lane) 334 Moston Lane Moston Manchester M40 9JS	https://www.cqc.org.uk/location/1-2259146467	29 August 2018	Dentist	**No Action Required**
Primare Ltd	Bluebird Care (Manchester South) Suite One Parkway House Palatine Road Manchester M22 4DB	https://www.cqc.org.uk/location/1-4017676853	5 September 2018	Homecare agencies	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Maureen Philomena Murphy & Ann Catherine Smith	Lindenwood Residential Care Home 208 Nuthurst Road New Moston Manchester M40 3PP	https://www.cqc.org.uk/location/1-119780623	6 September 2018	Residential Home	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Dr Khalid Rashid Ashraf	Jct20 Dental Clinic 1190 Rochdale Road Blackley Manchester M9 6FR	https://www.cqc.org.uk/location/1-2293827599	5 September 2018	Dentist	**No Action Required**
HC-One Ltd	Brookdale View Averill Street, Newton Heath Manchester M40 1PF	https://www.cqc.org.uk/location/1-319278874	14 September 2018	Nursing Home	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate

Enterprise Care Group Ltd	Enterprise Homecare Lowry House Opal Court Moseley Road Manchester M14 6ZT	https://www.cqc.org.uk/location/1-449225936	15 September 2018	Homecare agencies	**Overall: Inadequate** Safe: Inadequate Effective: Inadequate Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate
AIK Care Ltd	Good Companions (Manchester) 94 Withington Road Whalley Range Manchester M16 8FA	https://www.cqc.org.uk/location/1-2750639591	11 September 2018	Homecare agencies	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Good Caring: Requires Improvement Responsive: Good Well-led: Requires Improvement
Victoria Dental & Healthcare Ltd	Victoria Dental & Healthcare 109 Corporation Street Manchester M4 4DX	https://www.cqc.org.uk/location/1-490964600	21 September 2018	Dentist	**No Action Required**

Health Scrutiny Committee
Work Programme – October 2018

Tuesday 9 October 2018, 10am (Report deadline Thursday 27 September 2018)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Housing and Health	To receive an overarching report on Housing and Health. This report will provide the Committee with information on: Aids and Adaptions Service; Reablement and Physiotherapy Services; Housing options for older people; and Examples of work to address fuel poverty.	Cllr Craig Cllr Richards	Dr Carolyn Kus Martin Oldfield Director of Housing	
Local Care Organisation – Progress report	To receive a progress report on the delivery of the Local Care Organisations. This report will include information on the delivery of the new models of care.	Cllr Craig	Professor Michael McCourt	
Annual Report of Manchester Safeguarding Adults Board	To receive the Annual Report of Manchester Safeguarding Adults Board.	Cllr Craig	Julia Stephens-Row	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission (CQC) within Manchester since the Health Scrutiny Committee last met.		Lee Walker	

Tuesday 6 November 2018, 10am (Report deadline Thursday 25 October 2018)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Personalisation and Empowerment -Prepayment Cards	To receive an update report on the introducing Prepaid Financial Cards. Prepaid Financial Cards (PFCs) are similar to a credit card where the adult social care agreed Personal Budget is loaded onto a card which is issued to the citizen.	Cllr Craig	Dr Carolyn Kus Zoe Robertson	See minutes of November 2017. Ref: HSC/17/53
Overview Report			Lee Walker	

Items To be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Autism Developments across Children and Adults	To receive an update report on Autism Developments across Children and Adults. This item was considered by the Health Scrutiny Committee at their January 2015 meeting.	Cllr Craig	Dr Carolyn Kus	See minutes of January 2015. Ref: HSC/15/03 Invitation to be sent to the Chair of Children and Young People Scrutiny Committee.

Diabetes Care	To receive an update report on Diabetes care. This item was considered at the January 2015 Meeting of Health Scrutiny Committee.	Cllr Craig	Nick Gomm	See minutes of January 2015. Ref: HSC/15/03
Update on the work of the Health and Social Care staff in the Neighbourhood Teams	To receive an update report describing the work of the Health and Social Care staff in the Neighbourhood Teams.	Cllr Craig	Dr Carolyn Kus	
Manchester Health and Care Commissioning Strategy	To receive a report on the Commissioning Strategy for Health and Care in Manchester. The Committee had considered this item at their July 2017 meeting.	Cllr Craig	Dr Carolyn Kus	See minutes of July 2017. Ref: HSC/17/31
Public Health and health outcomes	To receive a report that describes the role of Public Health and the wider determents of health outcomes.	Cllr Craig	David Regan	
Manchester Macmillan Local Authority Partnership	To receive a report on the Manchester Macmillan Local Authority Partnership. The scope of this report is to be agreed.	Cllr Craig	David Regan	See Health and Wellbeing Update report September 2017. Ref: HSC/17/40
Mental Health Grants Scheme – Evaluation	To receive a report on the evaluation of the Mental Health Grants Scheme. This grants programme is administered by MACC, Manchester's local voluntary and community sector support organisation, and has resulted in 13 (out of a total of 35) community and third sector organisations receiving investment to deliver projects which link with the Improving Access to Psychological Therapies (IAPT) services in the city.	Cllr Craig	Nick Gomm Professor Craig Harris	To be considered at the March 2019 meeting. See minutes of October 2017. Ref: HSC/17/47

Primary Care Access in Manchester	To receive an update report on access to Primary Medical Care in Manchester; both in core and also extended hours. Representatives from Healthwatch Manchester will be invited to attend this meeting.	Cllr Craig	Nick Gomm	Invitations to be sent to Vicky Szulist and Neil Walbran, Healthwatch Manchester. See minutes of February 2018. Ref: HSC/18/11
Care Homes	To receive a report that provides information on the provision of care homes in the city. The report will further describe the actions taken to respond to any findings of Inadequate or Requires Improvement following an inspection by the Care Quality Commission (CQC).	Cllr Craig	Dr Carolyn Kus	See minutes of 17 July 2018. Ref: HSC/18/33
The Our Manchester Carers Strategy	To receive an update report on the delivery of the Our Manchester Carers Strategy.	Cllr Craig	Dr Carolyn Kus	See minutes of 17 July 2018. Ref: HSC/18/31
Single Hospital Service progress report	To receive a bi-monthly update report on the delivery of the Single Hospital Service.	Cllr Craig	Peter Blythin, Director, Single Hospital Service Programme	See minutes of 17 July 2018. Ref: HSC/18/32