



Health Scrutiny Committee

Date: Tuesday, 6 November 2018

Time: 10.00 am

Venue: Council Ante 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 Ante 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 - 18

To approve as a correct record the minutes of the meeting held on 9 October 2018.

To note the minutes of the Public Health Task and Finish Group meeting held on 18 September 2018.

5. Discussion Item

The Committee will receive a verbal presentation from Doctor Matt Evison, Consultant at Manchester University NHS Foundation Trust on the CURE programme (a service to prescribe medication to tackle patients addiction to tobacco and offer intensive support to help them stay smoke-free during their stay at hospital and once they go home) and the lung cancer screening programme.

6. Manchester Mental Health Transformation Programme

19 - 38

Report of Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning

This paper provides the Health Scrutiny Committee with a progress report on Manchester Mental Health Services, following the acquisition on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The paper covers an update on progress made since January 2018, or 22 months since the

acquisition, of the transformation programme, organisational change and development.

7. Prepaid Financial Cards - Adult social care (Manchester Local Care Organisation) 39 - 48

Report of the Executive Director Strategic Commissioning and Director of Adult Social Services

This report provides Members of the Health Scrutiny Committee with some background information regarding Prepaid cards, an update of the Procurement process and an outline of the Implementation process of Prepaid Financial Cards within adult social care, now delivered through Manchester Local Care Organisation.

8. Overview Report 49 - 62

Report of the Governance and Scrutiny Support Unit

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.

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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Joanne Roney OBE
Chief Executive
3rd Floor, Town Hall Extension,
Lloyd Street
Manchester, M60 2LA

Further Information

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

Lee Walker
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

This agenda was issued on **Monday, 29 October 2018** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Mount Street Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 9 October 2018

Present:

Councillor Farrell – in the Chair
Councillors Battle, Clay, Curley, Holt, Lynch, Mary Monaghan, Reeves, Wills and Wilson

Councillor Craig, Executive Member for Adults, Health and Wellbeing

Professor Michael McCourt, Chief Executive, Manchester Local Care Organisation
Katy Calvin-Thomas, Director of Strategy & Deputy Chief Executive, Manchester Local Care Organisation
Julia Stephens Row, Independent Chair of Manchester Safeguarding Children and Adults Boards

Apologies: Councillor Paul

HSC/18/39 Minutes

The minutes of the Health Scrutiny Committee meeting of 4 September 2018 were submitted for approval. Councillor Lynch requested that her attendance be recorded.

Decision

To approve the minutes of the meeting held on 4 September 2018 as a correct record subject to the above amendment.

HSC/18/40 Support at home: Update on equipment, adaptations and reablement services

The Committee considered the report of the Executive Strategic Commissioning and Director of Adult Social Services that informed Members on the progress and development of a range of adult services to support people at home including the equipment and adaptations services, reablement services, physiotherapy services and housing options for older people. It included the progress made since the discussions at the last scrutiny meeting in December 2017.

Officers referred to the main points of the report which were:-

- Describing the background and description of the Manchester's Service for Independent Living (MSIL) and how this service is accessed;
- Current performance data on the Equipment and Adaptations Services in relation to both major and minor adaptations;
- Customer satisfaction performance was reported, currently recorded as 95%;
- Data on the performance of contractors;
- Information and data on the Housing Options for Older People service (HOOP);

- Reablement activity and progress, noting that reablement being defined as 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;
- The current challenges to the reablement service and the response to these;
- A description of different types of physiotherapy services across the city and the associated referral data; and
- The Joint Strategic Needs Assessment regarding Fuel Poverty, noting that Manchester contained the highest number and proportion of fuel poor households of any local authority within Greater Manchester.

Members discussed the issue of fuel poverty and asked what was being done to tackle this, especially as the funding streams designed to address this had ceased. Members noted that a lot of older housing stock in the city were poorly insulated and private landlords needed to take more responsibility to ensure that the properties that they were renting out were of a decent standard. Members asked what standards were applied to privately rented properties and could conditions be attached as part of the landlord licensing scheme.

A Member commented that improving fuel poverty would realise savings to the NHS and reduce carbon emissions. The Chair commented that consideration needed to be given to how this was evidenced so as to make the case for additional funding to support schemes to address fuel poverty.

Members noted the reported levels of customer satisfaction with the adaptations service, however asked what lessons were learnt from those residents who were not satisfied.

Members asked a question about the challenges presented to One Manchester, as the Council's delivery partner to deliver major adaptations in East and Central Manchester.

Members sought clarification regarding the recruitment of staff to deliver reablement services, noting that a recruitment exercise was underway. Members asked for an update on this exercise.

The Director of Population Health and Wellbeing acknowledged that a significant amount of funding that had previously been available to address fuel poverty had now ceased nationally. He said that the Local Care Organisation (LCO) would develop responses and interventions to tackle the wider determinants of health by using Social Prescribing.

The Programme Lead Health and Social Care Integration informed the Committee that the delivery of services had now been transferred to the LCO. She said this was a positive development presenting an opportunity to build strong relationships between health professionals and establish joint working practices that would ultimately benefit the citizens of Manchester. She further described that funding had been secured to recruit an additional 62 reablement workers and 8 occupational therapists that would help improve referral rates and address the issues of capacity.

In response to the comments raised regarding those cases that were not satisfied with the service, the Programme Lead Health and Social Care Integration said that a complaint would always be fully investigated and responded to appropriately. She said that any lessons learnt would also be reviewed. She further clarified that a Minor Adaptation was classified as costing under £1000 and Major Adaptions as works costing above £1000, and this definition is prescribed nationally. She explained that Major works could sometimes take longer to deliver due to the complexity of each individual job.

The Programme Lead Health and Social Care Integration advised that for those cases where major adaptions were refused in favour of rehousing those decisions were reached following consideration by a Panel in full compliance with agreed Council Policy. She said that for those individuals/families affected social workers would intervene to support any vulnerable people and alternative sources of support would be accessed.

The Executive Member for Adults, Health and Wellbeing reported that a review of this policy would be undertaken and that she welcomed the views of Members on this issue.

The Head of Housing said that he acknowledged the comments made by Members in relation to the poor condition of properties in the Private Rented Sector. He informed the Committee that a strategy to look at this and other issues within the Private Rented Sector would be developed. He said that currently there was no funding to address fuel poverty, however there were limited grants and loans available that people could apply for. He commented that when a previous Right to Buy property became available to purchase the local Registered Provider would seek to buy back the property. He advised that he would refer the comments regarding property conditions contributing to fuel poverty being attached to licensing conditions to the appropriate team for consideration.

The Executive Member for Adults, Health and Wellbeing advised that standards within the Private Rented Sector was an issue that contributed to the health and wellbeing of residents. She said more needed to be done to ensure that those landlords who were making a profit from renting homes should be made more responsible and accountable for the condition of their properties.

The Housing Programme Manager said that Registered Housing Providers had agreed to contribute 40% of costs associated with adaptations. He explained that 50% of the adaptations delivered by One Manchester were to other Registered Housing Providers in the city. He said that challenges arose as they had to coordinate this activity with a number of different providers who had their own agreements and systems for approving works, however the system was working well with good relationships and cooperation established between housing providers.

Decision

The Committee notes the report.

HSC/18/41 Manchester Local Care Organisation

The Committee considered the report of the Chief Executive, Manchester Local Care Organisation (MLCO). The report was provided as an update to the report that had been considered by the Committee at their 19 June 2018 meeting (See minute ref: HSC/18/25.)

The Chief Executive, (MLCO) referred to the main points of the report which were:-

- 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.

In addition to the report the Committee were shown a short video presentation that articulated the above.

Members asked how they as local elected representatives could engage with their respective Neighbourhood Team and if they would be consulted on the design on the 12 bespoke Neighbourhood Plans.

Members further enquired about the recruitment of the Neighbourhood Team Leaders and what backgrounds they would be drawn from and discussed the wider issue of recruitment and retention of staff, in particular reference to GPs and Social Workers.

Members sought an explanation as why the referral rates for the High Impact Primary Care programme were lower than had been expected and what was being done to address this.

A Member commented that whilst he fully supported the ambitions of the MLCO he asked the Chief Executive, (MLCO) how confident was he that the ambitions would be realised.

The Chief Executive, (MLCO) said that the role of Councillors, with their local knowledge and experience will be invaluable to the success of Neighbourhood Teams and he acknowledged the comment made regarding arranging engagement events with local teams for Members.

The Executive Member for Adults, Health and Wellbeing said that the Neighbourhood Team Leaders would be the main contact for Members in their wards and that the draft Neighbourhood Plans would be shared with Members so they could contribute and comment so Members were fully engaged with the shaping of these plans.

The Chief Executive, (MLCO) said that the recruitment of the Neighbourhood Team Leaders should be completed by the end of December and they would be drawn from a range of backgrounds with the correct skills set and that a briefing note would be provided to Members regarding the recruitment process to date. He also said that he

recognised the comments made regarding the recruitment and retention of GPs and Social Workers and said that the (MLCO) represented a new and exciting new model of working and delivering services that would become more attractive to staff.

The Director of Strategy and Deputy Chief Executive, (MLCO) informed the Committee that the High Impact Primary Care programme needed to increase the number of referrals and work was currently ongoing to review this programme, identify barriers and implement solutions with commissioners. She explained that one reason could be that it was a new scheme and work to address the culture amongst GPs needed to be addressed.

The Chief Executive, (MLCO) said that whilst it was a complex challenge he was confident that the ambitions of the MLCO would be realised. He advised that this was the first year of a ten year journey and the MLCO was a great foundation on which to progress. He explained that there was a genuine enthusiasm across all of the work force, recognising the benefits that could be achieved by co-locating staff into multidisciplinary teams under a single leadership to improve the health outcomes of Manchester citizens.

He described that previously Manchester health services had different providers and different commissioners and the MLCO would address the issue of variation of service across the city and deliver a standardised service. He informed Members that improvements had already been realised, making reference to improvements in the number of patients safely discharged from hospital. He described that working effectively, including the use of assistive technology in the future would also help achieve financial savings by reducing demand and made reference to similar models in New York and New Zealand where this had been implemented. He suggested that when future update reports were submitted to the Committee that they were thematic to describe how services were delivered.

The Executive Member for Adults, Health and Wellbeing said that the MLCO was a ten year project that demonstrated a commitment to deliver public services by the public sector.

Decision

The Committee notes the report.

HSC/18/42 Annual Report of Manchester Safeguarding Adults Board April 2017 – March 2018

The Committee considered the report of the Executive Strategic Commissioning and Director of Adult Social Services and the Independent Chair of Manchester Safeguarding Adults Board. This document reported on the work of the partnership and presented the Committee with the annual report.

The Independent Chair of Manchester Safeguarding Adults Board introduced the report.

Members asked what was being done to address the issue of modern day slavery, noting that Council had passed a motion at their July meeting supporting the Charter against modern slavery.

Members sought an assurance that the Serious Incident Review subgroups were fit for purpose.

Members commented that in a time of austerity and cuts to public service funding it was important that safeguarding was maintained.

The Independent Chair of Manchester Safeguarding Adults Board said that Modern Day Slavery was recognised by the Board as a serious safeguarding issue both for adults and children. She said awareness of this was raised amongst front line staff, community groups and the Voluntary and Community Sector and each partner had been tasked with embedding this in their culture and reporting.

In regard to the Learning from Reviews Subgroup the Independent Chair of Manchester Safeguarding Adults Board said that a new Chair had been appointed, clarity as to action plans sought and received and improvements are being made and the group is working much better.

In response to the impact of new safeguarding arrangements for children the Independent Chair of Manchester Safeguarding Adults Board advised that a future, interim report could be submitted to the Committee in the new financial year, however an assurance had been obtained from partners that safeguarding would be maintained and the Board would continue to monitor this.

In response to specific questions regarding the Multi Agency Safeguarding Hub (MASH) and safeguarding referrals to Adult Care the Independent Chair of Manchester Safeguarding Adults Board suggested that the Committee may wish to request a specific report on their activities for consideration from the Director of Adult Care.

Decisions

The Committee:

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

HSC/18/43 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.

A Member commented that the entry on the list of Care Quality Commission inspection report for Enterprise Care Group Ltd published 15 September 2018 was an overall rating of Requires Improvement and not Inadequate.

Decision

To note the report and approve the work programme.

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Overview and Scrutiny Public Health Task and Finish Group

Minutes of the meeting held on Tuesday, 18 September 2018

Present:

Councillor J Wilson (Chair) – in the Chair
Councillors Curley, Holt, Riasat and C Wills

Apologies:

Councillor S Lynch
Councillor Mary Monaghan

Also present:

Councillor Craig – Executive Member for Adult Health and Wellbeing
Dr Rebecca Wagstaff, Deputy Director, Health & Wellbeing Public Health England North West
Professor Arpana Verma, Head of the Division of Population Health, Health Services. The University of Manchester
Sarah Price, GM Director of Population Health
Hayley Lever, Strategic Manager, Greater Manchester Moving
Stacey Arnold, Local Public Affairs and Campaigning Manager Cancer Research UK

HSC/PH/18/3. Minutes

Decision

To approve as a correct record the minutes of the meeting held on 26 June 2018.

HSC/PH/18/4. Tobacco, Alcohol and Healthy Living (Physical Activity)

The Task and Finish Group considered a report of the Director of Population Health and Wellbeing, which provided an overview of the key strategies and plans that related to work on tobacco, alcohol and healthy living (physical activity) in Manchester and Greater Manchester.

The Group agreed to consider the report in three distinct sections – tobacco control, alcohol related harm and improving physical activity.

The Director of Population Health and Wellbeing referred to the main points and themes within the report relating to tobacco control, which included:-

- There were estimated to be just under 91,500 smokers aged 18 and over in Manchester. This was equivalent to 21.7% of the population compared with the England average of 15.5%;
- Smoking prevalence in Manchester had been falling for a number of years but the rate of reduction was much slower than in other parts of the country;
- There were around 5,999 smoking related hospital admissions per year costing approximately £5.4 million per year to the NHS in Manchester;

- Manchester had the highest rates of smoking attributable deaths in England, costing approximately £13.5 million per year to the NHS in Manchester;
- Lost productivity caused by smoking related illness, disability or death was estimated to cost the city approximately £106.2 million per year;
- The additional smoking related social care costs of current or former smokers were estimated to be approximately £11.6 million per year;
- Although cigarettes bought through legal channels raised money for the exchequer, the costs attributed to tobacco were one and a half times as much as the duty raised, resulting in a net cost to Manchester of about £47.6 million per year; and
- The key areas of work being undertaken to try to reduce and prevent early deaths caused by smoking, which included but was not limited to:-
 - The launch of the Smoke Free Manchester Tobacco Control Plan as part of 'Stoptober', the annual national campaign to encourage people to quit smoking;
 - A range of options that were being considered to ensure Manchester had a robust specialist smoking cessation service; and
 - The implementation of the CURE pilot at Wythenshawe Hospital in treating inpatient smoking addiction; and
 - The roll out of the GM Baby Clear Programme to tackle smoking in pregnancy.

The Group then listened to the views of colleagues from Greater Manchester Health and Social Care Partnership, Public Health England, Cancer Research UK and the University of Manchester, who provided objective assessments of what Manchester was currently doing and what could be learnt from best practice elsewhere.

In doing so it was reported that both Cancer Research UK and Public Health England had expressed concern that Manchester did not have a Stop Smoking Service. It was also reported that that NICE had issued guidelines on what they recommended a Stop Smoking service should entail (NG92) and that these agencies had supported the use of e-cigarettes as a viable method of quitting smoking. The Group was also made aware of a pilot scheme led by social housing providers in Salford, in the use of e-cigarettes as a means of quitting smoking for residents within social housing.

Some of the key points that arose from the Members' discussions were:-

- Whilst the work undertaken to date was applauded, more work needed to be done before there was a comprehensive whole system response to Tobacco Control in Manchester;
- What was considered a good example of a stop smoking service;
- What was the uptake on the Making Smoking History survey and what was Manchester's response to this survey;
- As part of the GM Prevention Strategy, how much funding would be allocated to Manchester;
- Was any financial support available from GM to establish a stop smoking service in Manchester;
- What were the views of professionals on the use of e-cigarettes as a method for quitting smoking;

- Whilst the ambition of the Council in addressing smoking in and across the City was welcomed, there was concern that the Plan was quite strategic;
- It was felt that if the Plan was to be successful, local communities needed to be included in the design of services within their communities;
- How was the Council intending on tackling the prevalence of smoking in communities that were not considered “hard to reach” but where there existed a high proportion of residents who smoked;
- The Council and its partners needed to ensure it was promoting the desired outcomes of the Plan amongst its staff in order to be true advocates;
- It was felt that funding would be needed from Greater Manchester in order to truly deliver the aspirations of the Plan.

Officers advised that a bespoke, specialist service, delivered by trained professionals within a community setting, with targets based on the community area was the most effective type of service that could be provided to help people stop smoking. This was also referenced in NICE guidance published in March 2018.

In terms of engagement with the survey, it was reported that 7,500 responses had been received following events in all 10 Greater Manchester local authorities. The number of responses in Manchester were the highest, but it was felt that this was due to the size of the authority. There was a lot of support to the proposed measures to help people stop smoking and also to protect children from smoking related harm. Officers agreed to provide the Group with more details around the responses from Manchester residents after the meeting.

The Director of Population Health and Wellbeing explained that smoking cessation was not a mandatory function of the GM Health devolution arrangements, however, a business case was being developed through MHCC for GM funding to deliver a community based cessation and support service. It was reported however, that the Greater Manchester Health and Social Care Partnership Transformation Fund could only be used to fund initiatives that would radically transform local health and social care services to improve the health of residents. It was not possible to use this funding to fund and maintain a service provision. Officers added that there had been investment by Greater Manchester on a number of successful quit smoking campaigns, but there was still room for improvement and it was suggested that local campaigns should look to tie in with the larger national campaigns for greater impact.

In relation to the use of e-cigarettes as a method of quitting smoking, the Executive Member for Adults, Health and Wellbeing commented that this was an area within Greater Manchester that needed more research. There were some concerns amongst Primary Care providers as to the appropriateness of such devices as a method of stopping smoking. It was also reported that there was not enough evidence yet as to the long term health effects from the use of such devices. The Executive Member however, supported by health professionals, reaffirmed the fact that evidence collected that had proven that the use of e-cigarettes had assisted in people quitting smoking and as such, a balanced approach to e-cigarettes, which maximised their potential to help people quit smoking whilst minimised the risks of unintended consequences that could promote smoking needed to be adopted until the evidence base on the long term impact on people’s health had been obtained.

Officers fully acknowledged the comments made around the need to engage with local communities and agreed that local people needed to be involved in the creation of services in their communities. He advised that there was a real opportunity before the Council now to do this and demonstrate to residents how the high level plan could be delivered and implemented within communities. The Executive Member for Adults, Health and Wellbeing commented that the creation of the Greater Manchester Strategy had been a learning experience for all those involved and now the Council and its Health partners had developed a Plan for Manchester which would address the types of challenges that were prevalent to the City.

The Director of Population Health and Wellbeing then went on to refer to the main points and themes within the report relating to improving physical activity, which included:-

- MHCC, the Councils Sport and Leisure service and Sport England were taking forward work to more closely align the physical activity and health agendas in the city;
- This new approach would help to deliver increased physical activity and reduce physical inactivity levels in Manchester in line with GM Moving targets;
- To deliver the ambition a new single system for sport and physical activity in Manchester had been designed;
- Key components of the single system included:-
 - a new strategy and partnership arrangements;
 - a streamlined role for the Council;
 - the creation of a not for profit organisation (owned by the Council) with responsibility for implementing the Sport and Physical Activity strategy on behalf of the Council; and
 - a new leisure facility operating contract (part of a provider network); and residents being engaged much more proactively than the current arrangements.
- Physical activity key indicators; and
- The 12 priority areas of the Greater Manchester Moving Plan.

The Group again considered the views of colleagues from Greater Manchester Health and Social Care Partnership, Public Health England, Cancer Research UK and the University of Manchester, of what Manchester was currently doing and what could be learnt from best practice elsewhere.

Some of the key points that arose from the Members' discussions were:-

- It was welcoming to see resources devolved to Greater Manchester from Sports England in tackling physical inactivity;
- The Council needed to start taking into consideration physical activity in a number of decision making processes;
- To truly deliver the aspirations of the GM Moving Plan social movements in communities would be required;
- Due to a lack of sufficient funding, a targeted offer was needed in Manchester;
- Who were the target audiences that the Plan aimed to address;

- There was little evidence base of what was considered a successful model, as such Greater Manchester appeared to be a pioneer in this area;
- It was felt that incremental changes to lifestyles would be more receptive by residents than the expectation of wholesale life changes;
- What was the Council doing to encourage its own staff to take up a more healthy and active lifestyle; and
- It could be seen how the Plan tied into wider determinants of health and how neighbourhoods needed to be made more walking and cycling friendly.

The Group was advised that there were three target audiences that the GM Moving Plan aimed to reduce physical inactivity levels in. These were children outside of the school setting; adults between the age of 40 and 60 with long term health conditions; and people who were out of work or at risk of losing their jobs. Evidence gathered had highlighted that following a survey of 15 year old children, over 72% of children in Manchester were sedentary for more than 7 hours a day in an average week, which was slightly higher than the national average of 70%. Evidence also highlighted that 24.9% of adults (aged 19 or older) in Manchester undertook less than 30 minutes of moderate intensity physical activity per week.

Officers agreed that the joined up approach across all services to tackle physical activity was not being replicated anywhere else in the Country so there was no comparisons that could be made as to what constituted success. It was commented that this should not however, detract from what the Greater Manchester Moving Plan was trying to achieve.

The Executive Member for Adults, Health and Wellbeing advised that in terms of encouraging its own staff to take up a more healthy and active lifestyle, the Council had relaunched its own health and wellbeing plan and agreed to provide the Group with further details on this.

At this stage of the meeting, the Director of Population Health and Wellbeing proposed to defer consideration of the part of the report that related to alcohol related harm to the next meeting in order for the Group to give detailed consideration to this issue.

Decision

The Group:-

- (1) Thanks the Director of Population Health and Wellbeing for the report;
- (2) Thanks the representatives from Greater Manchester Health and Social Care Partnership, Public Health England, Cancer Research UK and the University of Manchester for attending and their contributions;
- (3) Proposes the following recommendations in relation to tobacco control and reducing smoking:-
 - a. Officers continue to develop appropriate business cases to develop stop smoking services within Manchester;
 - b. Officers and appropriate Health Partners work together in developing an evidence base on the long term health effects from the use of e-cigarettes

- and the extent to which these can be used to help people quit smoking;
and
- c. Officers adopt a more co-ordinated approach to delivering stop smoking campaigns in Manchester and across Greater Manchester in order to gain the best return on investment.
- (4) Supports the progress to date and future ambitions of the Greater Manchester Moving Plan; and
- (5) Agrees that consideration of the report in relation to alcohol related harm be deferred to the next meeting of the Task and Finish Group

HSC/PH/18/5. Terms of Reference and Work Programme

The Task and Finish Group were invited to consider and agree its work programme and terms of reference.

Decision

The Group:-

- (1) agrees the Work Programme, subject to the inclusion of the excerpt on alcohol related harm from the above report on Tobacco, Alcohol and Healthy Living (Physical Activity) being added to the work programme for the next meeting;
and
- (2) agrees that the Chair will canvass Members' availability with a view to arranging the next meeting within the next four to five weeks.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 6 November 2018

Subject: Manchester Mental Health Transformation Programme

Report of: Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning

Summary

This paper provides the Health Scrutiny Committee with a progress report on Manchester Mental Health Services, following the acquisition on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The paper covers an update on progress made since January 2018, or 22 months since the acquisition, of the transformation programme, organisational change and development.

Recommendations

The Health Scrutiny Committee to note the contents of this report.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable)

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	GMMH are leading the way in terms of apprenticeships and supporting apprentices across the organisation (significantly above other north west providers).
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The development of Improving Access to Psychological Services (IAPT) has and will continue to be informed by an equality impact assessment to ensure service expansion and service offer reaches out to all communities and enables recovery
A liveable and low carbon city: a destination of choice to live, visit, work	

A connected city: world class infrastructure and connectivity to drive growth	
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Contact Officers:

Name: Professor Craig Harris
 Position: Executive Nurse (DIPC) and Executive Director of Safeguarding-MHCC
 Telephone: 0161 765 4126
 Email: craig.harris2@nhs.net

Name: Deborah Partington
 Position: Director of Operations, Greater Manchester Mental Health NHS FT
 Telephone: 0161 358 1608
 Email: deborah.partington@gmmh.nhs.uk

Name: Jane Thorpe
 Position: Deputy Director of Commissioning, MHCC
 Telephone: 0161 7654583
 Email: j.thorpe@nhs.uk

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.

-On 2nd March 2017, the Health Scrutiny Committee received a report on the plans and progress at that time regarding Manchester Mental Health Services; post acquisition.

-On 10th October 2017, the Health Scrutiny Committee received a report on 'Improving access to Psychological Therapies' (IAPT), the progress that had been made and plans moving forward.

-On 30th January 2018, the Health Scrutiny Committee received a report on 12 month progress of the transformation of services since the acquisition of services by Greater Manchester Mental Health NHS Foundation Trust

1.0 Introduction

The intention of this paper is to provide the Health Scrutiny Committee with a progress report at 22 months following the acquisition of Manchester Mental Health Services, on the 1st January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH).

The paper provides an overview of the achievements delivered to date through the clinical transformation programme and the plans for the coming year.

2.0 Background

For over a decade, Manchester Mental Health and Social Care NHS Trust (MMHSCT), the main provider of mental health services in Manchester had been subject to enhanced monitoring, external reviews and had faced a number of significant challenges. In January 2015, the Board of Directors of MMHSCT agreed that the Trust was unsustainable in its current form and approved the Trust Development Authority (TDA) recommendations to enter the Transaction Approval Process.

The outcome a competitive process saw the selection of Greater Manchester West Mental Health NHS Foundation Trust (GMW) as the preferred acquirer of MMHSCT. In turn, GMW submitted a Full Business Case and commenced the transition/transformation process for Manchester Mental Health Services. GMW formally acquired the Manchester Services on the 1st January 2017 and became Greater Manchester Mental Health NHS FT (GMMH).

This paper provides an update to the board on current service delivery for the trust, the progress made in the transformation programme and summarises where future service development is required.

In summary, the changes made have resulted in the expansion of some services and pathways of care (highlighted in section 3). Key performance indicators for these services (outlined in section 4) are showing increased access to services with reductions in waiting times. The mental health care services in Manchester are enabling people in need of acute mental health inpatient care to receive this within the city or within Greater Manchester, thus reducing the need for the use of out of area beds. Commissioners and GMMH believe that consistent improvements in performance will continue to be seen in the new calendar year when the new models of care will be fully operational and when patients will begin to experience the difference in service offer, as outlined in section 3.

GMW proposed a number of key Clinical Transformation priorities to address the requirements of the commissioner specification for mental health services in Manchester. The commissioner specification outlined a series of key deliverables - the safe transition of services and the transformation of services in line with the Mental Health Improvement (MHIP) Programme/specifications, and placed based care.

The priority MHIP pathways, which form the current scope of the transformation programme, and are within the NHS 2 year contract awarded in 2017 are:

- An Integrated Care Pathway for Common Mental Health Problems
- An Integrated Care Pathway for Acute Crises
- An Integrated Care Pathway for Rehabilitation from Psychosis and Longer-Term Care

In addition to the transformation programme agreed with MHCC, GMMH are also undertaking service developments aligned to Greater Manchester (GM) transformation workstreams, including:

- The development of 'Core 24' compliant Mental Health Liaison Services in acute trusts, ensuring specialist 24/7 mental health expertise is available in A&E departments and wards in acute trusts for the provision of assessments, interventions, care planning and training/advice.
- The provision of a Children and Young People's 'All Age RAID' /Mental Health Liaison Service in Acute Trusts, as an extension to existing Liaison Services which are for people aged 16 years +.
- The development of a Specialist Perinatal Community Mental Health Team for Greater Manchester to safely and effectively meet the needs of mothers with serious mental illness and their infants in a community setting using a recovery model. This service is delivered by GMMH.
- The delivery of a homelessness trailblazer project to improve access and assessment for homeless people in Manchester.

3.0 The transformation programme – A summary of achievement

GMMH have delivered transformation via a series of Transformation Working Groups (TWG). Each TWG is focussed on delivering the priority areas for clinical transformation and service Improvement. Membership of each TWG includes clinicians, operational managers, GMMH corporate teams, service users and carers and where appropriate external stakeholders and partners.

The TWG's are as follows:

- Improving Access Psychological Therapies (IAPT) TWG
- Acute Care Pathway, including:
 - Access to Services/Single Point of Contact (SPOC) TWG
 - Enhanced Community Mental Health Team(s) (CMHT)TWG
 - Home Based Treatment TWG
- Urgent Care, including:
 - Mental Health Liaison into Acute Trusts TWG
 - Section 136 Facility TWG
- Reduction in Out of Area Placements, including:
 - Adult Acute and PICU Inpatient Out of Area Placements (OAP) TWG
 - Rehabilitation Pathway TWG
- Community Engagement TWG

Table 1

Clinical Transformation Work Streams	Link to MHIP	Services in Scope	Timescales for delivery – GMMH to input
Improving Access to Psychological Therapies (IAPT) including: Step 4 Psychology	Integrated Care Pathway for Common Mental Health problems	Primary Care Psychological Therapies	Transformation programme complete, now business as usual with routine operational and performance management.
Acute Care Pathway (ACP) including: <ul style="list-style-type: none"> ▪ Single Point of Contact (SPOC) ▪ Home Based Treatment (HBT) ▪ Enhanced Community Mental Health Team(s) (CMHT) 	Access to Services which enables effective triage and access to right care	Gateway Team Primary Care Hub 3 Home Based Treatment Teams 6 Adult CMHT's 3 Older Adult CMHT's	Enhanced Community Model to be fully operational November 2018.
Urgent Care including: Mental Health Liaison into Acute Trusts Section 136 Facility	Integrated Pathway for Acute crisis	3 Liaison and Emergency Department Mental Health Teams	Liaison transformation ongoing in line with GM programme. S136 suite at NMGH opened 2 nd July 2018.
Reduction in Out of Area Placements (OAP's) including: Acute inpatient Care, Psychiatric Intensive Care Unit Rehabilitation Pathway and reduction in OAP's.	Integrated Pathway for rehabilitation from psychosis and severe and enduring mental health problems	Adult Inpatient Wards Psychiatric Intensive Care Wards Rehabilitation Wards and Community Provision	Progressing in line with trajectory to eliminate OAPs by 2021.
Community Engagement including: <ul style="list-style-type: none"> • Enabling co-production • The Manchester Wellbeing Fund • Community Wellbeing Hub 	To confirm the mental health offer within the LCO Stakeholder and service user engagement	CMHT's Recovery Services	

A positive outcome of the acquisition process has been a shared understanding and position between MHCC and GMMH of what services and KPI's should be delivered from the block contract following acquisition. This has enabled an analysis of gaps between what was required to deliver the stretch targets and service expansion outlined in the Mental Health 5 Year forward view, and how this expansion and new resource dovetails with the transformation programme.

Commissioners have monitored delivery of transformation as part of the contract process and the detail of what has been delivered as a result of these working groups is outlined below:

3.1 Improving Access to Psychological Therapies (IAPT)

3.1.1 Summary of Progress to Date

Objective	Progress to date
<p>Revised clinical model developed with stakeholders which meets prevalence requirements for Manchester.</p>	<p>Secured additional £791K for North Manchester pilot to ensure at least 20% of those service users with a common mental health problem and a co-morbid Long term condition accessed the service. The refurbishment of Harpurhey Day Centre to enable the provision of a range of groups and activities to support health and wellbeing in the local community.</p> <p>Redesigned the pathway to optimise early opportunities to facilitate self-management & secondary prevention.</p> <p>Stepped care 'IAPT Plus' model to improve patient flow through the pathway, manage resources more efficiently & meet the needs of service users more effectively.</p> <p>Delivered a Citywide single point of access to Step 2 & Step 3, ensuring easy access for service users and referrers, consistent triage / assessment and referral to the most appropriate service in a timely way.</p> <p>Working in partnership with Third Sector providers.</p> <p>Providing a sustainable solution to achieve consistent performance against the range of national and local metrics.</p> <p>Implementation of a waiting list initiative to address historical long waits in former Step 4.</p> <p>Business case developed and approved to meet 19% prevalence in 2019/20, in line with the national target.</p> <p>Invested in a new clinical recording system that is easier for staff to use and supports the efficiency of clinical delivery.</p> <p>Capital works have taken place to utilise Chorlton House as an IAPT Hub, ensuring improved access for service users.</p> <p>Invested £850K in the redesign of Harpurhey to develop the community wellbeing hub, with provision of 10 dedicated IAPT counselling rooms alongside the continued provision of a range of groups and activities to support health and wellbeing in the local community.</p> <p>The IAPT Division and Estates have sourced an appropriate property,</p>

well placed within the south locality.
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3.1.2 Summary of Impact and Outcomes:

- In the last year we have seen a 26% increase in the number of people receiving help from Manchester IAPT services.
- An overall reduction of waiting times by 13% and recovery rates improving by 24% meaning more people being seen sooner and with better outcomes.
- Sustained improvement against the 18 week wait target, August position is 94.9% against 95% target.
- Improved accessibility via the single point of access – improving the experience for service users and more effective referral pathways for GPs.
- Increased provision of clinical venues across the city to ensure easier access for service users and promoting care closer to home
- All service users on Step 4 waiting list to be offered therapy by January 2019.
- Mobilisation of business case, all posts now recruited to and staff in post by early 2019.

3.1.3 Next Steps:

A workshop was held on 16th October 2018 facilitated by MHCC with 3rd sector partners to explore how GMMH can work together and in partnership to deliver the required future prevalence targets of 25% by 2021.

3.2 Acute Care Pathway (ACP)

Improving access and moving health provision into the community, supporting care closer to home and providing the best treatment in the right place at the right time is fundamental. This is enabled by transformation of the acute care pathway to provide accessible, locality-based services that will promote improved interface and Multi-Disciplinary team working between Primary Care, CMHT, HBT and inpatient services.

3.2.1 Summary of Progress to Date

Objective	Progress to date
Acute Care Pathway (ACP) including: <ul style="list-style-type: none"> • Single Point of Contact (SPOC) • Home Based Treatment (HBT) • Enhanced Community Mental Health Team(s) (CMHT) 	<ol style="list-style-type: none"> 1. <u>Single Point of Contact (SPOC)</u> <ul style="list-style-type: none"> • Delivery of a clinically-led single point of contact which will ensure service users are directed to the correct service in a timely manner. • Workshops held to identify improvements to the model, included representation from General Practice, the GP Federation, Primary Care and GMMH staff. • Task and finish groups have now been established to implement improvements, including timely feedback to referrers and rapid access to clinical advice, improved clinical information gathering and revision of the duty system. 2. <u>Home Based Treatment (HBT)</u> <ul style="list-style-type: none"> • Provision of a seamless urgent care pathway between inpatient

services and the CMHTs. This pathway supports service users to receive care and treatment in the least restrictive environment and avoid hospital admission. Additionally, the model promotes facilitation of early discharge and a corresponding reduction in length of stay.

- Organisational change process has been followed for staff to integrate gatekeeping functions and night time practitioners into HBT, providing an additional 14 staff.
- Established 3 Home Based Treatment Teams aligned to Divisions, with the capacity to provide up to 3 home visits per day. From November 2018 all 3 Teams operate over 24 hours, 7 days per week.

3. Enhanced Community Mental Health Teams (CMHTs)

- The Trust has developed an enhanced community model (ECM). This includes the provision of a 7-day stepped care CMHTs, offering care and support to those service users with severe and enduring mental illness.
- Consulted over 400 staff and commenced organisational change to deliver the ECM. Teams integrated into CMHTs to ensure a service that is responsive to individual's needs.
- Daily planning meetings introduced which will ensure a rapid effective intervention responsive to service user's needs, including the capacity for increased support and up to 3 visits per week from familiar staff.
- The CMHTs are aligned to the neighbourhood model of the Manchester Local Care Organisation.
- Improved work with service users and carers to promote recovery focused care.
- Increased number of physical healthcare workers in each team, thus improving physical health and interventions offered.
- Enhanced the support offered to service users who are being transitioned back to primary care through the offer of a comprehensive review of needs.
- Developed and agreed an agile working procedure for staff and invested over £300K in mobile devices to allow staff to work flexibly, improve efficiency and improve the clinical offer for service users.
- Early Intervention Services relocated to new accommodation in North and Central Manchester to be nearer the community they serve.
- Completed a review of all community accommodation, to improve access to service users and provide care closer to their homes, recommendations now being progressed.
- Strengthened liaison with GPs via lead consultant delivering GP practice visits in all divisions and regular updates to LMC.
- Developing model to provide an identified link worker for GP practices with the role of the link worker clearly articulated, to improve communication and outcomes for service users.
- Dedicated time on a weekly basis to enable GPs to discuss

	<p>individual cases with consultants. It is anticipated this will be in place by December 2018.</p> <ul style="list-style-type: none"> • First Episode in Psychosis services (Early Intervention Services) now integral to Manchester services within GMMH, following transfer of services from RDASH and are funded to meet NICE concordat care and the 2 week waiting time requirements in line with the national requirements. • Working with Self Help Services and Turning Point to incorporate the Sanctuary and Crisis Point crisis beds into the Acute Care Pathway.
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3.2.2 Summary of Impact and Outcomes:

i. Access to Services – Single Point of Contact (SPOC)

- SPOC receives and processes over 1400 referrals per month.
- Providing a simplified system, understood by GPs and Primary Care.
- Improved clinical overview of referrals to ensure service users receive the right care, in the right place at the right time.
- The IT system interfaces with the primary care CCG system and the Local Authority system MiCare.

ii. Home Based Treatment:

- Providing 3 HBTs, aligned to Divisions, with clear MDT working with CMHTs and inpatient services, ensuring a seamless care pathway between services for service users.
- From the 5th November HBT will provide a 24/7 service offering up to 2 home visits per day, thus offering a genuine alternative to inpatient admission.
- Between April 2017 and July 2018 there was a 60% increase in HBT referrals.
- It is anticipated that the transformed HBT offer will contribute towards:
 - Reduced number of inpatient admissions
 - Reduced length of stay in hospital
 - Reduced number of readmissions
 - Reduced number of out of area placements
 - Reduced number of service users who are known to services who present at A&E.

iii. Community Mental Health Teams:

- Integrated service that is more accessible and easier to navigate for service users, with less transition points and therefore fewer assessments
- Consistent clinically led care pathways leading to better outcomes for service users.
- Daily MDT planning meetings support identification of at risk service users and allow responsive support.
- Service users receive more intensive support at times of greater need from familiar staff
- CMHTs aligned to LCO neighbourhoods to ensure effective inter-agency working.
- In the last year 774 service users in Adult CMHTs with identified poorer health outcomes have benefited from enhanced physical healthcare provision.
- There has been a 50% reduction in consultant caseloads from January to September 2018 and 60% waiting list reduction in the same period. This has

released consultant clinical capacity to provide greater input to service users under the CMHTs with a higher acuity of need.

- Rapid re-access to CMHTs for patients who are deteriorating/ relapsing and improved link for GPs to contact Consultant Psychiatrists for support and advice.
- Provision of accessible services close to where service users reside.
- Strengthened relationships between GPs and mental health specialists to improve service user care and experience.
- People in crisis who have non-clinical but significant support needs receive crisis support and are diverted away from A&E.

3.2.3 Next Steps:

The process of embedding the new system within a culture of quality across all Community Teams is ongoing and it is anticipated that changes will take time to fully embed within teams. Plans for the delivery of a 7-day CMHT service and a full evaluation of the Transformation Programme are being considered. Furthermore, teams are engaged at a strategic and local level with the LCO to consider what the mental health offer will be going forward.

3.3 Urgent Care

Mental Health Liaison into Acute Trusts

Delivery of 'Core 24' compliant Mental Health Liaison Services ensures service users receive timely access to care and treatment from mental health professionals when presenting within acute trusts.

Section 136 Facility

A Section 136 suite is a dedicated mental health unit for the reception and assessment of service users detained by the police under Section 136 of the Mental Health Act (1983). Prior to July this year the city of Manchester did not have a dedicated Section 136 facility.

3.3.1 Summary of Progress to Date

Objective	Progress to date
To develop a clinically effective and sustainable model of care delivery as an interim position, pending GM transformation funding to ensuring compliance with Core 24	<ul style="list-style-type: none"> • Identified internal investment and Transformation Fund to recruit additional staff to provide more timely assessments and interventions and support achievement of 24/7 coverage at each hospital site and not just A&E. • Senior clinical leadership secured at each site to inform service development and ensure services are clinically led and operationally partnered. • Worked with stakeholders to co-produce a revised model for service delivery of a single liaison team at each hospital site. • Engaged with Greater Manchester Police, North West Ambulance Service and other stakeholders to inform and develop the clinical model, with a focus on supporting those who frequently attend.

Standards.	<ul style="list-style-type: none"> • Led on the co-production of a GM wide business case for the delivery of 'Core 24' compliant liaison services across GM, including the three core Manchester hospitals. Phasing and release of funding agreed as follows: <ul style="list-style-type: none"> ➢ MRI – September 2018 ➢ NMGH – September 2019 ➢ Wythenshawe – April 2020 • Mobilised service development at MRI
GMMH to deliver a fully operational Section 136 Suite at the NMGH site	<ul style="list-style-type: none"> • Opened first Section 136 facility for city of Manchester at NMGH on 2nd July 2018. Capital build completed and additional staff recruited to support service. • The suite is aligned to the Psychiatric Assessment Ward, SAFIRE Unit at Park House. The Police Triage Helpline has been transferred to SAFIRE Unit to ensure experienced staff can support and advise police.

3.3.2 Summary of Impact and Outcomes:

- Provision of specialist mental health assessment with an effective care plan at first presentation.
- Positive impact on A&E performance and wait times.
- Ensured re-attendances are reduced by providing enhanced care plans for frequent attenders at A&E in order that they receive appropriate care and support.
- Reduced re-attendance for Identified cohort of frequent attenders at A&E, as below:
 - North Manchester – 38%
 - Central Manchester – 37%
 - Trafford and South Manchester – 27%
- Dedicated place of safety, rather than detention in an inappropriate setting, therefore resulting in improved patient experience.
- Reduction in the length of time people in distress wait for an assessment, intervention and treatment.
- Reduction in the time and resources needed by police and acute trusts by diverting people in crisis away from busy A&E departments to a therapeutic space.
- There have been over 80 referrals in the first 9 weeks of operation.

3.3.3 Next Steps:

A presentation is being prepared for the Greater Manchester Combined Authority and the Mayor's Office on the Manchester urgent care system and progress and next steps following acquisition. This will be delivered by the Executive Director of Nursing for MHCC and the Executive Director of Operations for GMMH.

Service developments will be mobilised at NMGH and Wythenshawe in line with the agreed GM phasing.

3.4 Reduction in Out of Area Placements

Out of Area placements continue to be a pressure across GM. In Manchester findings show that this is in part due to an increase in demand for Adult Acute and

PICU beds, a higher Length of Stay (LoS) with up to 50% of beds used for patients with LoS in excess of 50 days against the national average of 28-30 days.

3.4.1 Summary of Progress to Date

Objective	Progress To date
<p>Reduction in Out of Area Placements (OAPs) including:</p> <ul style="list-style-type: none"> • Acute inpatient care • Psychiatric Intensive Care Unit (PICU) • Rehabilitation pathway 	<p>GMMH has instigated a number of developments, including:</p> <ul style="list-style-type: none"> • Appointed a Strategic Lead for Patient Flow Development and Delivery in June 2017 • Executive Director of Operations for GMMH is leading a Greater Manchester wide OAPs workstream which is accountable to, and reports into the GM Adult Mental Health Delivery Board. • A 10 point action plan has been developed to eliminate OAPs by 2021 which includes: <ol style="list-style-type: none"> 1. Whole system collaboration 2. Agreed GM definition and trajectory 3. Patient flow data set and monitoring arrangements 4. Standards of acute care pathway fidelity 5. A GM Bed Bureau 6. Responding to crisis 7. Collaborative community housing options 8. Learning from other areas 9. Evaluation with service users, their families and friends 10. Costs and system to reduce OAPs • Robust systems are now in place to monitor patient flow. • Weekly performance monitoring meeting chaired by the Director of Operations to review use of all OAPs including costs, supported by a weekly report to the Executive Management Team • Weekly reports for local leadership teams to support the management of patient flow. • Daily capacity reports are provided to the Associate Director of Operations from services with plans to create capacity built into the day's contingency planning with all clinical staff supported by a daily conference call led by the Associate Director regarding current capacity, contingency and plans. • Bed management procedures have been reviewed and updated to Include weekly action focussed bed management meetings chaired by the Strategic Lead in which all patient discharge plans are reviewed to identify barriers to discharge and progress actions • The Bed Management Bureau, which is being planned will provide a patient flow and capacity management system, retaining a 24 hour overview of bed capacity and demand to support optimum bed usage efficiency with no service

	<p>users being admitted to an OAP unnecessarily.</p> <ul style="list-style-type: none"> • GMMH have invested in a provider wide bed management system (IPFM system and central hub) • Expansion of acute and rehabilitation beds for the city and GM to match 17/18 bed capacity and demand including: <ul style="list-style-type: none"> ➤ McColl Ward 14 bedded male Acute Ward based in Meadowbrook Unit Salford - Opened in 2016 leading into the transition between MMHSC and GMW. ➤ Griffin Ward 8 bedded female 18 to 25 year olds based at Prestwich opened October 2017. ➤ Beech Range in Levenshulme with Home group non-profit making organisation - 8 bedded step down unit, opened July 2018. ➤ Maryfield Court with ASC Health Care, GMMH and Bolton, Salford, Manchester and Trafford CCG's - 13 bedded male acute unit in Whalley Range. ➤ Reviewed and adapted the model of care at Bramley Street Community Rehabilitation Service to provide 6 male step down beds in Lower Broughton Salford. ➤ Ongoing review of Turning Point Crisis Beds provided in Manchester. ➤ Contract with Priory Heath care for 10 adult acute beds at Priory Cheadle which was extended and increased to 15 beds in August 2018. ➤ Development of an Implementation Plan to pilot an Enhanced Supported Housing Model with Creative Support is in progress and GMMH are developing links with housing and commissioning stakeholders. ➤ GMMH are working with housing providers to develop options for ongoing support in the community. ➤ Reduction in Delayed Transfers of Care and Delayed Discharges.
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3.4.2 Summary of Impact and Outcomes:

All measures implemented will contribute to a reduction in the number of OAPs. This will result in significant benefits to service users and carers, including:

- The right care, in the right place, at the right time.
- Continuity of care from a dedicated Care Coordinator who is known to service user and who can facilitate effective discharge planning.
- Service user can retain contact with family, carers and friends and continue to access local networks / provision.
- Care and treatment made available as near as possible to where service users reside to improve local care pathways and ensure access to local networks and provision.

- Increased opportunities to engage in local communities promoting recovery.

This will also result in system-wide benefits, including:

- Release of resources and investment in local service infrastructure.
- Strengthens local provision and increases choice.
- Improved ability to manage service providers and oversee the quality of care.
- Accurate and current data supports scrutiny and better management of patient flow.

The number of occupied bed nights for reportable OAPs in Manchester has reduced from 1271 in April 2018 to 519 in July 2018, a reduction of 59%. The bed bureau will support patient flow and inpatient and community clinical teams, over a 24-hour basis.

All wards at Braeburn House have now been assessed by the Royal College of Psychiatrists for AIMS Standards for Rehabilitation. One Ward has had Accreditation confirmed. The other two wards are also nearing their accreditation status.

3.4.3 Next Steps

To review and consolidate current developments in order to model demand and capacity across GM and implement a sustainable community offer.

3.5 Community Engagement

GMMH are delivering a Person and Community Centred Approach across the 12 designated Manchester neighbourhood in line with the four pillars of the Manchester LCO's integrated neighbourhood model: promoting healthy living; building on vibrant communities; keeping people well in the community; and supporting people in and out of hospital. The Trust is working collaboratively with all service users, service user groups, carers, and other stakeholders to embed services within neighbourhoods, facilitate community engagement, and utilise community assets.

In July 2018, following extensive consultation, GMMH launched a refreshed user Engagement Strategy and more extensive user engagement structures are being implemented in Manchester on a locality model to give more direct input to operational service delivery. The Trust has also successfully delivered the first year of the Manchester Wellbeing Fund which is a three year programme to invest 500k annually in Manchester communities in order to:

- Increase awareness and reduce the stigma associated with mental ill health
- Promote mental wellbeing
- Promote self-care and peer support
- Increase the resilience of local communities to mental ill health

This programme has established neighbourhood level budgets according to deprivation profiles and decision making around funding proposals is shared with users, carers, and community representatives.

3.5.1 Summary of Progress to Date

Objective	Progress To date
<p>To deliver a 'One Team' working model of community engagement.</p>	<ul style="list-style-type: none"> • The Community Engagement Transformation Working Group has continued to meet monthly with GMMH staff, VCSE, and user and carer reps. • Closer working arrangements are developing between GMMH community teams and the LCO Integrated Neighbourhood Teams with dedicated link workers established for each. • Enabling Co-production: this has involved recruiting and supporting service users and carers to participate in the Transformation Steering Group and all the TWGs in line with the Trust's volunteering and user engagement strategy. These representatives have reported to the monthly Manchester User and Carer Forum around Transformation and linked into other user groups across the city. Reps also developed and facilitated a Recovery Academy 'Enabling Co-production' module. Since the refresh of the User Engagement Strategy (July) new structures for user engagement have been developed with service users and carers based on the three Manchester divisions and these are due to go live in January 2019. • The Manchester Wellbeing Fund (MWF) was launched in October 2017 with a total annual budget of £500k and is planned to run for three years. The MWF has established 12 neighbourhood budgets with 4 funding bands corresponding to deprivation levels. It is a small grants model (up to £5k per proposal) and its objectives are to build community capacity to promote mental wellbeing and challenge stigma around mental illness. Decisions are made through 3 locality groups which meet monthly and comprise GMMH staff, users, carers, and community reps. The model aims to build on existing community assets and is a collaborative (and co-productive) process rather than a competitive one. • GMMH are developing a community wellbeing hub in Harpurhey at 93 Church Lane and are finalising a long term lease with MCC prior to investing c.£850k in the refurbishment of the building to provide 10 dedicated IAPT counselling rooms alongside a range of groups and activities to support health and wellbeing in the local community. The anticipated opening of the new centre is June 2019 and groups previously operating at the base have been temporarily relocated to Harpurhey Neighbourhood Project. • Continued delivery of asset mapping and community health and wellbeing service (Buzz) in line with the '5-Ways to Wellbeing'. • GMMH have continued to participate in the CCG Mental Health grants programme and operational links have been identified for each of the projects funded.

	<ul style="list-style-type: none"> GMMH are delivering 'Be Well', the North Manchester Community Links for Health contract, which is £1.2m p.a. and involves the delivery of wellbeing interventions for people referred by GPs.
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3.5.2 Summary of Impact and Outcomes:

- The Community Engagement workstream has facilitated user and carer involvement in the Transformation programme with 22 individuals engaging in the groups and around 250 hours being contributed to meetings.
- Service user and carer reps have gained confidence and skills in working with GMMH staff and vice versa. Manchester reps have made key contributions to the refresh of the Trust User Engagement Strategy and the delivery of the Enabling Co-production course on the Recovery Academy.
- Over 70 projects have been funded through the MWF across all neighbourhoods in the city with key themes around physical activity, creative arts, horticulture, peer support and mental health awareness.
- Numerous volunteering opportunities have been created and hundreds of hours of activity have been delivered across a diverse range of Manchester communities. Innovative projects have been created which build confidence and support the self-management of mental wellbeing through non-clinical activities.
- The neighbourhoods with a stronger range of VCSE groups are fully committed for 2018-19 but several neighbourhoods with less community activity still have resources to allocate and GMMH are actively promoting proposals.
- GMMH have undertaken an extensive engagement programme with community groups and service users at the Wellbeing Centre including holding an innovative 'design competition' which brought service users and staff together on the decision making panel for the selection of the preferred architects. Subsequent workshops with users have determined the detail of the layout and furnishing of the new centre and the resulting model will establish an accessible and welcoming community hub in the heart of North Manchester.
- The changes entailed in this programme have, however, caused anxiety amongst some of the user groups and GMMH are committed to maintaining supportive relationships with them through ongoing meetings.

3.5.3 Next Steps

To embed the Community Engagement approach as 'business as usual' across GMMH services in Manchester and ensure continuing alignment with the MLCO integrated neighbourhood model. Continue to enable co-production by supporting users, carers and community reps to become shared decision makers in their care and service delivery models in line with the Trust User Engagement Strategy. Ensure further engagement with VCSE groups via the MWF and other partnership structures to build community capacity and resilience around mental wellbeing.

4.0 Performance

Monthly Performance and Quality Meetings are held with the Trust, and it is evident from a commissioning perspective at these meetings, that the Trust has a strong desire and determination to improve the performance and quality of the services Manchester people receive. This commitment to improvement is also evident following the Care Quality Commission's inspection of the Trust in December 2017, when the Trust received an overall 'Good' rating and a specific rating of 'Outstanding' for services being well led. The inspection team were struck by how well the leadership team at GMMH had brought the Manchester services into the trust and improved them. Following the acquisition in January 2017, Manchester has begun to see improvements against a number of mental health key performance indicators.

More people are accessing psychological therapy for common mental health conditions such as depression and anxiety. Between April to July 2018, 5,125 people accessed treatment, compared to 4280 in the same period last year. Based on current performance, Manchester is forecast to deliver psychological treatment to 15,000 people this financial year, which represents 17% of people estimated to have a common mental health condition. This will be an improvement against the 2017-18 achievement of 15.6% and the 14% achievement in 2016-17.

There has been a gradual improvement in the length of time people wait for therapy. In 2017-18, 92% of patients who accessed treatment waited less than 18 weeks, compared to 85% in 2016-17. Improvements have continued into 18/19, with performance up to July at 94% (target 95%). Recovery rates have also shown a slight improvement. Between April and July, 43% of people recovered following their treatment, compared to a recovery rate of 38% in 2017-18.

Throughout the most part of 2017-18, the number of out of area placements for people requiring admission to an inpatient bed remained consistently high. The start of 2018-19 has seen a significant drop in people being sent outside of Greater Manchester, reducing from a total of 1271 out of area bed nights occupied by 33 people in April to only 51 bed nights occupied by 7 people in August.

Manchester consistently performs well against the First Episode in Psychosis standard, despite the increase in referrals and caseloads. In July 2018, 87.5% of people experiencing a first episode of psychosis were treated with a NICE approved care package within two weeks of referral (target 53%)

There has been a significant reduction in A&E attendances for those patients with mental health who use the A&E most frequently. Through collaboration between the mental health and the acute Trusts, a total of 100 patients were identified as 'frequent attenders', who visited A&E a total of 2,143 times in 16/17. During 17/18, these patients received specialist multi-agency support, resulting in a 34% reduction in A&E attendances for these 100 frequent attenders, above the national 20% reduction target.

Manchester's first ever Section 136 Suite opened in early July 2018. The new suite will improve patient care and will mean many of the patients detained under s136 will no longer have to go to A&E, helping to reduce waiting times.

There has been an improved incident reporting culture within the trust. In April 17, there were 458 incidents reported across GMMH, of which 97% resulted in low or no harm, compared to 2,913 incidents reported in March 18 of which 99% resulted in low or no harm.

5.0 Challenges

GMMH continue to experience particular challenges in relation to workforce and the recruitment of skilled mental health professionals. As can be seen above service developments have resulted in the requirement to recruit a significant number of staff of varying skill mix, professions and levels. GMMH continue to engage in workforce discussions at a GM and national level and explore innovative solutions. The Trust has recently developed a new workforce strategy.

Significant organisational change and development has been implemented within GMMH over the last 22 months, with the redesign of corporate services, the alignment of clinical and operational leadership structures and service level redesign. A process of developing our shared values and organisational culture will now be fundamental.

6.0 Summary and Next Steps

Year two of the two/three year programme to transform the clinical system in Manchester is coming to an end. Significant progress has been made, with many key performance indicators seeing a positive upward trend. Other improvements will be achieved following the large scale organisational changes that are coming to an end. Service users, carers, staff, and other stakeholders remain involved in all elements of transformation and a strategy is being developed to ensure their onward engagement for when transformation becomes part of the Trusts normal business.

Corporate support from the trust for Manchester services continues to be extensive with a wholesale programme to improve and upgrade IT systems and infrastructure planned, and with the introduction of a new IM&T patient information system planned for December 2019. To date GMMH has committed £1.6m to improve the Manchester systems. GMMH is also investing in a capital programme, which will make essential improvements to the community team premises.

The next steps in focus are:

- Allowing full implementation of the service developments listed in this paper and to realise consistent performance achievements in reducing waiting times, increasing access and reduction in out of area placements, and service user experience.
- To explore how to best align GMMH provided services with third sector and other providers to reduce fragmentation in pathways of care and improve the patient experience
- To better align social care and health commissioning for mental health.
- Seek improvements in psychology waiting times for people with complex need and for people seeking support and diagnosis for ADHD and ASD.

6.1 Transformation Working Groups

Each Transformation Working Group is now coming to the end of the second year of work that agreed and planned the changes needed and laid the foundations for change. Transformation will be embedded within the Trust normal business framework, supported by the existing quality and governance structure.

6.2 Timeline for Evaluation

Milestones	Timeframe
Evaluation and next steps	January 2019 to March 2019

7.0 Recommendations

The Health Scrutiny Committee is asked to note the contents of this report.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 6 November 2018

Subject: Prepaid Financial Cards - Adult social care (MLCO)

Report of: The Executive Director of Commissioning & DASS

Summary

This report provides Members of the Health Scrutiny Committee with some background information regarding Prepaid cards, an update on the Procurement process and an outline of the Implementation process of Prepaid Financial Cards within adult social care, now delivered through Manchester Local Care Organisation.

The Prepaid Cards are aimed at Citizens who use a Cash Personal Budget/Direct Payment to manage their own care and support and will enable them to have a more accessible way of managing their care and support. In addition, this approach will support officers in MCC finance to better manage the routine processes currently undertaken by a number of different sections in the Finance and Audit teams in relation to the Cash Personal budget process.

By implementing this approach, Manchester has joined the growing numbers of Local Authorities and Clinical Commissioning Groups in England who use a Prepaid card option. The next steps involve integrating the approach into existing processes and raising the awareness of staff, as well as promoting the use of cards to existing citizens who use a personal budget as well as new users of a personal budget option.

Recommendations

For Members of Health Scrutiny Committee to note the developments of service improvements in relation to Prepaid Financial Cards within the adult social care statutory processes.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes

Manchester Strategy Outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse	The provision of Prepaid cards to adult social care eligible citizens enables people to be empowered in their care and

and distinctive economy that creates jobs and opportunities	support needs. This could also include the employment of Personal Assistants so citizens become employers and contribute to Manchester's economy and job creation
A highly skilled city: world class and home grown talent sustaining the city's economic success	Putting citizens in control of their own Personal Budgets enables them to have Choice and Control over where to spend their budget to meet their identified needs, as opposed to being a passive recipient of arranged care
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Older and disabled people who are eligible for statutory care and support will be empowered to lead their own care arrangements which will support them to reach their desired potential
A liveable and low carbon city: a destination of choice to live, visit and work	
A connected city: world class infrastructure and connectivity to drive growth	We want older and disabled people who need statutory adult social care services to play a full and active part in life in our city. By enabling them to have more Choice and Control through Prepaid cards, they can take advantage of Manchester's world class offer and play their part in driving growth around jobs and opportunities

Contact Officers:

Name: Zoe Robertson
Position: Strategic Lead
Telephone: 0161 234 1767
E-mail: z.robertson@manchester.gov.uk

Name: Mike Petrou
Position: Commissioning Manager
Telephone: 0161 219 2295
E-mail: m.petrou@manchester.gov.uk

Name: Paul Furley
Position: Commissioning Officer
Telephone: 0161 234 4258
E-mail: p.furley@manchester.gov.uk

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.

See previous report to Health Scrutiny on 7 November 2017:
https://secure.manchester.gov.uk/meetings/meeting/3089/health_scrutiny_committee

1. Introduction

- 1.1 Many local authorities and Clinical Commissioning Groups have introduced prepaid cards as a mechanism to process direct payments and Personal Health Budgets without the need for a separate bank account, and to help with the financial management and audit of personal budgets. The Care Act states that prepaid cards should only be provided as an option to take a direct payment, and that if the citizen or carer prefers a direct payment into a bank account, this option must also be available. The Care Act also states that there should not be blanket restrictions on cash withdrawals which would limit choice and control, and the card should not be linked to an online marketplace which would limit the selection of providers. The Care Act recommends that local authorities develop a card system that encourages flexibility and innovation, and consults user groups on any proposed changes to the direct payment processes. (Statutory Guidance, 12.58 to 12.60).
- 1.2 In the first instance, commissioners will be working closely with Social Care Assessment Teams and the Brokerage Team to agree an approach to Citizen awareness and communication regarding Prepaid cards. As Prepaid Cards are one of a number of options a Citizen can take up when managing their Personal Budget, the implementation team will be looking at an initial voluntary/opt-in approach. This will mean we will be contacting those individual citizens who currently have a cash personal budget to provide their care and support and offer them the option of using a Prepaid card instead of the traditional bank account and cheque book approach. In addition to this, all new Citizens who decide to take a cash personal budget will be offered the option of using a Prepaid card. Accordingly, this relies on the production of suitable marketing and communication material as well as ensuring that care assessors explain the advantages and disadvantages of this option.
- 1.3 Prepaid Cards operate much in the same way as a standard debit card whereby funds are preloaded by the local authority and used by the cardholder to pay for care and support as identified in support planning. Citizens can pay in their contribution or top-up payments, and the local authority can monitor spend and clawback unspent funds if the need arises. Restrictions can be placed on what and where funds are spent on and whether cash withdrawals are allowed. As a consequence, MCC Adult Social Care and Manchester Health & Care Commissioning have taken the decision to introduce a Prepaid card option for Citizens who use a personal budget/direct payment to manage their care and support.
- 1.4 Throughout the build up to procuring a prepaid card option for Manchester Citizens, officers from Commissioning and Finance teams have built links with colleagues at Sefton MBC who have implemented a prepaid card option. This has helped Manchester better understand the issues as well as the benefits to the council and citizens. In a report to Cabinet, Sefton Borough Council identified that Prepaid Cards offered the following benefits:

1. **Low Cost of Operation** - Prepaid Cards can lower the costs associated with carrying out business processes.
2. **Better monitoring and auditing** - Prepaid Cards provide more effective monitoring of what money is being spent on as all transactions are recorded electronically and details are immediately available for analysis. This, in turn, allows for more effective and timely auditing of accounts thereby allowing for surpluses to be recovered from accounts immediately. In addition, by accessing spend on data through portals or by downloading transaction details, the time and costs associated with more traditional methods such as asking citizens to submit bank statements and complete paperwork are minimised.
3. **More effective use of staff time** - as staff are able to spend less time on paper-based administrative exercises which typically include staff requesting hard copies of information and then conducting manual checks of the information submitted. This time can then be used to obtain surplus recoveries from Direct Payment (Cash Personal Budget) accounts and to ensure that citizens are making their required financial contributions.
4. **Supports the Personalisation Agenda** - Prepaid Cards provide citizens with greater control with respect to whom and what their money is spent on. The use of cards can also assist some citizens with developing life skills, promoting independence and self-sufficiency or for those who do not have bank accounts. In addition, the Prepaid Cards can be used to check that client contributions have been made onto the card by the citizen.
5. **Assists with the identification of safeguarding issues** - via more robust and regular monitoring, issues such as the misappropriation of funding can be identified more quickly.
6. **More responsive service** - Prepaid Cards allow funds to be loaded immediately and can therefore be used to respond to emergencies (either initiated by the citizen or the LA). As soon as funds are transferred onto the Prepaid Card, they are instantly available to the citizen.
7. **Wider use** - there is scope for Prepaid Cards to be utilised for other service areas across the Council.

1.5 **Benefits to the Council**

1. **Low Cost of Operation** - Prepaid Cards can lower the costs associated with carrying out business processes.
2. **Improved monitoring and auditing** - Prepaid Cards provide more effective monitoring of what money is being spent on as all transactions are recorded electronically and details are immediately available for analysis. This, in turn, allows for more effective and timely auditing of accounts thereby allowing for surpluses to be recovered from accounts immediately. In addition, by accessing spend on data through portals or by downloading transaction details, the time and costs associated with more traditional methods such as asking citizens to submit bank statements and complete paperwork are minimised.
3. **More effective use of staff time** - as staff are able to spend less time on paper-based administrative exercises which typically include staff

requesting hard copies of information and then conducting manual checks of the information submitted. This time can then be used to obtain surplus recoveries from Direct Payment (Cash Personal Budget) accounts and to ensure that citizens are making their required financial contributions.

4. **Supports the Personalisation Agenda** - Prepaid Cards provide citizens with greater control with respect to whom and what their money is spent on. The user of cards can also assist some citizens with developing life skills, promoting independence and self-sufficiency or for those who do not have bank accounts. In addition, the PFC can be used to check that client contributions have been made onto the card by the citizen.
5. **Assists with the identification of safeguarding issues** - via more robust and regular monitoring, issues such as the misappropriation of funding can be identified more quickly.
6. **More responsive service** - Prepaid Cards allow funds to be loaded immediately and can therefore be used to respond to emergencies (either initiated by the citizen or the LA). As soon as funds are transferred onto the PFC, they are instantly available to the citizen.
7. **Wider use** - there is scope for Prepaid Cards to be utilised for other service areas across the Council.

1.6 **Benefits to the Citizen**

1. There is no need to open a separate bank account.
2. Payments are made straight into the account by Adult Social Care Finance.
3. There will be a debit card attached to the account which has the same appearance as other credit or debit cards.
4. Like any other current account cards, the Citizen can make transfers online or by phone and set up direct debits/standing orders.
5. The Citizen can make payments in person using Chip and PIN.
6. It is a secure and easy way to make payments for the Citizen's care and support with a range of providers.
7. The Citizen can nominate a trusted person to help run their account with them.
8. The Citizen can make cash withdrawals from an ATM as long as this has been agreed beforehand and is part of the Citizens Care Plan. However the Citizen must provide relevant receipts. There will also be a daily limit on cash withdrawals.
9. There will no longer be a need for the Citizen to send reconciliation forms to MCC Finance/Audit service.
10. The existing ways to receive a direct payment are still available to Citizens these include, opening a separate bank account or via a Supported Managed Account.

- 1.7 There will continue to be a high degree of financial control and a heavy audited process of this approach on an ongoing basis, together with restrictions on how a Prepaid Card can be used. For example, it could not be used for Alcohol,

Tobacco products or in certain outlets or online e.g. Betting Shops, online gambling sites and the National Lottery etc.

2. The Procurement Process

- 2.1 Manchester City Council has joined the Surrey County Council Framework agreement for prepaid cards; the framework agreement has been arranged in accordance with the Public Contracts Regulations 2006 - with suitably experienced, qualified, and resourced providers to provide Prepaid Accounts and Associated Services (PPA). This framework is available for use by other public contracting authorities and currently is only one of two existing frameworks in the country and is currently used by over 70 Local Authorities.
- 2.2 The Framework Agreement is designed to be open to all public Contracting Authorities (this includes Local Authorities and Clinical Commissioning Groups) and, by joining, means MCC has been able to successfully commission a provider - Prepaid Financial Services - who have a proven track record of delivering this type of service across the country. Manchester Health & Care Commissioning (MHCC) officers are still responsible for the day-to-day management of the Provider and the services they provide. Surrey County Council will, however, be monitoring the performance of the arrangements in relation to the framework agreement for the duration of the framework to ensure that requirements are being adequately met.
- 2.3 During the Procurement process, there was a significant delay due to the introduction of the new GDPR requirements introduced in May 2018. Officers worked closely with MCC ICT service, Information Governance and Legal Services to gain additional reassurance from the bidding providers regarding the ongoing use of the cards in relation to data protection and associated responsibility. These issues were fully resolved, however, this had a significant impact on the original timescale, and meant full implementation was held up for a number of months.

3. The Implementation Process

- 3.1 As this is a complex piece of commissioning, commissioning officers are working closely with a number of different council services, such as ASC Brokerage Team, ASC Finance and ASC Assessment in MLCO. Commissioners have established a working group, with representatives from all the above areas, as well as a number of other key areas which include - MCC ICT, Adult Social Care Performance, MCC Legal Services, MCC Procurement Team the new Manchester Local Care Organisation and the Liquid Logic implementation team. This is to ensure all areas that could be affected by implementation of prepaid cards have been involved and round the table from the earliest opportunity.
- 3.2 Commissioning Officers have taken a Project Management approach to implementation which intertwines with the provider's contractual responsibility in relation to the implementation of the card function, as well as support with marketing and training. By working in partnership like this with the new provider

officers will be able to ensure all areas are considered and addressed through the implementation period.

- 3.3 To ensure continued oversight and governance officers have developed a Project Initiation Document (PID) in partnership with the new provider, this will ensure there is a structured project approach to all related activity. This will also ensure each service area is clear about its responsibility regarding implementation in its own sector. In addition to the PID officers have developed a Risk Register, again this highlights any associated risk around implementation as well as establishing mitigation.
- 3.4 Brief timeline - the following table highlights the current project timeline for implementation. It should be noted that there is already significant organisational change taking place at present with the new MLCO taking shape and recruitment processes underway for the new Integrated Neighbourhood Teams; accordingly, it is necessary to not rush the process of implementation and ensure that the correct staff are involved and participating in the new process.

Activity	Duration
Procurement of Prepaid Financial Cards and appointing the new provider - Prepaid Financial Card Services	June - September 2018
Planning and Preparations work with new provider through a Task and Finish Group (key departments represented including Cash Budget Audit team, finance, adult social care, brokers, ICT etc)	September - October 2018
Preparations for staff briefings and development of new procedural/training manuals	November to December 2018
Launch the system and commence Finance staff operating training sessions	1st January 2019
Query Hotline and Site visits with support from the MiCare Team	Ongoing throughout 2019

4. Citizen Engagement and Communication

- 4.1 Commissioners are currently working with the procured card provider to develop accessible information which provides detail on how a card can be used, the benefits of using a prepaid card to the Citizen and the responsibility of use of a card from the Citizen perspective. The implementation group will ensure that information will be available in all suitable formats as per the requirements outlined in the NHS Accessible Information Standard (e.g. meeting people's preferred communication methods such as large print options, Braille, Easy Read or Audio).

This information will enable individual Citizens, their families, Carers and supporters to gain a clear understanding of the benefits of using a Prepaid card. In addition, the implementation group are also exploring using face to face sessions with groups of interested Citizens; this will be aimed at existing cash budget holders and, in particular, Citizens with a Learning Disability, their families, Carers and supporters. The following timeline provides an indicative overview of the approach:

Citizen Information Awareness Timeline	
Activity	Dates
Contact with Corporate Communication Team to discuss/agree timeline for completion/publication of Citizen Prepaid Card Information.	Completed by 16th Nov 2018
Design/agree format of the following - Introduction letter (all communication to the Citizen will be based on their requested format/language requirement)	Completed by 26th Nov 2018
Design/Agree format for easy read version of all documentation relating to all Prepaid card information literature.	Completed by 3rd Dec 2018
Agree with Corporate Communication Team the format of electronic information which will be placed on the MCC website - explore the potential of having links to the Prepaid cards information on the MCC website from partner organisations websites	Completed by 7th Dec 2018
Begin Prepaid Card mailshot to Citizens with an Individual Cash Budget.	Completed by 14th Dec 2018
Plan face to face information session based on interest.	Begin 4th Jan 2018
Begin evaluation of the approach in terms of response to the mailshot and interest in using a Prepaid card.	By 7th Jan 2018
Evaluate the number of Citizens who are new to a cash Individual Budget take up of a Prepaid Card	To be monitored on a monthly basis - ongoing

- 4.2 Building on the current integration agenda, commissioners are also exploring the potential to develop links with the CCG around the use of Prepaid Cards; currently Citizens who use a Personal Health Budget (PHB) can access a prepaid card to use to manage their PHB via an arrangement the CCG have established. This could contribute to the ongoing aim to develop a joint Personalisation approach across health and social care in the city, as well as opening the door to wider

integration at a Greater Manchester level as prepaid cards are widely used across health and social care by organisations across Greater Manchester.

- 4.3 An ongoing benefit of the introduction of a prepaid card option is the ability for it to be used in a wide variety of other areas. To support this, commissioners are currently exploring with colleagues the cards further use in areas such as Carer's personal budgets, for both Adults and Parent/Carer recipients. This would again make the management of a personal budget for a carer more simplistic and potentially lessen the demands on an individual's valuable time in terms of the audit process in particular.

5. Changes to Adult Social Care Assessment Practice - Strength-Based Model of Social Care

- 5.1 The introduction of pre-paid financial cards are important enablers for moving to a broader strength-based model of social care. Embedding the Our Manchester approach within adults social care will promote self-care and independence, reduce dependence on statutory and commissioned service and connecting people to the assets in their local neighbourhood.

- 5.2 To move to a strength-based model, there are four interconnected priorities that will be progressed:

- Enable people who carry out social care assessments currently to have new and **different conversations** with residents that focus on what's strong, not what's wrong. That we support people to support themselves, step in to support where they cannot and stimulate communities to support each other.
- Ensure that we are able to connect local people into networks and assets that already exist in neighbourhoods as well as empowering local people to develop their own solutions through a **community development** approach.
- Develop a new **relationship between commissioners and practitioners and providers** that enables a two-way flow of information and intelligence with deeper joint working.
- **Empower staff** to lead the changes, to change and remove things that get in the way of working in a strengths based way and to co-design new ways of working supported by the right infrastructure - systems, processes, forms, decision making.

- 5.3 Activity is currently being progressed to scope the activity required to move to strength-based model and align timescales to the prepaid card launch and implementation. This will enable care assessors to have a new assessment approach and a new offer for citizens to encourage more take-up of Personal Budgets. Currently, Manchester is a poor performer of Cash Personal Budgets which is a national performance indicator on how well adult social care authorities are performing in respect of the Personalisation of Care and Support Services. It is

considered that having a modern, technological solution to offer citizens a new Direct Payment will improve our national performance rankings, and, more importantly, improve outcomes for citizens.

6. Conclusion

- 6.1 The procurement of a prepaid card service is a significant step forward for Manchester City Council and Adult Social Care to support our ongoing journey of reform and innovation together with integration. The Personalisation of Adult Social Care Services is vital to ensure that Manchester citizens can exercise choice and control over how their care and support needs can be met.

**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 6 November 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 **26 October 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 <ul style="list-style-type: none"> • 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
HC-One Oval Ltd	Ringway Mews Care Home 5 Stancliffe Road Manchester M22 4RY	https://www.cqc.org.uk/location/1-3134639162	18 October 2018	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement
Dr Mokashi	Dr Mokashi Clayton Health Centre 89 North Road Clayton Manchester M11 4EJ	https://www.cqc.org.uk/location/1-560827704	17 October 2018	Doctors / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Holistic Homecare Ltd	Holistic Social Care Suite 8 94 Withington Road Manchester M16 8EE	https://www.cqc.org.uk/location/1-2318070986	29 September 2018	Homecare agencies	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Cornerstone Family Practice	Cornerstone Family Practice Cornerstone Centre Graham Street Beswick, Manchester M11 3AA	https://www.cqc.org.uk/location/1-545393907	26 September 2018	Doctors / GP	Overall: Inadequate Safe: Inadequate Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Inadequate
The Human Support Group Ltd	Human Support Group Limited - Didsbury Craig House 33 Ballbrook Ave Didsbury Manchester M20 3JG	https://www.cqc.org.uk/location/1-317852104	3 October 2018	Homecare agencies	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
TFHC Ltd	Transform (Pines) Abbey Pines, 192 Altrincham Road Manchester M22 4RZ	https://www.cqc.org.uk/location/1-1958401707	4 October 2018	Clinic	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement

Carlton House Care Ltd	92 Carlton Road Whalley Range Manchester M16 8BE	https://www.cqc.org.uk/location/1-4135676991	11 October 2018	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Wellfield Estates Ltd	Wellfield House 38-44 Athol Road Whalley Range Manchester M16 8QN	https://www.cqc.org.uk/location/1-129527506	13 October 2018	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
HC-One Ltd	Brookdale View Averill Street, Newton Heath Manchester M40 1PF	https://www.cqc.org.uk/location/1-319278874	9 October 2018	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate

Mr Mohedeen Assrafally & Mrs Bibi Toridah Assrafally	Polefield Nursing Home 77 Polefield Road Manchester M9 7EN	https://www.cqc.org.uk/location/1-2279393745	11 October 2018	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Inadequate
The Christie NHS Foundation Trust	The Christie NHS Foundation Trust 550 Wilmslow Road Withington Manchester RM8 3LX	https://www.cqc.org.uk/location/RBV01	12 October 2018	Hospital	Overall: Outstanding Safe: Good Effective: Outstanding Caring: Outstanding Responsive: Outstanding Well-led: Outstanding

**Health Scrutiny Committee
Work Programme – November 2018**

Tuesday 6 November 2018, 10am (Report deadline Thursday 25 October 2018)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Discussion Item	The Committee will receive a verbal presentation from Doctor Matt Evison, Consultant at Manchester University NHS Foundation Trust on the CURE programme (a service to prescribe medication to tackle patients addiction to tobacco and offer intensive support to help them stay smoke-free during their stay at hospital and once they go home) and the lung cancer screening programme.	Cllr Craig		
Mental Health Transformation Programme – Update report	To receive a progress report on the mental health transformation programme within Greater Manchester Mental Health Foundation NHS Trust.	Cllr Craig	Craig Harris	Invitation to Neil Thwaite, Chief Executive of Greater Manchester Mental Health NHS Foundation Trust
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	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 4 December 2018, 10am (Report deadline Thursday 22 November 2018)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget 2019/20 Refresh Process: Update for Scrutiny Committees	The Committee will receive a report that sets out the timetable and proposed budget process for 2019/20 and include Directorate budget reports/business plans for consideration.	Councillor Ollerhead	Carol Culley	
Single Hospital Service – Progress report	To receive a progress report on the implementation of the Single Hospital Service. This update will focus on the plans for North Manchester General Hospital.	Cllr Craig	Peter Blythin, Director, Single Hospital Service Programme	This item was previously considered 17 July 2018.
Overview Report			Lee Walker	

Tuesday 8 January 2019, 10am (Report deadline Thursday 27 December 2018)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Delivering the Our Manchester Strategy	This report provides an overview of work undertaken and progress towards the delivery of the Council's priorities as set out in the Our Manchester Strategy for those areas within the portfolio of the Executive Member for Adult Services	Cllr Craig	-	
Overview Report			Lee Walker	

Tuesday 5 February 2019, 10am (Report deadline Thursday 24 January 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
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 determinants of health outcomes.	Cllr Craig	David Regan	
Manchester	To receive a report on the Manchester Macmillan Local	Cllr Craig	David	See Health and

Macmillan Local Authority Partnership	<p>Authority Partnership.</p> <p>The scope of this report is to be agreed.</p>		Regan	<p>Wellbeing Update report September 2017. Ref: HSC/17/40</p>
Mental Health Grants Scheme – Evaluation	<p>To receive a report on the evaluation of the Mental Health Grants Scheme.</p> <p>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.</p>	Cllr Craig	Nick Gomm Professor Craig Harris	<p>To be considered at the March 2019 meeting. See minutes of October 2017. Ref: HSC/17/47</p>
Primary Care Access in Manchester	<p>To receive an update report on access to Primary Medical Care in Manchester; both in core and also extended hours.</p> <p>Representatives from Healthwatch Manchester will be invited to attend this meeting.</p>	Cllr Craig	Nick Gomm	<p>Invitations to be sent to Vicky Szulist and Neil Walbran, Healthwatch Manchester. See minutes of February 2018. Ref: HSC/18/11</p>
Care Homes	<p>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).</p>	Cllr Craig	Dr Carolyn Kus	<p>See minutes of 17 July 2018. Ref: HSC/18/33</p>
The Our Manchester Carers Strategy	<p>To receive an update report on the delivery of the Our Manchester Carers Strategy.</p>	Cllr Craig	Dr Carolyn Kus	<p>See minutes of 17 July 2018. Ref: HSC/18/31</p>
Single Hospital Service progress report	<p>To receive a bi-monthly update report on the delivery of the Single Hospital Service.</p>	Cllr Craig	Peter Blythin, Director,	<p>See minutes of 17 July 2018. Ref: HSC/18/32</p>

			Single Hospital Service Programme	
Final report of the Public Health Task and Finish Group	To receive the findings and recommendations of the Public Health Task and Finish Group.	Cllr Craig	Lee Walker	Date TBC following conclusion of the work of the Group.