



Health Scrutiny Committee

Date: Wednesday, 21 June 2023

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

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Membership of the Health Scrutiny Committee

Councillors - Green (Chair), Bayunu, Curley, Hilal, Karney, Muse, Reeves, Riasat, Stogia and 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. [2.00-2.05] Minutes

5 - 10

To approve as a correct record the minutes of the meeting held on 24 May 2023.

5. [2.05-2.50] Better Outcomes Better Lives & Adult Social Care Commissioning

11 - 80

Report of the Executive Director of Adult Social Services

This report provides Scrutiny with a further update on the Better Outcomes Better Lives Transformation Programme and an update on Adult Social Care Commissioning, including the latest refresh of the MLCO Commissioning Plan.

6. [2.50-3.30] Manchester Safeguarding Partnership Annual Report - Report to follow

7. [3.30-3.45] Overview Report

81 - 96

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.

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. To help facilitate this, the Council encourages anyone who wishes to speak at the meeting to contact the Committee Officer in advance of the meeting by telephone or email, who will then pass on your request to the Chair for consideration. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

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Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
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Further Information

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

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This agenda was issued on **Tuesday, 13 June 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

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Health Scrutiny Committee

Minutes of the meeting held on 24 May 2023

Present:

Councillor Green – in the Chair
Councillors Bayunu, Curley, Hilal, Karney, Muse, Reeves and Wilson

Apologies: Councillors Riasat and Stogia

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Councillor Chambers, Deputy Executive Member for Healthy Manchester and Adult Social Care
Tom Hinchcliffe, Deputy Place Based Lead – Manchester, NHS Greater Manchester Integrated Care
Andrew Maloney, Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust
Maria Nelligan, Executive Director of Clinical Transformation/Interim Chief Nurse, Greater Manchester Mental Health NHS Foundation Trust
John Foley, Interim Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust
Paul Baker, Community for Holistic, Accessible, Rights Based Mental Health (CHARM)
Angela Mugan, CHARM
Rachel Tully, CHARM
Craig Hamilton, CHARM
Jeff Evans, CHARM
Patricia Gail Oluwabusola, CHARM
Annabel Marsh, CHARM
Angela Young, CHARM

HSC/23/23 Minutes

Decision

To approve the minutes of the meetings held on 8 March 2023.

HSC/23/24 Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update

The Committee considered the report of the Greater Manchester Mental Health NHS Foundation Trust that provided an update on the Trust's Improvement Plan.

Key points and themes in the report included:

- Providing a history and context of the Trust;
- Information on the Care Quality Commission rating;
- An update on the review of the Trust and the Executive Leadership team;

- Data relating to the 2022 Staff Survey;
- An overview of immediate improvements initiated;
- An overview of the GMMH Improvement Plan and the areas for priority focus;
- Information on the Manchester City Council/GMMH S75 Partnership Agreement and Improvement Programme;
- Key messages;
- An overview of Community Mental Health Teams in Manchester;
- Analysis of engagement activity, topics for further consideration and next steps; and
- Consideration of the factors that were identified as risks to delivery of the Improvement Plan.

The Committee then heard from a number of representatives from CHARM (Community for Holistic, Accessible, Rights Based Mental Health) who had been invited by the Chair to participate and contribute to the meeting. Representatives from CHARM provided personal testimony as to their lived experience of mental health services in Manchester. They spoke of the need to consider mental health in terms of it being a human rights issue; calling for a fundamental change in the culture at the Trust, including adopting reflective practice across all levels at the Trust; improving how they communicated with carers and families; calling for appropriate trained staffing; the need for mental health to have the parity of esteem as physical health; the coproduction of services needed to be meaningful and hear and listen to the voice of service users, their families and carers; calling for an end to restrictive and oppressive practices on wards; the delays in being able to access appropriate services and the detrimental impact this had on individuals and their health outcomes; describing the disproportionate adverse experience of African and Caribbean citizens, especially in regard to the issue of overmedication; calling for the Trust to respond to the allegations of institutional racism and to use qualitative and quantitative data to report improvements; and noting the detrimental impact individuals experienced when they were 'stepped down' from Community Mental Health services.

The Committee expressed their appreciation for all of the contributors from CHARM for sharing their powerful testimonies.

Some of the key points that arose from the Committee's discussions were:

- Expressing disappointment that the current Chief Executive had not attended the meeting to address the Committee prior to his imminent departure from the Trust;
- Noting that when reviewed the BBC Panorama programme demonstrated the senior leadership that was absent from the Edenfield Unit;
- Calling for a culture change at the Trust and noting that this was not explicit in the plan;
- Discussing the issue of health inequalities;
- Calling for absolute transparency by the Trust when reporting to the Committee, adding that future updates needed to provide significantly more detail across the different work streams;
- More detailed information was requested on the work to date and planned on the five Improvement Plan workstreams;

- Noting that detailed information in relation to staff feedback was requested in any future update report;
- The need to articulate the tangible anticipated milestones and outcomes that would be realised by the Improvement Plan;
- Noting referrals to Community Mental Health Teams were 73% higher in 2022/23 than pre pandemic and commenting that this was a significant pressure on resources;
- Noting that staff recruitment and retention was an issue and asking if the Financial Plan that included a 4% efficiency ask would undermine any planned improvements; and
- The Committee reiterated their appreciation to all of the representatives from CHARM for attending the meeting and sharing their experiences.

The Executive Director of Adult Social Services described the steps that had been taken by partners across the system to support the Trust. This had included the establishment of regular weekly meetings at a senior level; the redeployment of staff to support teams; utilising the Integrated Control Room; requesting that internal Audit undertake a review of GMMH; improved and strengthened governance arrangements in accordance with Care Act requirements; meeting with Mental Health Social Work staff; and a commitment from all partners across Greater Manchester to work collaboratively to drive improvements at the Trust on behalf of the residents and their families accessing mental health services.

The Deputy Place Based Lead – Manchester, NHS Greater Manchester Integrated Care reiterated the previous statement by advising that resources and support had been provided across Greater Manchester to support the Trust and there was a commitment by all partners to support the Trust to deliver the Improvement Plan.

The Executive Member for Healthy Manchester and Adult Social Care reiterated his stated commitment to work with the Trust to drive improvements. He stated this remained a personal and political priority. He stated that he recognised that the Trust was on a journey of improvement and acknowledged the work described, however he called for a sense of urgency to deliver the required improvements. He stated that he was not confident that Manchester residents were receiving the level of service they deserved, and improvements had to be realised. He acknowledged that a new Chief Executive had been appointed and many of the senior posts were currently interim appointments. He advised that it was anticipated that all the senior posts would be appointed to by the end of the year and he recommended that the Trust be invited back later in the year to provide another update on the Improvement Plan.

The Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust stated that there was a significant amount of detailed work that underpinned the Improvement Plan as described in the document submitted to the Committee. He advised that further information would be provided to the Committee. He stated that the Improvement Plan provided a fundamental building block to drive and deliver improvements across the whole service. He stated that the Plan was deliverable and all at the Trust acknowledged the need to deliver on this, using all resources available to deliver at the correct pace and in the right order. He stated that positive feedback had been received from staff and the new Chair of the Trust was highly visible in his role.

The Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust further commented that he acknowledged the point raised in regard to the issue of meaningful coproduction of services and referenced a number of forums and working groups that had been established. In regard to the issue of Health Inequalities he stated that the Trust did have a strategy and they were working to embed this across the wider improvement strategy. In response to the comments regarding culture change he stated that they were engaging with an external body to review this with a view to informing the Improvement Plan, noting that there were many good examples of best practice in regard to this. He added that delivering an improved culture would in turn attract high quality staff to work for the Trust. With specific reference to the 4% efficiency ask he advised that this would be targeted and realised away from care, adding that delivering the Improvement Plan would drive efficiencies and support front line services.

The Executive Director of Clinical Transformation stated that there was a detailed Action Plan behind every work stream described. She stated these plans had been submitted to the Care Quality Commission (CQC) and stated that the CQC would reinspect the Trust. She advised that the Trust held monthly meetings with the CQC and initial feedback indicated that they were satisfied with the improvements delivered. She added that the CQC could also undertake an unannounced inspection visit. She stated that further detail on this area of activity would be included in any future update report. Members noted that it was this level of detail that the Committee required. She further described that work had been done to strengthen leadership at a ward level. She acknowledged the comments regarding recruitment and retention of staff, adding that this was a national issue. She stated that work was underway with NHS England to review staffing across all levels. She stated that there was a programme of strengthening professional nursing leadership; the intention to employ staff with lived experience; developing staff and supporting non-registered staff using regular supervision, training and appraisals.

The Executive Director of Clinical Transformation commented that meaningful coproduction and person-centred care was core to improving services. She stated that every Board meeting started with a patient story. She advised that a Service Users Care Council had been established and this group fed directly into the Board, adding that this was another initiative that would influence positive culture change.

In response to a specific ask by CHARM for the Committee to establish a subgroup to consider mental health, the Chair stated that she would consult with the Executive Member for Healthy Manchester and Adult Social Care and other relevant stakeholders to consider the scope and remit of any subgroup.

The Chair stated that a future update from the Trust would be included in the Committee's work programme for consideration at a meeting later in the year.

Decision

The Committee recommend that;

1. The Chair consult with the Executive Member for Healthy Manchester and Adult Social Care and other relevant stakeholders to consider the scope and remit of any subgroup to consider mental health.
2. An invitation be sent to the current Chief Executive and his Interim replacement to attend the next meeting of the Committee to respond to questions from Members.

HSC/23/25 Overview Report

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

Decision

The Committee notes the report and agrees the work programme.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 21 June 2023

Subject: Better Outcomes Better Lives & Adult Social Care Commissioning

Report of: Executive Director of Adult Social Services

Summary

This report provides Scrutiny with a further update on the Better Outcomes Better Lives Transformation Programme and an update on Adult Social Care Commissioning, including the latest refresh of the MLCO Commissioning Plan.

Recommendations

The Committee is recommended to consider and comment on the report.

Wards Affected: All

<p>Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>
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<p>The commissioning of adult social care services through the external care marketplace enables procurement activity to be focused on Social Value benefits and providers' contributions to the zero-carbon targets for the city.</p>
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<p>Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>

<p>The provision of statutory and non-statutory adult social care services meets the needs of Manchester's citizens and carers across all communities, working with VCSE organisations to identify and better support people in harder to reach communities and hidden carers, for example.</p>

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Adult Social Care, through both in-house and external care provision, significantly contributes to the economic growth of the city through employment and opportunities for individuals to flourish and develop, including Social Work students and Apprenticeships
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Delivering the Better Outcomes, Better Lives programme is focused on improving outcomes and contributes to creating a progressive and equitable city through working with our communities, our residents and assets to improve outcomes for those who need support
A liveable and low carbon city: a destination of choice to live, visit, work	Commissioners are able, through procurement approaches, to ensure that existing and new providers in the care marketplace are fully committed and delivering on the low carbon aspirations for the city
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None

Financial Consequences – Capital

None

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Better Outcomes Better Lives reports:

Health Scrutiny Committee – 9 March 2021
Health Scrutiny Committee – 10 November 2021
Health Scrutiny Committee – 7 September 2022

1.0 Introduction

- 1.1 The purpose of the report is to update Members of Health Scrutiny on two distinct areas of work: the Better Outcomes Better Lives Programme, which continues to deliver sustainable transformation of adult social care delivery and also include the recently completed Commissioning Plan, alongside an overview of key commissioning activity taking place in 2023-34. The Commissioning Plan is a very detailed document that signals our market direction and priorities, as well as being a trusted source of reference for commissioners.

2.0 Better Outcomes Better Lives Update

- 2.1 Improving outcomes for people who access Social Care has been the focus of transformational change for the past 2 years within Adults Social Care, through the Better Outcomes, Better Lives programme. Since the last report, new work has started on an improved preventative offer, focused on getting earlier access to the right support for people, so that they can live as independently as possible at home for longer.

Earlier Help and Support

- 2.2 Working with Contact Centre colleagues, a strengths-based approach has been developed for the initial conversation with people who ring to ask about care and support. Developed with a small staff group, this has now been rolled out across the whole of the Contact Centre. Through asking questions that get to the real reason behind the call, better information can be collected, and more appropriate advice provided. This is reflected in the increasing proportion of contacts that are effectively resolved by Contact Officers, which has increased to 65% of all new contacts, a 10% increase from April 2022 and supporting the demand management strategy.
- 2.3 For people who require more than high quality information and advice, a new approach has been developed to create faster access to supportive services and improve triaging. A new team has been established to work alongside the Contact Centre called the Adults Early Support Team (AEST), which includes Social Care, Occupational Therapy and Manchester Mind. Together they provide greater professional expertise into the kinds of suitable support available. Initially tested in Ancoats, Clayton and Bradford neighbourhood, the INT team saw a 58% decrease in the number of contacts sent to them as people were provided with a more appropriate offer. The AEST Team is now operating across North Locality and work has started to link this team with the Complex Needs Service and Learning Disability Service, with roll out to a second locality being planned.
- 2.4 Lastly, engagement with staff across Adults, the Contact Centre and Integrated Neighbourhood Teams to update the content of the Help and Support Manchester website has started. Providing accessible information about services and support in the city for people to self-serve is crucial to people accessing this support earlier.

Strengths-based practice that focuses on maximising independence

- 2.5 Embedding strengths-based practice is fundamental to the programme. This means that when working with a person, the Social Worker will ask about what is important to the person for their independence and wellbeing. This will include asking about what the person can do for themselves and what support might help to achieve their goals. It focuses on supporting the person to be as independent as possible with the least restrictive care. To support working in this way Communities of Practice have been established to provide regular space for practitioners to come together and reflect on their own practice, learn from colleagues and hear about what is available in their local communities. This approach has now been expanded into Complex Services including Substance Misuse, Sensory Teams and No Recourse to Public Funds. Through self-assessment of these forums, practitioners feedback that discussions with colleagues helps to build their confidence in working in this way and increases their knowledge of what is on offer in the local community.
- 2.6 Strengths-based approaches are used when Social Workers review a package of care with a person. A targeted approach for reviews has been tested, to prioritise reviews for certain people who might benefit from an earlier review of their care. This proactive approach has demonstrated greater percentages of positive outcomes with approximately 30% of these proactive reviews resulting in increased independence and a reduction or cessation of packages of care, or no material change in the care, but an improved sense of the persons independence.

Role of short-term support and technology to support independence

- 2.7 Technology Enabled Care (TEC) can significantly contribute towards a person's independence by providing discrete falls detectors, sensors and medication prompts. This contributes towards reassuring family members and can give people a sense of safety and dignity. Promoting the use of this technology has involved building a TEC Champion network within teams who can support team members to incorporate it within support plans. New and different pieces of TEC have also been tested and evaluated to keep the offer updated and responsive to needs.
- 2.8 Alongside TEC, shorter-term support, like reablement, is also key to someone gaining or maintaining their independence. Outcomes of people who have accessed reablement are consistently positive, this April 60% of people who undertook reablement required less, or no formal support as a result. Building capacity within this service has been critical for expanding its reach this year but recruitment has been challenging. This led to an innovative recruitment campaign developed with MLCO Communications called 'We Care' that included, staff videos, a social media push and targeted events. Since this campaign launch the number of vacancies within reablement have reduced to 7.5 FTE, from 50 FTE during the end of 2022.

Transforming Safeguarding

- 2.9 Working with partners across the city as well as the Manchester Safeguarding Partnership, this aims to create a more robust and secure safeguarding system which protects people in a timely manner. Work has started to improve the governance of adults safeguarding so that it is efficient and effective. As well as working with partners develop a consistent understanding of appropriate referrals. To support making safeguarding more personal, planning is underway to gather feedback from people who have recently experienced safeguarding to understand what this feels like and what improvements or suggestions may have. It should be noted too that the planned national implementation of Liberty Protection Safeguards has been further delayed by central government, resulting in a continuation of the Deprivation of Liberty Safeguards.

Better use of finance, performance data and systems

- 2.10 Since the last update, the Adults Strategic Performance Report has continued to be produced each month and is used to measure performance across the service. Work has commenced to support recording and improve systems used by Social Care for case recording and paying for care.
- 2.11 In addition to this, and to support more evidenced based decision-making, demand modelling has been developed by Finance and Performance Research and Intelligence. Developing a better understanding of demands for services is crucial to plan strategically what will support further prevention and shape our commissioned service offer.

3.0 The MLCO Commissioning Plan (referred to as “The Plan”)

- 3.1 The Plan can be seen in Appendix 1. This is the 2nd refresh of the ‘Responsive Commissioning Plan designed and developed as part of the Better Outcomes Better Lives programme. The central aim of the Plan is to communicate with:
- **Providers** – to help them understand our priorities to support working together
 - **The VCSE** – to enable delivery on our shared priorities in partnership
 - **Frontline Practitioners** – enabling a shared understanding of the work we do in commissioning
 - **Commissioners** – to ensure clarity on our priorities for the next 12-18 months and how they can support delivery of the priorities
 - **Citizens and Carers** – who are at the heart of all of our work and the people we serve.
- 3.2 The Plan is centred mainly on adult social care commissioning but does include the work of health commissioners deployed to the MLCO. Their work is focused on the commissioning of community health services – and so is quite different to adult social care’s core functions. However, increasingly both health and social care commissioners are working in an integrated way around

strategies and priorities within MLCO to deliver collaborative commissioning approaches.

- 3.3 Whilst the level of detail contained in the Plan cannot be replicated within this report, the success of the 1st Plan, produced in October 2021 and available on the MLCO website has proved very useful for engagement with partners, stakeholders and care providers. At the launch of the 1st Plan, there was a commitment to coproduction and increased engagement with partners and providers through a concept called Innovation Labs. These quarterly meetings are now well-established through the Director of Market Development and a useful mechanism to explore current issues, develop innovative solutions and exchange ideas.
- 3.4 Given the success, other Innovation Labs have taken place with VCSE partners (arranged by MACC), and a Housing Innovation Lab (November 2022) saw housing providers, housing managers and Integrated Neighbourhood Teams health and care managers come together to discuss improved partnership working around people in communities. Feedback gathered from each Innovation Lab demonstrates the success of these Forums, improving practice and dialogue to benefit all attendees.
- 3.5 The Plan is overseen by a Delivery Group, comprising of mainly health and social care commissioners and corporate procurement colleagues. In addition, Darren Knight, Chief Executive Officer of George House Trust, has been a full member of the Delivery Group representing the VCSE voice.
- 3.6 Finally, the Plan has a number of key objectives to progress and report on called Measures of Success. These are:

We have invigorated our work with the VCSE	<ul style="list-style-type: none"> • A VCSE Leader (Darren Knight) sits on the Commissioning Plan Delivery Group • 2 x Innovation Labs have been delivered with the Sector • Regular partnership meetings with MACC (Manchester's voluntary sector support service) take place
We recognise the significant contribution made by Unpaid Carers by increasing the number of carers' assessments	Since June 21, 66% of carers assessments have exceed the benchmark of 131 target monthly assessments. A further Carers' Assessor is currently being recruited to
We have strengthened our partnership with Manchester Housing Providers to further plan what housing we will need for the future	A new Enabling Independence Accommodation Strategy has been developed with Strategic Housing. 3 Housing Needs Analysis have been commissioned for Older People, Adults with a Learning Disability and Mental Health and completed July 23.
Our commissioning workforce will ensure that providers adopt a	Commissioners will be re-enforcing the need for Strength-Based Approaches through current providers and through new tendering arrangements

strengths-based model of support	
Our staff benefit from an annual appraisal	This is well embedded as good HR/Management Practice. We are developing reporting metrics to provide evidence this year
We reduce the number of days lost to sickness	Days lost per Full Time Equivalent (FTE) staff has significantly reduced from 1.34 days (October 21) to 1.16 days July 22 – recent trends unavailable
Our providers contribute to the success of the Commissioning Plan	We engage with our providers in all activities of the commissioning cycle. The Innovation Labs (at least 10 have taken place) evidence a listening and collaborative approach
We have higher CQC rated residential and nursing sector either good or outstanding	We are 2 nd highest in GM now for CQC rated homes: 4 homes are outstanding, 61 homes are good and there has been a reduction in homes requiring improvement from 16 to 14.
There is a greater focus on integrated commissioning with the potential to align contracts	Ongoing discussions with MLCO and GMICB focus on future opportunities for integration and alignment of contracts
We will pay the right amount to support a sustainable care market	We have participated in the Fair Cost of Care exercise. We have uplifted provider fees using the Market Sustainability and Improvement Fund. We expect contracted providers to adopt the real living wage pay levels.

- 3.7 The Plans (Version 1: October 2021 and Version 2: April 2023 – December 2024) are available on the MLCO website:
<https://www.manchesterlco.org/providers/>

4.0 Other Commissioning priorities and developments 23/24

Large value contracts being retendered

- 4.1 The Commissioning Plan supports existing and future commissioning activity in terms of provider engagement and contracts management. This year, there are a number of large-scale, high value contracts that will need to be retendered in line with best practice. These are:

Area	Details
Independent Advocacy	Retender commenced, advertised on The Chest, currently scoring bids. Likely 'go live' of new contract/provider by October 2023
Unpaid Carers	Retender of the Carers Manchester Contact Point (helpline) and delivery of the Carers Pathway. Currently out to tender on The Chest. Likely 'go live' of new contract/provider by October/November 2023

Retender of Homecare	The retender of homecare has commenced in terms of early engagement with existing and new providers to seek their views on the next Homecare specification and delivery models. The completion of the retendering exercise should be concluded by Summer 2024 but dates to be confirmed
Supported Accommodation for Adults with a Learning Disability, Autism and Mental Health	The contract for these areas expires in March 2024. Work has commenced to retender for these contracts, with selection of new providers by approximately Winter 2023 and contract 'go-live' in April 2024
Day Services for Adults with a Learning Disability, Autism and Mental Health	The contract for these areas expires in March 2024. Work has commenced to retender for these contracts, with selection of new providers by approximately Winter 2023 and contract 'go live' in April 2024

- 4.2 It should be noted that there will be other lower value commissioning activities throughout 23-24 including small 'prototype' (tests of change) opportunities that arise as a result of listening to frontline staff about gaps in provision. For example, commissioners are currently working with MACC and the VCSE around a new model for Befriending Services in the city (identified by frontline staff) but formal commissioning proposals are still to be decided upon.
- 4.3 MLCO Commissioners have also embarked on a review of in-house provision for adults with a learning disability and/or autism. This encompasses a range of services including Supported Accommodation, Day Services and Short Breaks provision all delivered by the MLCO. The review is at an initial scoping phase with the central aim of developing a new model of care focused at supporting citizens who require complex services and interventions, thus reducing the need for outsourced high-cost placements.

Market Shaping/Market Capacity

- 4.4 The Care Act 2014 places a specific duty on Adult Social Care to 'stimulate' the market and ensure an adequate provision of care and support services for each local authority area. This includes a range of care and support services including:
- Low level preventative type services (typically through grants and in partnership with VCSE)
 - Support for Unpaid Carers including access to short breaks/respite
 - Homecare
 - Day Services
 - Independent Advocacy

- Supported Accommodation, such as Extra Care Housing for older people (and adults with a Learning Disability, Autism or Mental Health need)
- Residential Care
- Nursing Care

4.5 In addition, the Director of Adult Social Services (DASS) has statutory duties to respond to market failure scenarios, e.g., such as provider failure or care home closure. This is a high-risk area as, nationally and locally, there are known capacity challenges around workforce in the external care market and recruitment/retention of staff. The role of market development/management is to both respond to these external challenges, maintain services wherever possible and develop new strategies and proposals to deliver new commissioning/market opportunities appropriate for Manchester.

5.0 Conclusions

5.1 The Better Outcomes Better Lives continues to further deliver transformative approaches in adult social care to improve citizen's experiences and effectively managing demand; by helping people earlier in their care and support needs, there is well-documented evidence that it can delay people needing more formalised, statutory care and support services.

5.2 The Commissioning Plan refresh, developed as part of the Better Outcomes Better Lives Programme, provides a higher visibility of commissioning in action within MLCO and can evidence increased engagement and listening with partners, providers and other key stakeholders. Listening to the frontline staff on where gaps in commissioning exist, provides a vital tool to develop new and innovative services.

6.0 Recommendations

6.1 Members are requested to comment on and note the report.

7.0 Appendices

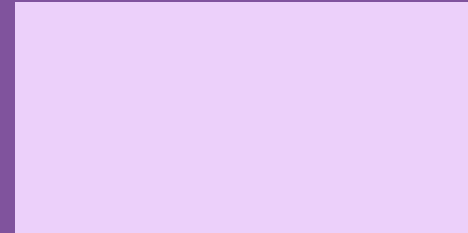
7.1 Appendix 1 – MLCO Commissioning Plan

Better Outcomes Better Lives

Responsive Commissioning

The MLCO Commissioning Plan
How we work and what we will set out to
do over the coming year

April 2023-December 2024



Appendix 1, Item 5

This plan has been produced as a refresh to the Commissioning Plan we produced in 2021/22 which set out our first set of priorities for commissioning in the MLCO, aligned to our Better Outcomes, Better Lives transformational programme in adult social care.

This plan is for:

- **Providers – to help understand our priorities to support working together**
- **The VCSE – to enable delivery on our shared priorities in partnership**
- **Frontline practitioners – enabling a shared understanding of the work we do in commissioning**
- **Our Commissioning Teams – to ensure clarity on our priorities for the next 12-18 months and how they can support delivery**
- **Citizens and their carers – who are at the heart of all our work and the people we serve.**

Since we produced the first plan, we have delivered on many aspects, working with providers and internal stakeholders including frontline practitioners to ensure that we are commissioning in a more responsive way.

We have continued to work on bringing together health and social care commissioning within MLCO. In 2022 the Greater Manchester Integrated Care Board (GM ICB) was established, replacing Clinical Commissioning Groups (CCGs).

In Manchester this means that Joanne Roney, Chief Executive of Manchester City Council is now also Place-Based Lead in Manchester for the GM ICB and leads the locality team with support from the Deputy Place-Based Lead, Tom Hinchcliffe. MLCO and the locality team are working together to identify opportunities for further integrated working in commissioning, linked to many of the priorities set out in this plan. Commissioning teams in MLCO, including our teams supporting ASC commissioning and community health, will support this work.

Contents	Page
Foreword	3
Plan on a page	4
What our partners say	5
1. About Adult Social Care in Manchester	6
2. Introduction to the commissioning plan	12
3. Our vision	15
4. Working towards our vision	19
5. Our progress from last year	24
6. A brief overview of responsive commissioning in action	35
7. A forward looking commissioning plan	43
8. Measures of success and governance.	53

Foreword



Cllr Thomas Robinson

Executive Member for Healthy Manchester & Adult Social Care

"In Manchester we know the value the VCSE sector, the wider care market and our whole Adult Social care workforce adds to what we do. Your efforts are crucial to our success as a city. To that end, I am delighted to introduce the second Commissioning Plan for MLCO, following on from the hugely successful Plan in 2021.

Commissioning plays a pivotal role in supporting our residents to lead independent lives, through safe and effective external and partner-led services. **We've made great progress since we published the first Commissioning Plan but we know there is more to do.**

For example, we know that there are continued challenges around recruitment and retention for care and support roles nationally, and locally. We're playing a significant role as a leading authority to address this and ensure that Mancunians who need essential care and support services, receive high quality care from reputable providers and familiar faces.

I believe this Commissioning Plan helps set out our direction of travel and supports the important work we do together between the care sector and our VCSE partners. Once again thank you to each of you for being part of this journey with us, we really could not do it without you."



Bernie Enright

Executive Director of Adult Social Services

"I'm delighted to introduce this year's Commissioning Plan. It demonstrates how we are building on our improvement journey in Adult Social Care through our Better Outcomes Better Lives transformation programme, where Responsive Commissioning has enabled us to focus on getting the basics right as well as developing innovative approaches, first proposed by our frontline staff.

By having this Plan, it enables transparency with our partners, stakeholders and providers on our priorities and progress so that there is a wider understanding of our goals - always with a central aim of putting Manchester citizens at the heart of everything we do.

I'd also like to recognise the wider working we undertake with system partners and colleagues in GM NHS Integrated Care, where commissioning benefits from working across Greater Manchester, sharing and collaborating to deliver best practice.

Finally, I just want to take this opportunity to say a huge thank you to everyone who has worked so hard to deliver this ambitious Plan."



Katy Calvin-Thomas

Chief Executive Manchester Local Care Organisation

"As we move into our 5th year delivering health, care and wellbeing services and support to the residents of Manchester, I wanted to thank you, our staff and partners, for all your hard work and dedicated in supporting people who live and work in the city.

For the next 12 months I want us to ensure that we deliver safe, accessible and responsive services, supporting the philosophy of prevent, reduce and delay.

The Commissioning Plan is one of a number of strategic plans in MLCO that supports our aims of focusing on people's strengths in their own homes and communities, and working with all of our partners, providers and stakeholders to deliver innovative care solutions for the people in Manchester.

I look forward to seeing the results of another busy year of transforming people's lives through this work."

The MLCO Plan on a Page 2023-2024

Our vision at the LCO is

Working together we can help the people of Manchester:

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

We all work to make our vision happen by:



Every member of the LCO team, in community health and adult social care, play a part in this through the work they do every day.

Page 24

This year we need to:

Deliver Deliver joined up community services for adults and children

Quality Improvement Deliver transformation and service improvement priorities through a focus on continuous improvement

Address health inequalities Champion health and wellbeing and ensure our services are equitable

Tackle climate change Play our part as a major employer and influencer to support climate change initiatives

Our six core priorities this year are:

- A population health approach**
We will work with partners to target the population health challenges in Manchester of hypertension, coronary vascular disease and bowel cancer screening working to reduce health inequalities. We will work to put population health management at the heart of service delivery
- Developing our neighbourhoods**
Our Integrated Neighbourhood Team model will deliver core health and care community services, focused on addressing health inequalities; our community health and social care teams working together will build a proactive approach in our neighbourhoods.
- Safe, effective & efficient services**
Ensuring core and specialist community health and care services meet core performance metrics, working across care pathways with partners to continually improve the service offer.
- Working with primary care and VCSE**
We'll ensure that GP and VCSE leadership is at the heart of the LCO. That means building on our links between community health, adult social care and primary care; and co-producing priorities with the city's Primary Care Networks to tackle health inequalities.
- Resilience**
Our integrated community health and social care role means we're crucial to system resilience by keeping people well in the community. We'll continue to ensure only people who need to be in hospital are. We'll also deliver a sustainable financial position.
- Building the future for the LCO**
We'll deliver the phased approach to increasing the scope of the LCO through the MLCO Commissioning Plan, embedding Think Family and an Early help approach, focused on prevent, reduce, delay. We'll also play a key role in the wider system developments in Manchester.

Underpinned by:

- Our people plan
- Inclusion, equality & diversity
- Financial sustainability
- Strategic estates plans
- Use of information and a performance framework
- MLCO commissioning plan
- Quality, safety and being well-led
- Communications & engagement framework
- Business change framework.

Powered by



What our partners say



Manchester Council have been incredibly supportive as commissioners.

We have developed an open, honest and effective working relationship which has meant better outcomes for the people we support. The impact we can achieve together for the people of Manchester has been at the heart of the commissioners approach, in working with us as an organisation

Sharon Lowrie, Chief Executive

It's clear to see the commitment and passion to make a positive difference for the people of Manchester from all involved in the Better Outcomes, Better Lives programme. There's some big challenges that exist and new ones emerging and commissioners working with the voluntary sector to address them is the only way we can do this. I really value being a voluntary sector voice to help shape and develop the plans and I'm seeing first-hand how new ways of working are being embedded and that the value of the insight and contribution from my voluntary sector colleagues and wider community is being embraced by Manchester City Council.

Darren Knight, Chief Executive Officer

Section 1
**About Adult Social Care in
Manchester Local Care
Organisation**

MLCO is the public sector partnership organisation that delivers and commissions Community Health, Adult Social Care and wellbeing services. We describe ourselves as We Are Community because of the services we provide and the way we work.

- ◆ **MLCO was formed in 2018 as a partnership organisation that is part NHS and part local authority. Over 2,100 NHS adults and children's community healthcare from Manchester University NHS Foundation Trust and 1,400 adult social care staff from Manchester City Council are formally deployed to be part of MLCO.**
- ◆ **They include district nurses, social workers, health visitors, community dentists, therapists, school nurses, reablement teams, rehabilitation teams, intermediate care staff, end of life care professionals, disability supported accommodation staff and many other health and care professionals.**
- ◆ **The LCO brings these staff together as integrated teams to provide better care to the people of Manchester, keeping people well in the community and out of hospital.**
- ◆ **In August 2019 health commissioning was deployed into the MLCO from Manchester Health and Care Commissioning and in April 2021 Adult Social Care commissioning was deployed into the MLCO; integrating into our operating model and described in the MLCO Commissioning Plan.**
- ◆ **MLCO is accountable to MFT for its community health services and to MCC through the DASS for its ASC services, but a Provider Section 75 agreement between MFT and MCC enables joint accountability.**
- ◆ **Commissioning of Community Health Services delivered by the MLCO with MFT are commissioned by more than five different organisations. NHS Greater Manchester commissions most adult community health services while Manchester City Council commission children's 0-19 services and public health services such as sexual health and alcohol and drug services. NHS England is responsible for commissioning a handful of community health services, including dentistry and national screening programmes.**

In a typical day in MLCO

3300 people are seen or in contact with our community health services providing care in homes, clinics and other venues

700 new referrals come into our community health services

15 new people are referred through our crisis services - helping keep them out of hospital

5 people are assessed for equipment

165 people in our reablement services helping them stay independently at home

150 people are supported through our integrated care teams

1100 people have care commissioned in residential and nursing homes through contracts we hold.

1825 people receive homecare through contracts we hold.

Introduction to Manchester

- ◆ Manchester is already a fantastic place to live, work and study. It has bold plans for how the city will become even more of a place that is economically thriving, filled with talent, fair, a great place to live in and buzzing with connections by 2025 (ref: Our Future Manchester 2025).
- ◆ However, we know that the opportunities to make the most of our places are not equally spread out across our whole population, and that some Manchester citizens do not always feel the full benefits of living in our city.
- ◆ Adult Social Care in Manchester is pioneering, operating within an integrated health and social care system. Delivery of Adult Social Care, including commissioning, is managed within Manchester Local Care Organisation (MLCO). The benefit of MLCO is the teams working together to provide a holistic approach to Manchester's residents, coordinating care around a person's aspirations and needs.
- ◆ The intention of the deployed commissioning team is to deliver the five aims of Population Health Management across community health services: Enhance experience of care; Improve health and wellbeing of the population; Reduce per capita cost of health care and improve productivity; Address health and care inequalities; Increase the wellbeing and engagement of the workforce. For Community health (adults) commissioning all functions of the commissioning cycle except contracting and procurement were deployed from (what is now NHSGM). The functions such as need assessment, service/ pathway review and redesign, implementation with frontline teams and evaluation have been deployed and completing a full stocktake of the adult community health services in MLCO. The procurement and contracting for the services remain with NHSGM and are managed within MFT as part of the overall community health services contract.
- ◆ Our work is also greatly influenced by policy development at the newly-established NHS GM integrated care, and through the Association of Directors of Social Services (ADASS). We seek to play an active part in health & social care developments across the region and beyond.
- ◆ There are a number of projects across Manchester that will improve outcomes by supporting citizens to live more independently. This will result in less restrictive support packages, more innovative support options and reduced costs. Manchester has been on a positive change journey for the last two years and has made clear investments which have created solid foundations. We want to support Manchester citizens to have the best outcomes and be independent as possible in their communities, living their best lives.

Looking ahead - what it will feel like in 3 year time

How residents will experience our Manchester services

The Better Outcomes, Better Lives programme is wide-ranging and is focused on embedding strengths based approaches with frontline health and social care staff, improving short term support for citizens to live their best lives in their communities, and making sure that there is support in communities for citizens, carers and families to connect to when they need it. These are our aspirations for what social care will feel like after the BOBL programme is complete in 2024:

For citizens in contact with Adult Social Care:



- **Discussions with health and social care staff will be consistent, person-centred and focus on how citizens would like to live their lives and enabling them to explore different creative options to do this, including assistive technology.**
- **Better early help by making the most of all points of contact that citizens have with health and care, including a better online presence so those who need support can help themselves as quickly as possible.**
- **Enabling more people to do things for themselves and remain in their own homes, or have care closer to home so that they can be connected to their communities in a way that is right for them.**
- **If leaving hospital, or in need of a step-up of support, an excellent reablement service with technology enabled support throughout it, will be there. This will mean that citizens will be more likely to be supported at home or in their local neighbourhood in 2024, rather than in residential care.**



How families and carers will experience our Manchester Services

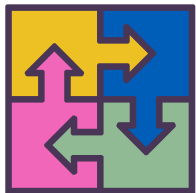
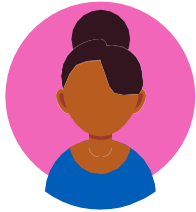
For families and carers:

- **The lives of carers and families will be as important as a person in direct receipt of care when discussing support. Carers will be supported to have fulfilled caring experiences in a way that is right for them for as long as possible**
- **Through the new Carers Manchester Contact Point, carers can expect proactive and flexible support. This will enable any challenges to be identified early, and will for diverse support to be put in place which improves the wellbeing of carers and sustains them in their caring role.**
- **Community teams will be supported so that users can access specialist support services, including for learning disability, mental health and autism. Health and care staff will be part of integrated neighbourhood teams across Manchester, so that local support is provided that understands the strengths and needs of local people.**
- **Community teams will be supported so that users can access specialist support services, including for learning disability, mental health and autism. Health and care staff will be part of integrated neighbourhood teams across Manchester, so that local support is provided that understands the strengths and needs of local people.**
- **Continue to develop a range of supported housing options for older and disabled people (including learning disability, mental health needs and physical disability) to live independently through improved housing solutions.**
- **We will develop models of care that respond to the needs of specific cohorts of the population who currently experience the worst health outcomes. This heralds a need for commissioning on a neighbourhood footprint, or as close to the resident as possible to meet the varied needs of people of Manchester.**



How staff will experience our Manchester services

For health and care staff working on the frontline in Manchester:



- **Teams will have more freed up capacity to focus on delivering the right support to the right people. Teams will have more confidence in having a conversation with citizens, families and their carers focused on their strengths and practical opportunities, like assistive technology, to living more independent lives.**
- **Teams will have increased awareness and confidence in community resources in the areas they work, through training and new information links.**
- **NHS, hospital and social care teams will work more closely together. They will also work more closely with colleagues in their neighbourhood, such as district nursing, and with health and care commissioners.**
- **Staff will have more support and freedom to put in place the right technology into people's homes, through responsive commissioning.**
- **Staff will have more confidence to use and trust data to understand how change is happening. This will support them to be empowered to have the biggest positive impact that they can, as important changes can be prioritised.**



Section 2

Introduction to the commissioning plan

Commissioning Plan: What it will do

- **Historically, 'commissioning' has been how we work to arrange and buy services for people who need adult social care in Manchester. In MLCO, we want commissioning to be much more than that. Effective, strategic, compassionate commissioning will be how we work with system-wide partners to respond to local needs in a truly place-based way. Citizens are at the heart of everything we do. We will be relentlessly focused on cross-cutting, inclusive outcomes that matter to local people, from all backgrounds and walks of life.**
- **Our approach to commissioning will support integration between health and social care services in the coming years – in whatever form that may take as plans for the GM Integrated Care System (ICS) are finalised, and the role of MLCO in health commissioning at a local level develops. Given the current responsibilities of MLCO, this plan is currently aimed at commissioning in Adult Social Care, but overtime it may adapt and expand so that its vision, design principles and workstreams also support health and social care commissioning. It will also provide a platform to strengthen links with Children's Services, to make sure that people are supported across their entire life journey.**
- **It will be how we innovate with providers and shape local markets to respond to the short, medium and long-term challenges that we collectively face as we recover from the Covid-19 pandemic. It will help us grapple with an ever-complex landscape, where we increasingly recognise that social determinants of health will be crucial not just to social care, but also to health services.**
- **For the majority of community health (adults) services this is the first time commissioning is being discharged on a Manchester basis rather than the historic tri-CCG legacy commissioning arrangements and how we respond to the growing and differing needs in our neighbourhoods.**
- **This Plan is the start of the transition toward a new model of strengths based commissioning. It will help us take the first steps toward implementing our vision, design principles and workstreams – but we know that this will be a longer term journey. We may not be able to achieve all that this Plan sets out in a 12 month period, but we are committed that this is our direction of travel: for the benefit of Manchester residents, our staff, partners and providers.**

Commissioning Plan: What is it?

We want our Commissioning Plan to be the start of the conversation.

It will be updated every 12 months (this is our second annual refresh), and future versions will update on areas of success and new priorities. It should help focus in on areas for us to talk to people – be they residents, staff, local businesses, or anyone who wants to be part of driving Manchester’s future.

Page 34

“I know how I can be heard and get more involved in how services are commissioned and designed, and understand how services impact citizens who are in contact with Adult Social Care”



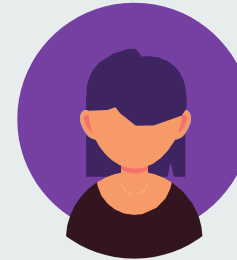
With citizens

“I understand what strengths-based commissioning looks like, and can see how this will be part of my day-to-day work”



With staff

“I can see how I can contribute to the LCO’s outcomes, and how I can discuss new ideas to improve outcomes for Manchester”



With partners and providers

Appendix 1, Item 5



Commissioning Plan - Our Vision

These 'I' Statements are important for the Commissioning of health, care and wellbeing services.. Our vision for citizens, staff and partners and providers will also support the five aims of population health management.



For citizens, families and carers

I am able to live my best life safely, happily and independently in my home

I am connected to my community – my family and friends – in a way that is right for me

I know where I can get support for myself and my family in my community when I need it, where I need it

I feel that the support I have is world-class and right for me

I feel fulfilled as a carer and supported in my caring role

I feel resilient and able to live my best life, and know how I can be resourceful and supported in challenging situations



For staff

I'm thriving in my role, and I am making a difference to people's lives, have the tools to do my best, and am proud to work for the LCO

I'm challenged and inspired by our aspirations

I feel part of a system with citizens, communities, health, providers and different teams from across the LCO, and I am confident that my role provides a valuable contribution to maximising citizens' independence

I know what's going on in LCO and in communities

I feel able to identify problems and work with my colleagues and citizens to co-produce solutions



For partners and providers

We are intrinsically linked to the people in our community. They support us and we support them

Our partnership with MLCO helps us to support people to live more independently and to be proactive about the challenges we all face

MLCO is fair, supportive, trustworthy, ethical, low-carbon and sets a high standard for care and innovation

I am financially viable, agile and pay staff the Manchester Living Wage

MLCO has connected me with my local community, e.g. via schemes to help young people with LD to find employment – there is loads I can do for my local community!

Improve health and wellbeing of the population

Increase the wellbeing and engagement of the workforce

Reduce per capita cost of health care and improve productivity

Enhance experience of care

Address health and care inequalities

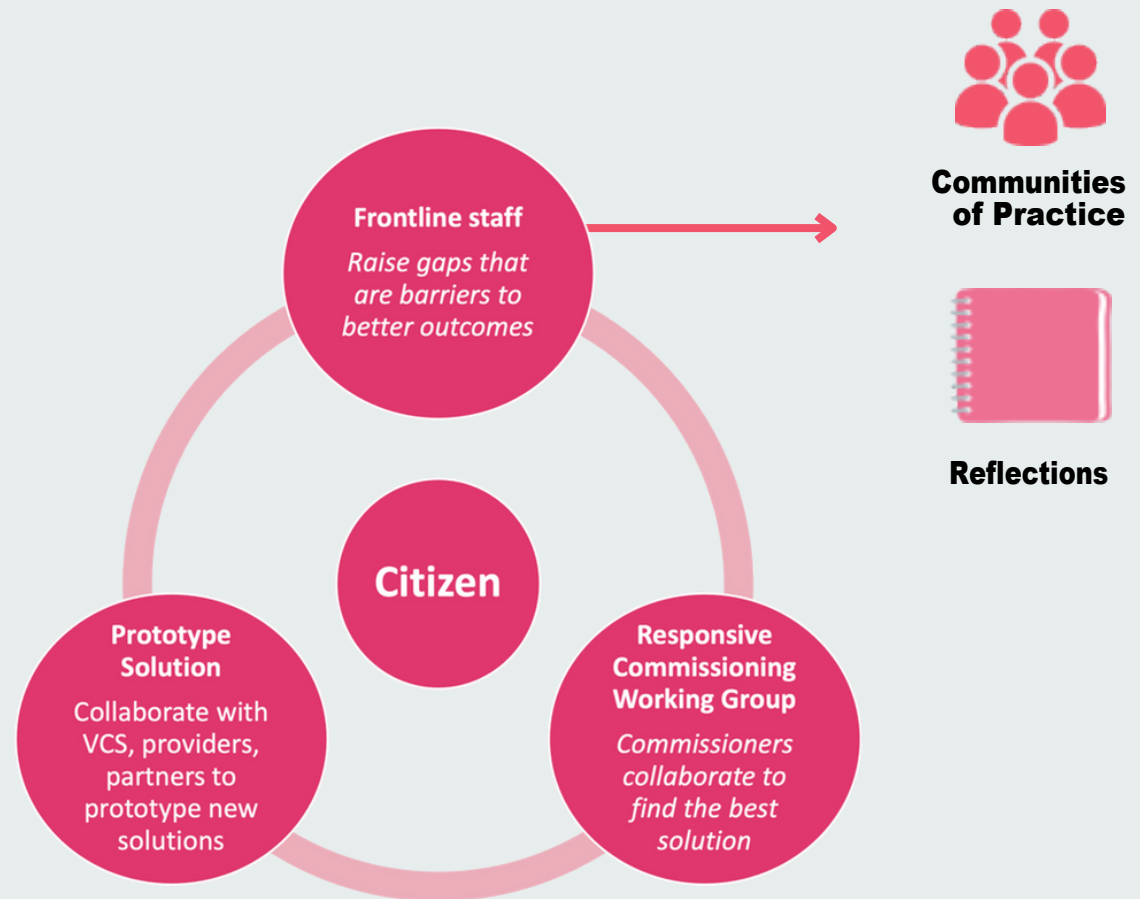
The Five Aims of Population Health

Practice Led Commissioning

A central feature of our Responsive Commissioning Plan is focused on listening to our frontline practitioners, who are carrying out Strength-Based Practice and gaining a better understanding of where the commissioning gaps exist.

After each assessment, the Social Care Assessor will reflect on how they have met the citizen's or carer's needs and, through that process, identify where there are service gaps, either in the locality or beyond.

Commissioners screen these reflections and invite practitioners to talk through their findings. This leads to new ideas on how best to meet need through commissioning solutions.



The 8 commissioning priorities we set out to deliver – 2021/22

The priorities set out below were identified as key areas to develop first in Adult Social Care, which is wide-ranging and reaching and covers the care and support needs for all adults, and carers, aged 18+ years. Our focus is on Early Help and helping prevent, reduce and delay the need for statutory adult social care support as much as possible, whilst recognising that we need a vibrant, responsive care marketplace to deliver our statutory duties, when people have higher care and support needs

Page 38

Putting prevention into practice
Create an environment with more citizen choice and control, with support closer to home that enhances peoples' wellbeing and independence in a way that is right for them

Market Development
Plan to support the adults social care market to be innovative, improve outcomes, align to LCO's strategic objectives & ensuring adequate supply of future support

Citizen commissioning
Making sure that commissioners have the tools and knowledge to meaningfully involve residents when developing support models, and to make sure that citizens' voices are heard when things aren't right

Community led commissioning
Creating and using flexible purchasing models for community-led solutions that are more personalised, strengths-based and build resilience

Flagship commissioning activities
Identifying the highest impact projects in adult social care to make them more than the sum of their parts

Building Local Good Practice into Business as Usual
Taking stock of current arrangements to make sure they are the best they can be

Contract management
Driving better outcomes for citizens through robust performance management of existing support delivery, evolution of measuring outcomes and better relationships with providers

Skills for strengths based commissioning
Equipping the commissioning workforce and stakeholders in the widest sense with the knowledge and skills to deliver the commissioning plan priorities aligned to our Organisational Development (OD) plan

Appendix 1, Item 5

Section 4 Working towards our Vision



Enhancing relationships with partners and providers

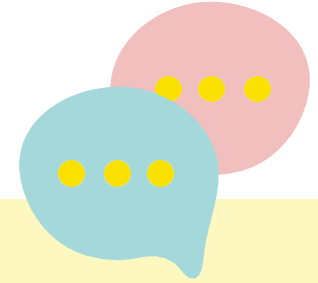
Partners and providers, and their workforce, have a critical role to play in the delivery of the commissioning plan.

We want this plan to accelerate and energise even further a two-way dialogue between MLCO commissioners and partners and providers, all with the end view of delivering improved outcomes for citizens.

Partners and providers can expect for these discussions to be had at all levels, and these are some examples on the right of the topics we want to explore.



Citizens are at the heart of everything we do. We want to work with providers and partners to support Manchester residents to live their best lives, independently and in a way that is right for them, to achieve better life outcomes with less dependence on formal care.



Key topics for discussion

Strategically

What are the system-wide challenges that adult social care faces, and what is my role – alongside MLCO, MCC and other partner agencies – in tackling them? What are the major innovations that could really shift practice and improve outcomes for residents? What are the challenges, and opportunities, that our collective workforce will need to be supported through in the coming years?

Tactically

How can I play my part in supporting a strengths based approach to improve outcomes for the people I'm working with? How do we prevent need from escalating, and how do I make sure that citizens have the package of care that is right for them? What are the opportunities for innovation for the services I'm delivering?

Operationally

What are the opportunities to maximise citizens' independence, and support them to live their best life? How can the best outcomes be delivered for residents – even if they're not by my service?

The flagship activities identified in 2021-22

Flagship services to be re-commissioned



Support for people with a Learning Disability



Housing Support for people with Mental Health issues



Daytime support services



Advocacy services



Discharge to assess

Flagship contract management opportunities



Carers Support



Homecare

The importance of Social Value in all commissioning activity

Social value has a critical role to play in supporting the delivery of the outcomes of this Commissioning Plan. **It will be increasingly important for social value to link partners and providers who deliver services for the MLCO to support that they can provide for Manchester's communities.**

In particular, the below areas will be priorities for the coming year:



Create employment and skills opportunities to build back better



Provide the best employment that you can



Keep the air clean



Be part of a strong local community



Develop a locally based and resilient supply chain



Make your organisation greener

We expect our partners and providers to recognise the wider benefits of commissioning which addresses social value, and this is woven through our procurement practice.

Co-production remains one of our highest priorities

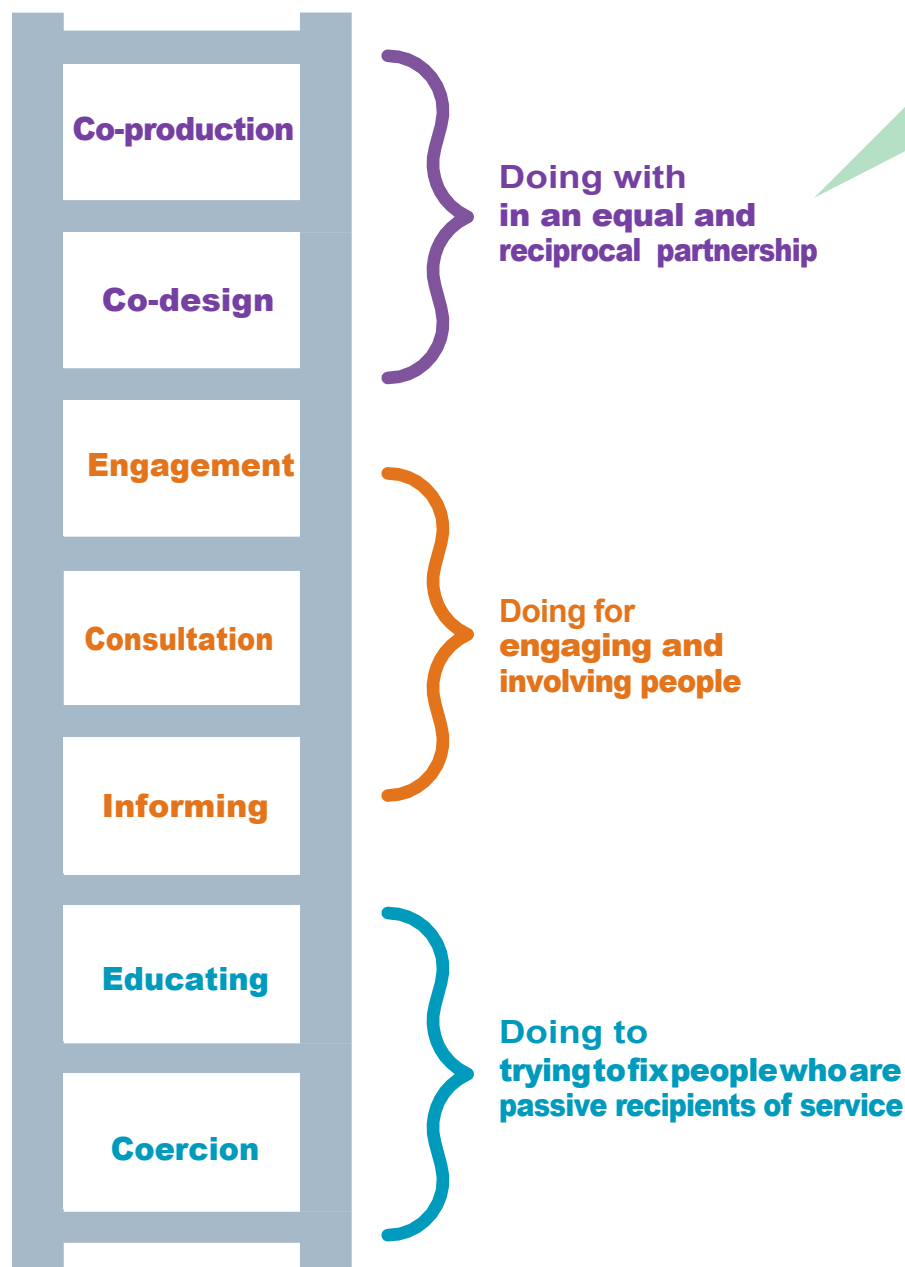
We know that we could do better in co-producing our commissioned services with citizens, families, carers and staff.

This Plan outlines how we will start to put the processes in place to do that.

The different levels that engagement might look like is summarised by the Think Local, Act Personal ladder of co-production*

We won't always be able to co-produce everything we do. However, we want to be at the top end of the ladder more consistently.

*Source:
<https://www.thinklocalactpersonal.org.uk/Browse/Co-production/>





Section 5
Our progress from last year - We said, we did

Priority 1 – Putting Prevention into practice

What is it?

Creating an environment with more citizen choice and control with support closer to home that enhances people's wellbeing and independent in a way that is right for them



What we've been doing in the past 12 months

- Carried out desktop research and identified best practice guidance from Social Care Institute for Excellence (SCIE)
- Engaged with frontline staff on the types of prevention services they wish to see
- Held an Innovation Lab with the VCSE

Page 45



Did you know there are three levels of prevention in adult social care?

1. Preventing people's needs increasing is called **Primary Prevention** and focused on promoting people's wellbeing
2. Reducing people's needs is called **Secondary Prevention** and is centred on early intervention
3. Delaying people's needs increasing is called **Tertiary Prevention** and concerns targeted strategies to delay people needing higher levels of care and support.

What next?

We will develop a Prevention Strategy, working in partnership with the VCSE in Manchester in the next 12 months and continue to work with our frontline staff on the range of services needed

Appendix 1, Item 5

Priority 2 – Market Development

What is it?

Plan to support the adults social care market to be innovative, improve outcomes, align to LCO's strategic objective and ensuring adequate supply of future support



What we've been doing in the past 12 months

- **Developed innovation labs to gather provider feedback and intelligence and respond to changing market requirements.**
- **Increased D2A provision to 73 beds and incrementally improved oversight of provider performance and contractual arrangements**
- **Improved management of the homecare market through better contractual arrangements and the introduction of the brokerage function**
- **Increased ASC fees above inflation (at point of award)**
- **Created budget headroom for all providers to pay carers Foundation Living Wage and implemented Phase One of the approach**
- **Undertaken specific whole service reviews as a prototype review of Supported Living services**
- **Appointed a Programme Manager to lead the Fair Cost of Care Exercise and support the wider ASC Charging Reforms work**
- **Grown the contract management function**
- **Purchased care cubed tool for more transparent placement costings and for modelling purposes**

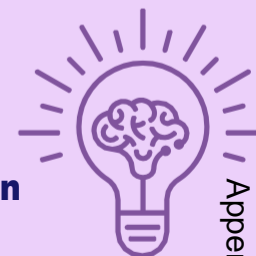
What next?

We will continue to work collaboratively with partners and providers.

Working together in our Innovation Labs

One of the ideas from last year was to engage with the care sector/market through Innovation Labs. We've held these quarterly and feedback has been positive. We've had topics such as:

- **Technology Enabled Care**
- **Age-Friendly Manchester**
- **Fair Cost of Care**
- **Fees and Living Wage**
- **Recruitment and Retention**
- **Safeguarding adults**



Priority 3 – Citizen Commissioning

What is it?

Making sure that commissioners have the tools and knowledge to meaningfully involve residents when developing support models, and to make sure that citizens' voices are heard when things aren't right



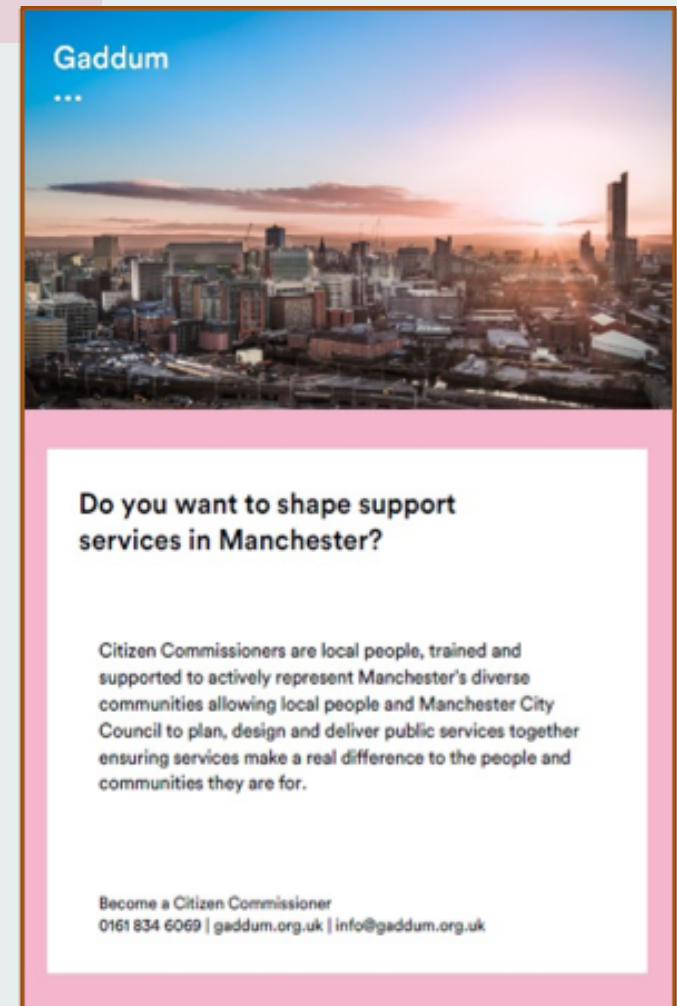
What we've been doing in the past 12 months

- **Submitted a business case for 12 month's funding to develop a prototype**
- **Ran a grant competition with suitably-experienced VCSE organisations to deliver Citizen Commissioning on our behalf**
- **Successfully appointed Gaddum charity January 2022**
- **Coproduction Lead appointed**
- **1st round of volunteers recruited**
- **Citizen Commissioner Committee launched.**

Page 47

What next?

We will evaluate the prototype in December/January and consider whether it should be extended



Gaddum
...

Do you want to shape support services in Manchester?

Citizen Commissioners are local people, trained and supported to actively represent Manchester's diverse communities allowing local people and Manchester City Council to plan, design and deliver public services together ensuring services make a real difference to the people and communities they are for.

Become a Citizen Commissioner
0161 834 6069 | gaddum.org.uk | info@gaddum.org.uk

Appendix 1, Item 5

Priority 4 – Community-led Commissioning

What is it?

Creating and using flexible purchasing models for community-led solutions that are more personalised, strengths-based and build resilience



What we've been doing in the past 12 months

- **We have come together to focus on developing Manchester's Living Well model-a community mental health transformation programme which seeks to improve the help and support available to citizens.**
- **Over the last year we have convened a multi-agency stakeholder planning group, including VCSE organisations and developed a Theory of Change model to support the roll out of community collaboratives.**
- **The collaboratives support citizens with lived experience to contribute to what future services and pathways might look like and the mental health and wellbeing support they might deliver.**

What next?

- **The collaboratives ran to November 2022 and are helping shape and produce the proposed Living Well Model for Manchester**
- **Once agreed, its anticipated that the model will be rolled out throughout 2023.**

An improved focus on mental health and wellbeing

Manchester's Living Well model will provide a range of community-based help and support and while it is still currently in design it is thought that it will provide improved access for people who need a little more help than their GP can provide such as

- **Connecting to peer support networks**
- **Providing information, advice and guidance**
- **Signposting and advocacy**
- **Be Trauma informed**
- **Listening**
- **Practical help – housing, finances**
- **Help develop coping strategies and plans to manage conditions**
- **Connect to mental health support workers**
- **Being active and engaging with your community**

Priority 5 – Flagship Commissioning Activities

What is it?

Identifying the highest impact projects in adult social care to make them more than the sum of their parts



What we've been doing in the past 12 months

Area	Progress report	Multi-year activity?
Support for people with a Learning Disability	New Head of Commissioning for Learning Disability recruited. See forward plan on later slides	<input checked="" type="checkbox"/>
Daytime Support Services	A strategic review has taken place. Forward plans are being finalised	<input checked="" type="checkbox"/>
Housing Support for people with mental health issues	A strategic review of services has taken place. A multiyear plan is now in development which builds upon areas of good practice and intends to reconfigure elements of provision to provide enhanced support. New performance motioning systems will be introduced.	<input checked="" type="checkbox"/>
Advocacy Services	Commissioners are anticipating the impact of the Liberty Protection Safeguards. Contract will be re-tendered Winter 22/23.	<input checked="" type="checkbox"/>
Discharge to Assess	Increased D2A provision to 73 beds and incrementally improved oversight of provider performance and contractual arrangements.	<input checked="" type="checkbox"/>
Carer Support	Following a successful evaluation, the contract for Carers Network coordination and the telephone helpline for carers (Carers Manchester Contact Point) will be re-tendered Winter 22/23.	<input checked="" type="checkbox"/>
Homecare	Homecare contracts extended to July 2024. Further work is focused on a Twilight Service operating from Extra Care schemes, additional provision in Wythenshawe (south Manchester and additional capacity around hospital discharges.	<input checked="" type="checkbox"/>

What next?

- **Flagship Contracts will be absorbed within business-as-usual approaches. See Heads of Commissioning key communication on later slides**

Priority 6 - Building Local Good Practice into Business as Usual

What is it?

Taking stock of current arrangements to make sure they are the best they can be



What we've been doing in the past 12 months

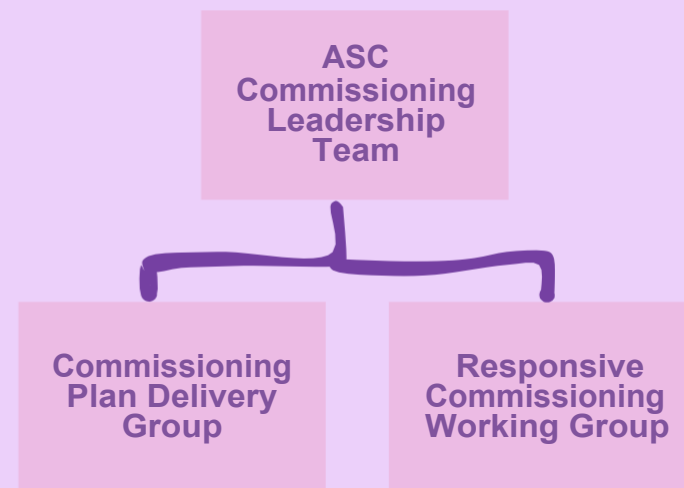
- **Working to improve our use of data by producing a template of baseline information for commissioners to collate with Performance Research and Intelligence (PRI) colleagues as part of any commissioning activity**
- **Creating tools to better understand whether contracts are delivering good outcomes for Manchester citizens**
- **Improving our programme management of contract extensions, de-commissions and re-commissions so that providers and colleagues (procurement, PRI, finance) can plan their work**
- **Sharpening our understanding of social value and how we can use it in adult social care to leverage more value for Manchester citizens**
- **Noticing when social work colleagues identify gaps in service provision and responding to this with discussion, ideas and sometimes by testing out new services on a small scale.**

What next?

- **We will build on the success of this workstream with delivery owned by the Commissioning Leadership Team.**

Page 50

Governance Model of Business as Usual Commissioning



Appendix 1, Item 5

Priority 7 - Contract Management

What is it?

Driving better outcomes for citizens through robust performance management of existing support delivery, evolution of measuring outcomes and better relationships with providers



What we've been doing in the past 12 months

- **We've increased size of the team and now supporting the wider business with sector specialisms / buddying system across Homecare / Care Homes and Supported Living**
- **Improving homecare contract documentation in readiness for 2023/24 potential procurement**
- **Refined the Discharge 2 Assess contract arrangements to reflect the evolving pilot and potential move to long term BAU**
- **Implemented Supported employment contracts – exemplar**
- **Comprehensive Contracts Register in place.**

Page 51

What next?

- **Embedding effective, high quality contract management within all our commissioning approaches.**

Work we are doing in contract management

1. **Further roll out of SCRUMS to drive contract management improvements with our 3rd party commissioned care providers, strengthening relationships and resolving queries to ensure high quality of care is delivered**
2. **Improving our contracts with key providers, ensuring KPIs, specifications and payment terms are robust and enforceable.**
3. **Supporting with the two major procurements across Supported Accommodation and Homecare Services**
4. **Increasing capacity within our D2A provision, achieving the 80 bedded capacity as per the initial business case.**
5. **Supporting colleagues with market challenges and maintaining continuity of supply for existing and new packages.**
6. **Collaborate with Health colleagues to ensure seamless care and management of packages is maintained across shared providers**

Appendix 1, Item 5

Priority 8 – Skills for Strength-Based Commissioning

What is it?

Driving better outcomes for citizens through robust performance management of existing support delivery, evolution of measuring outcomes and better relationships with providers



What we've been doing in the past 12 months

- **A detailed plan of staff training and development needs have been captured, focusing on internally-accessed course as well as external training and certificated commissioning courses**
- **A selection of free online training is available via RIPFA and commissioners are checking their suitability ahead of notifying staff**
- **Internal training for Medicines optimisation, safeguarding, infection control has been ongoing for teams that require it since April 2022**
- **Commissioning is now part of the Workforce Development Group.**

Page 52

What next?

- **Workforce Development will be moved into Business as Usual approaches informed by Staff Appraisals.**

Staff training

Our staff told they prefer a mixed model of learning opportunities, including learning lunches.

We've held many lunchtime sessions focusing on:

- **The Commissioning Plan**
- **Unpaid Carers**
- **Citizen Commissioning**
- **Neighbourhood Apartments**
- **Extra Care Housing**
- **Social Value**



Appendix 1, Item 5

Other key areas - Homecare

What is it?

Alongside our 8 priorities we undertake important statutory work day-in, day-out. This page shows how we're improving the pathway to Homecare.



What we've been doing in the past 12 months

The current homecare contract was awarded in June 2019. It was initially designed to have 12 providers over 12 lots, although through procurement we realised 8 providers over 12 lots. This has led to some commissioning capacity challenges and in 2021 we added an additional 6 back up providers. During early 2022 we recognised the homecare contract would continue to June 2024, to allow time for us to evaluation our position before going back out to tender. In order to get the provision to June 2024, we have identified some key priorities, these are:

- **Provider base - location, volume, spread, to be resolved**
- **Identify gaps in commissioning ability, by area and its resolution**
- **Winter preparation - location and coverage, hospital blocks, Twilight and option**
- **How we pay providers/provider portal (linked to the Fair Cost of Care work)**
- **Link payment to CONTRocc (our payment system) and the work within the Control Room**
- **KPI's- total dashboard bringing together PQI, control room, PRI, Neighbourhood profiles provider hours, frequency**
- **Electronic Care Monitoring - standard expectations for contract, types of systems available to meet needs.**
- **Planning for new service to start July 24, what it includes, how many providers, use of electronic systems etc.**

A lot of conversations have taken place already to understand the issues in local INT's and the Control Room in order to establish the priorities, which is leading to conversations with providers and procurement around solutions available in short to medium term.

What next?

Aiming to start reprocurement in September/October 2023.

Healthcare Commissioning achievements 2021-23

What is it?

Alongside our adult social care commissioning work our NHS commissioning team have completed a wide range of projects and work since joining the LCO.

Commissioning reform

- **We have completed a stocktake review of all non-recurrent and recurrent funded services.**
- **We have explored options for revised podiatry and district nursing services.**
- **We have reviewed our requirements for providing community services to care homes as part of the national Enhanced Health in Care Homes framework.**
- **We have commenced Comprehensive Reviews for Crisis Response, Heart Failure and Podiatry**

New business/acute shift of activity

- **We have led commissioning of new or enhanced community services for: Stroke and NeuroRehabilitation, Phlebotomy as part of the community diagnostic hub programme and Long Covid.**

Performance monitoring

- **We have supported the development and monitoring of KPIs for key services and an MLCO KPI framework**

Strategic commissioning

- **We have designed an integrated deployed health commissioning function into the MLCO Operating Model including establish new health commissioning governance**
- **We have worked with our ASC colleagues to design commissioning principles and a joint MLCO commissioning plan in line with National and local Planning Guidance**
- **We have established a baseline for health contracting arrangements external to MLCO.**

Manchester Control Room

- **We have established a Manchester Control Room to facilitate the Hospital Discharge Programme.**
- **We have built a pathway 3 function and have new oversight of CHC Homecare**
- **We have developed a Manchester Discharge to Assess (D2A) Service Specification for a future bedded model.**

Corporate support

- **We have overseen the QIA process for WRP**
- **We have developed and lead a Care Homes Programme and Board**
- **We have developed and lead a Recovery and Reform Programme and Board**
- **We have provided MCR clinical leadership.**



Section 6 A brief overview of responsive commissioning in action

The Commissioning Cycle

What is it?

A commonly-referred to way to approach commissioning is through this cycle (credit to the Institute of Public Care (IPC))

In more simplistic terms, commissioning is described as “Analyse, Plan, Do and Review”:

- **Analyse – what needs exist or are emerging?**
- **Plan – what solutions or services do we need as a result of that need?**
- **Do – develop commissioning approaches to select providers from the care market place, VCSE or redesign in-house services**
- **Review – regular checks via contract monitoring and seeking public and patient views**
- **And finally, repeat the cycle as often as necessary!**

Page 56



Appendix 1, Item 5

What do we commission?

Broadly speaking, commissioners must be led by the Care Act 2014, the Mental Capacity Act 2005 and a range of other statutory legislation including the Equality Act 2010, Data Protection Act 2018 and the Human Right Act 2000 to name a few.

Commissioners are guided by our frontline assessors, who undertake statutory assessments and aim to meet the identified needs of our citizens through a range of provision, whether that is in-house services, the external care marketplace or through the Voluntary, Community and Social Enterprise (VCSE) Sector. Here are a few examples of some of our core commissioning responsibilities*:

Low level early intervention services with the VCSE	Homecare	Residential Care	Nursing Care
Supported Accommodation for Adults with a Learning Disability	Supported Accommodation for Adults with Mental Health Needs	Supported Accommodation (Extra Care Housing) for older people	Discharge to Assess (commonly using Residential and Nursing Care beds)
Independent Advocacy Services	Support for Unpaid Carers	Develop bespoke strategies and plans e.g. Dementia or Carers Strategy	Daytime support

***for illustration only**

Introduction to Manchester – Financial Context for Commissioning Plan

The local government funding settlement covers 2023/24 but is accompanied by a set of policy principles for 2024/25. It provides some breathing space before funding risks re-emerge from 2025/26, when public sector spending cuts are expected as part of the four-year plan outlined by the Government. The budget for 2023/24 follows over a decade of austerity.

The Adult Social Care Reforms are delayed at least 2 years and the funding repurposed for social care pressures including demography, real living wage and support for the Social care market. In addition, new Social Care grants have been made available to support hospital discharge and the care market. These are ringfenced with conditions.

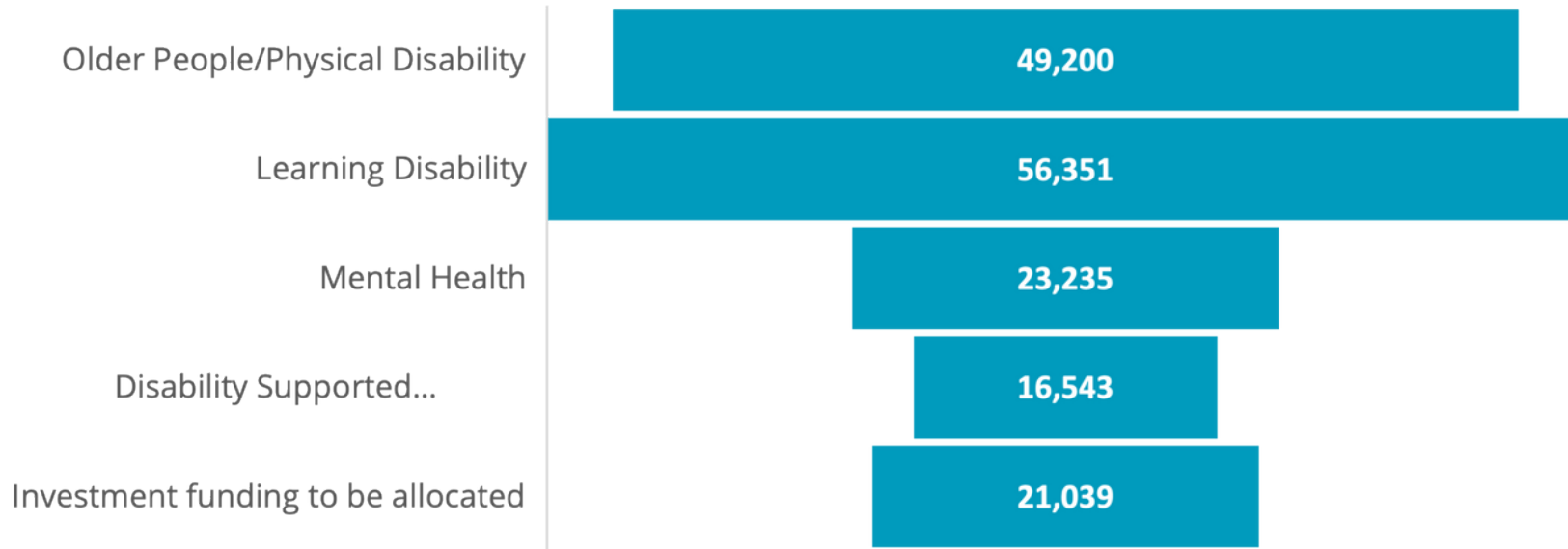
The Adult Social Care budget 2023-26 was reported to Health Scrutiny on 8th February. The integrated and maturing approach to joined-up operational service planning with health is integral to mitigate and collaboratively manage the need to deliver financial targets in social care and health.

The overall 3 year budget is as follows:

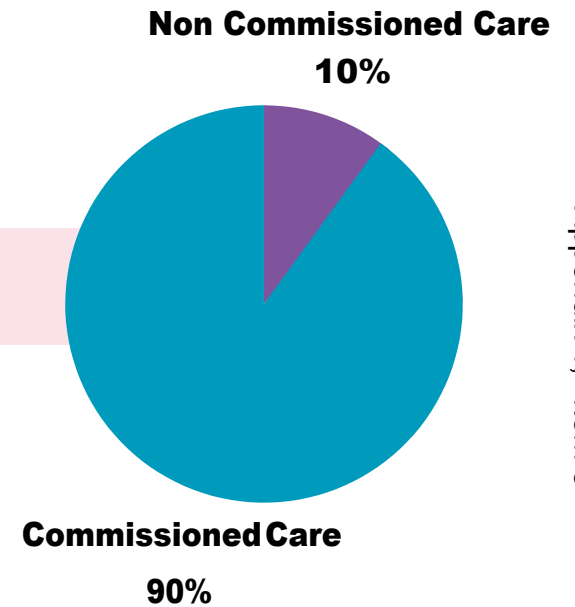
	2023/2024 Indicative Budget	2024/2025 Indicative Budget	2025/2026 Indicative Budget
	£'000	£'000	£'000
Long Term Care	166,367	181,852	188,652
Short Term Care	20,619	20,469	20,469
Infrastructure and Back Office	24,960	24,850	24,797
	211,947	227,172	233,919

Short Term Care mainly includes internal provided services such as reablement, equipment and adaptations, assistive technology, short breaks, neighbourhood apartments, day centres, carers and voluntary sector. There are a several commissioned services but are not material in financial value.

Split of Long Term Care 2023/24 budget by cohort (£'000)



Split of Long Term Care 2023/24 budget by cohort (£'000)



What do we commission in Community Health Services?

Community health services cover an extensive and diverse range of activities and are delivered in a wide range of settings – including in people’s own homes as well as in community clinics, community centres and schools – so are less visible than services delivered in hospitals and GP surgeries.

Traditional core community services are:

- **Community occupational therapy**
- **Community paediatric clinics**
- **Community palliative care**
- **Community physiotherapy**
- **Community podiatry**
- **Community speech and language therapy**
- **District nursing**
- **Falls services**
- **Intermediate care**
- **Specialist nurses (eg, diabetes, heart failure, incontinence, tissue viability).**



Our new Care Brokerage Function

What is Care Brokerage?

The Manchester Control Room is our integrated hub for supporting flow out of hospital into the community. The Control Room is responsible for ensuring the safe and timely discharge of citizens across hospitals and to support the system to work together to achieve the best outcomes for people. Within the Control Room is our Care Brokerage function that is responsible for commissioning individual homecare packages for our citizens

From 1st April 2022 all commissioning of homecare care packages using our contracted providers has been undertaken by our Brokerage Team.

Page 61

We've got exciting plans to expand the remit of the team in April 2023 which will enable us to:

- **Develop a Brokerage Service that commissions all support within one team**
- **Ensure MLCO has an overall view and position on supply and demand**
- **Reduce the burden on social care assessors by directly sourcing and negotiating packages of care via our new Placement Officers.**



Examples of how responsive commissioning quickly supports frontline priorities

Through our Better Outcomes, Better Lives transformation programme in adult social care, frontline practitioners have been encouraged to provide feedback on barriers to strength based approaches to care. The commissioning team have been able to respond quickly to some of these barriers to support practitioners. Here are two examples:

Autism support



Staff said - Practitioners found it difficult to source autism specialist support

Together we're doing - Colleagues were asked to identify people who they felt would benefit from specialist autism provision. They were then asked complete a pen picture of the person (a short description that includes where the person is living, their goals and why they are asking for some support).

Eight people were initially identified, and strong theme was highlighted of younger people who weren't achieving their goals, were at risk of carer breakdown and practitioners were struggling to gain their trust.

Following discussions with colleagues, a decision was made to seek immediate support for these eight people. We ran a mini competition with trusted providers to get a service up and running.

Commissioners are working closely with practitioners, providers, carers and the people we support to monitor and evaluate the delivery of this small-scale service, before deciding how and whether to scale it up.

Befriending services



Staff said - We can't maximise independence when the befriending services offer is not consistent

Together we're doing - Feedback was shared with the Responsive Commissioning Team and a small task and finish group was set up to investigate further. Initial conversations raised lots of questions – Is it a gap in service offer? A gap in knowledge about services available? "Befriending" is used to describe a range of issues. What do people mean by befriending?

A survey was shared with practitioners and the group developed a work plan and scoped an approach to define "Befriending", map out what is in existence in the city (following feedback from Care Navigators) and whether there's a consistent offer and capture the National offer.

Outcomes were that there is an opportunity to pilot a dedicated service within a neighbourhood - and also work with charities who can often receive funding for this type of project.

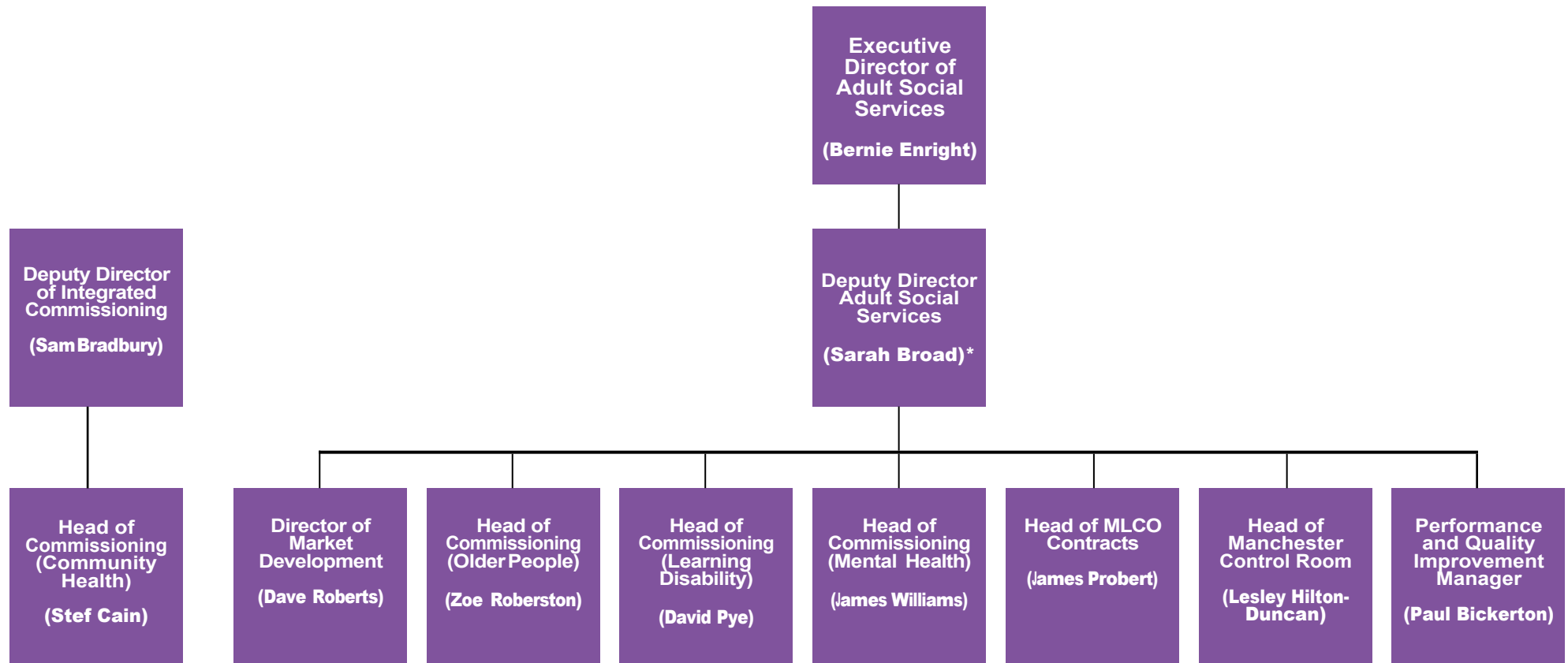
Section 7

A forward-looking Commissioning Plan for 2023-24: Our key messages and priorities

MLCO Senior Commissioning Leadership Team

Our senior commissioning leadership team is made up of the following staff. Over the next few pages we outline the key priorities in some of their areas of work.

Page 64



* Currently on sabbatical. Post covered by Interim Assistant Director (Zoe Roberston).

Appendix 1, Item 5

Priorities - Director of Market Development

“My role is focused on developing and managing the adult social care external marketplace. **This year our core focus is on the completion of the National Fair Cost of Care Exercise, the Commissioning Plan refresh, implementation of the Foundation Living Wage as a commissioner and continuing to deepen our engagement with our providers.**

The past year has seen us develop different strategies and approaches to engagement with the external care sector. For example, the Innovation Labs have proved to be successful to gather that vital feedback and intelligence and responding to changing market requirements.

A key area of activity have been sourcing the provision of Discharge to Assess – or D2A – beds across the city, working dynamically with care providers in this area.

Finally, my focus has centred on fees and ensuring that we have the budgetary capabilities to increase fees above inflation therefore encouraging providers to pay carers the Foundation Living Wage across all adult care sectors

Looking even further into the future, we will continue to bring forward improved use of data and intelligence to allow us to work with our local market to nuance available capacity to meet both demand and complexity in a more effective way.”

My market development priorities are:

- **Complete Fair Cost of Care Exercise in line with DHSC guidance**
- **Develop and publish a Market Sustainability Plan to 2025**
- **Recruit and secure sufficient and stable D2A provision in line with the business case**
- **Continue to develop performance metrics for key strategic commissions (D2A, Homecare, refine Care Homes Dashboard)**
- **Bring together multiple data sources on assessed need requirements to establish improved commissioning intelligence.**
- **Engage the care home market to deliver improved provision and availability (particularly around Nursing Care and Complex Older People Services)**
- **Support the development of a new costing model for Supported Living**
- **Continue to increase the number of providers paying Foundation Living Wage**
- **Further embed the use of Innovation Labs and other collaborative forums across ASC Commissioning (including Health, where appropriate)**
- **Fully implement CareCubed for all new high cost packages of care.**

Priorities - Deputy Director of Integrated Commissioning

“My role is focused on developing and managing integrated community health services working in partnership with system commissioners to redesign community health services.

Working with my Head of Commissioning and the team, the past year has seen us developing and embedding an integrated commissioning function within MLCO working with the operational and clinical/ professional teams.

A key area of activity has been setting up a programme of community reform and testing a comprehensive impact assessment process.

Finally, my focus has also been on establishing a control room which has strengthened hospital discharge pathways supporting timely and safe discharges for people.

Looking even further into the future, I welcome the opportunity to contribute to this joint commissioning plan and working closer with ASC colleagues.”

Community Health priorities are:

- **Embedding a commissioning Function and governance**
- **Community health reform of service (commissioning reform)**
- **NHS and Locality Planning Priorities**
- **Forward plan for health contract monitoring**
- **New business to enhance community reform**
- **Commissioning elements of the Resilient Discharge Programme and the Manchester Control Room**
- **Strategic commissioning liaison at GM ICB level and how this would operate alongside the joint arrangements established in Manchester.**

Priorities- Head of Commissioning (Older People and Physical Disability)

“Within my remit, I am responsible for:

- **Housing for Older People, mainly focused on Extra Care and Sheltered housing, working with Housing Providers**
- **Housing-Related Support grant for Extra Care and Sheltered Housing providers**
- **Unpaid Carers and working with the 18 Carers VCSE Organisations in the city**
- **The provision of statutory Independent Advocacy**
- **Lead for Independent Healthwatch**
- **Developing short-term accommodation options for older people mainly leaving hospital, via the Neighbourhood Apartment Service**
- **Leading on the commissioning of Home from Hospital provision**
- **Day Services for Older People”**

Page 67

My commissioning intentions are:

- **Re-procurement of Independent Advocacy service**
- **Re-procurement of Carers Network Coordination and the Carers helpline**
- **Develop a range of respite/short breaks for Unpaid Carers**
- **Further increase the number of Extra Care schemes, including the 1st LGBT+ purpose-built scheme**
- **Re-procurement of Healthwatch**
- **Work with the VCSE Sector and other partners to coproduce a MLCO Prevention Strategy**
- **Review Dementia pathway and provision**
- ♦ **Evaluate the Day Services review and consider next steps.**

Priorities - Head of Commissioning (Mental Health)

“Within my role I am responsible for Commissioning services for Manchester Adults with mental health support needs.

This includes:

- Residential and Nursing Care Homes
- Supported Accommodation services
- Floating and Visiting Support services

Currently, Adult Social Care supports around 600 adults with mental health support needs across the above services which equated to £24 million per annum.

These services provide social recovery focused models of support which adults can and do recovery their lives.

The commissioning framework for our mental health Partnership Agreement with Greater Manchester Mental Health Trust which brings together the health and social care services within Community Mental Health Teams.”

My commissioning intentions are:

- Refresh of the mental health section 75 partnership agreement with Greater Manchester Mental Health Trust
- Support the scoping of the Adult Social Care Dementia activity and contribute to system wide Dementia Strategy
- Redesign of Mental Health Residential Bed Base
- Complete the prototype and evaluation of the supported accommodation ‘Moving on Service’
- Complete the prototype and evaluation of the ‘Autism Outreach Service’
- Support the development of Manchester’s Mental Health Living Well model.

Priorities - Head of Commissioning (Adult Learning Disability and Autism)

“Within my remit I am responsible for commissioning services for adult citizens with a learning disability and Autism. **This includes services such:**

- **Supported Accommodation/Supported Living**
- **Residential/Nursing (Care Home) ,**
- **Day Services/Opportunities,**
- **Short Break services**
- **Outreach Services**

Currently Adult Social Care supports approximately 1300-1400 vulnerable citizens with a Learning Disability and/or Autism spending approximately £70million per annum.

My team and I are passionate and driven to ensure that citizens with a Learning Disability and Autism receive good quality services that promote independence and good life outcomes in accordance with the Better Outcomes/Better Lives Programme.”

My commissioning priorities are:

- **Production of the Adult Learning Disability Commissioning Strategy and associated Accommodation Plan**
- **Contribute to the Prevention Strategy**
- **Evaluate the Day Services Review and consider next steps**
- **Review of Learning Disability and/or Supported Accommodation (Independent Sector) and new operating model by no later than March 2024**
- **Work with Social Work colleagues to support the Strengths Based Review project as part of the maximising independence workstream within Better Outcomes/Better Lives**
- **Working in Partnership with MCC in-house services to develop and clearly define their offer over the next five years**
- **Work with Market Development services to ensure that a cost of care is established across Learning Disability Providers**
- **Evaluation of Prototype projects (Outreach services and Dalbeattie, which is a short term “step up/step down” accommodation provision)**
- **Recruitment to Commissioning Manager position for Autism**
- **Commence action planning surrounding the local (Greater Manchester) and national Autism strategies, and how we improve service locally in line with the strategies.**

Adult Social Care Provider Services Review

What is it? A 3-5 year transformative review programme of Adult Social Care's in-house Provider Services to deliver new models of care to achieve the vision "to offer a safe, effective and sustainable service within Manchester for Adults with a Learning Disability and/or Autism who possess complex needs.

Who are Provider Services?

In-house provider services is the overarching term for services that deliver care and support interventions to adults with learning disabilities, autism and complex needs, physical disabilities, who are sensory impaired and/or have an acquired brain injury. The services in scope for the review are:

- Day Services
- Disability Supported Accommodation Service
- Short Breaks.

Why is this needed?

- Increasing complexity of the citizens supported.
- Lack of appropriate and value for money services for citizens with complex needs leading to high-cost placements in area and/or out of area due to a lack of sufficient alternatives across the city.
- Year on year overspend and substantial agency spend. This has been perpetuated by legacy contracting models with the independent sector.

What are the aims?

- A specialised supported accommodation service adapted to support and enable the most complex and vulnerable citizens to achieve their best possible independence outcomes and quality of life.
- An equitable short breaks and emergency placement offer across internal and external provision.
- A day services offer which is inclusive for all ages and embeds the centres as community hubs.

What is planned for the next 12 months?

- Detailed Commissioning led activity to scope, benchmark and define the future models of care aligned to the external market, Adult Learning Disability Commissioning Strategy and Prevention Strategy to enable responsive future-proof services.
- Delivery of activity identified in the recommendations and next steps from the Day Services Review.
- Focused engagement work with citizens, families and carers as the first stage to co-produce the future models of care.

Enabling Independence Accommodation (EIA) Strategy

What is it? The EIA Strategy is a collaborative approach between the Council's Strategic Housing, Commissioners in Adult Social Care, Children's and Homelessness to improve the access, purpose and provision of supported accommodation in the city.

Underpinned by statutory legislation

- **Children Act 1989**
- **Homelessness Act 2022**
- **Care Act 2014**
- **Homelessness Reduction Act 2017**
- **Domestic Abuse Act 2021.**

4 key objectives to deliver the EIA Strategy

- 1** Work collaboratively to identify need and demand
- 2** Better care at home
- 3** Build supported housing where we need it
- 4** Improve move-on into good quality accommodation.

Which groups will benefit from the EIA Strategy?

- **Older people**
- **People with a physical, mental or sensory impairment or learning disability**
- **Young people with a support need e.g. care leavers**
- **People with or in recovery from drug or alcohol dependence**
- **Individuals and families at risk or who are experiencing homelessness**
- **People with experience of the Criminal Justice System**
- **Veterans.**

This Strategy was widely endorsed by the Manchester Health Scrutiny Committee and Manchester City Council's Executive in October/November 2022

Joint Strategic Needs Assessments

What is it? Commissioners work closely with the Manchester Public Health Team and other partners on the ongoing development of the Joint Strategic Needs Assessment (JSNA). A robust and up-to-date JSNA will allow commissioners, service providers and VCSE partners to understand the health and wellbeing needs of the population and to work together to address these needs and tackle health inequalities in line with Manchester's Building Back Fairer Action Plan.

In the draft guidance for Health and Wellbeing Boards (July 2022), the importance of JSNAs was recognised:

- **JSNAs are the vehicle for ensuring that the needs, and the local determinants of health of the local population are identified and agreed. The JSNA provides the evidence base for health and wellbeing needs of the local population and should be kept up to date.**
- **Local authorities and Integrated Care Boards must have regard for the relevant JSNAs when exercising their functions**
- **JSNA development may consult any person it thinks appropriate e.g. local community and representative organisations and also consider a broad range of issues across all demographics**
- **JSNAs should be informed by research, evidence, local insight and intelligence.**

Aligning JSNAs to the MLCO Commissioning Plan – we will:

- **Work closely with the Manchester Public Health Team in the prioritisation and production of JSNAs**
- **Have due regard for JSNAs in our evidence-based commissioning priorities and evaluations.**

Section 8 Measures of success and governance



Measures of success 2021-22

Last year, we set our ambitious plans to evidence how the Commissioning Plan is improving care and support to the citizens and carers we serve. Below we set out an honest update on progress – where we haven't made as much progress, we will carry these forward to 2022/23

No	Measure of Success	Achieved? Yes, Partially, Not yet	Commentary	Carry Forward?
1	We have invigorated our work with the VCSE	Partially	<ul style="list-style-type: none"> A VCSE Leader from George House Trust represents the sector on the Commissioning Plan Delivery Group VCSE Innovation Lab – 24/10/22 	Yes
2	We recognise the significant contribution made by Unpaid Carers by increasing the number of carers assessments	Partially	<ul style="list-style-type: none"> Since June 21, 66% of monthly carers have exceeded the benchmark of 131 carers assessments per month Where performance has dipped below target, this is due to staff capacity. 	Yes
3	We have strengthened our partnership with Manchester Housing Providers to further plan what housing we will need for the future	Partially	<ul style="list-style-type: none"> Commissioners have worked dynamically with both Strategic Housing and Manchester Housing Providers to develop an Enabling Independence Accommodation Plan We will commission a Housing Needs Analysis to provide new intelligence on what supported housing supply we need 	Yes
4	Our Commissioning workforce will ensure that providers adopt a strength-based model of support	Partially	<ul style="list-style-type: none"> The launch of the Commissioning Plan in 2021 has enabled commissioners to share our vision with providers and inform contractual conversation. We will continue to promote strength-based approaches through all our commissioning activity 	Yes

Measures of success 2021-22

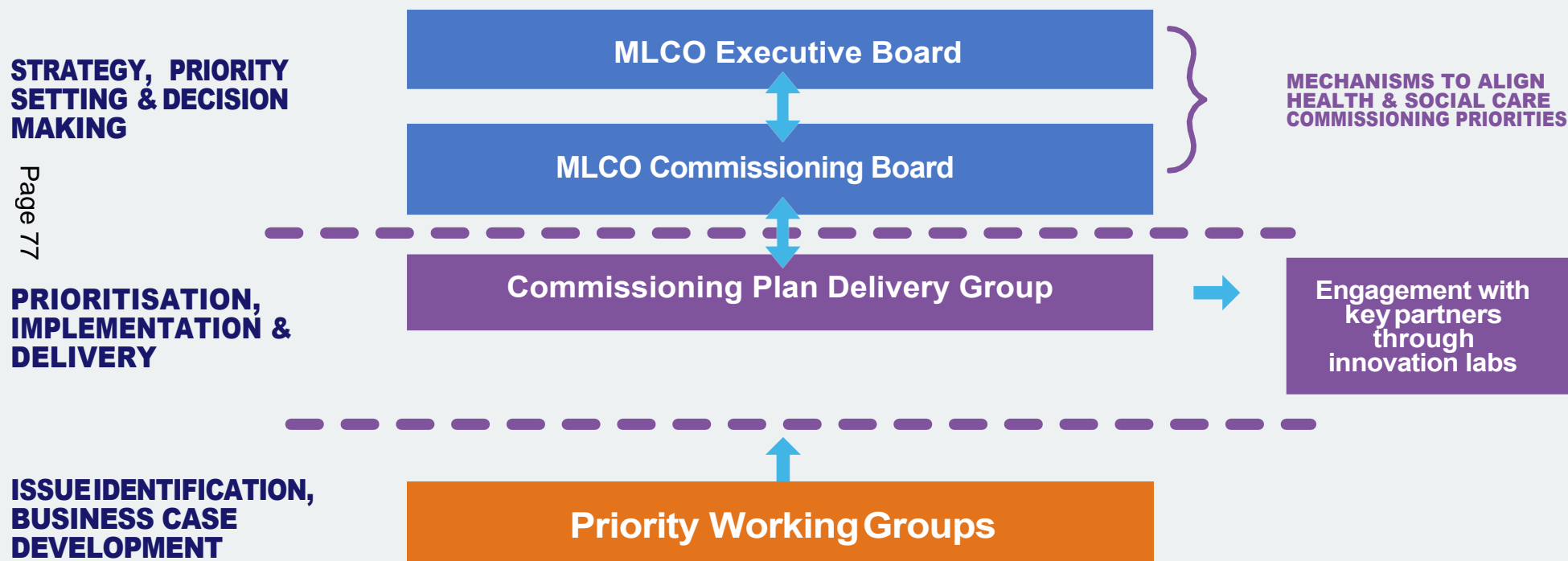
No.	Measure of Success	Achieved: Yes, Partially, Not yet	Commentary	Carry Forward?
5	Our staff benefit from an annual appraisal	Partially	Whilst there is an expectation that all staff benefit from an Annual Appraisal, we have yet to capture this activity from a central record	Yes
6	We reduce the number of days lost to sickness	Yes	Days lost per FTE (full time equivalent) in October 2021 was 1.34 days, and July 2022 had dropped to 1.16 days	Yes
7	Our providers contribute to the success of the Commissioning Plan.	Yes	<ul style="list-style-type: none"> We have held Innovation Labs on a quarterly basis, led by our Director of Market Development. We have listened to what providers have to say and, where possible, incorporate these ideas into our commissioning intentions 	Yes
8	We have higher CQC rated residential and nursing care sector either good or outstanding	Yes	<p>With regard to the CQC ratings of residential and nursing care, there has been improvements from March to August 2021 as follows:</p> <ul style="list-style-type: none"> There continues to be 4 homes which are rated Outstanding There has been an increase from 59 to 61 of homes rated Good The number of homes Requiring Improvement has dropped from 16 to 14. <p>We continue to work with our providers to help them achieved quality ratings via the CQC</p>	Yes

Measures of success 2021-22

No.	Measure of Success	Achieved: Yes, Partially, Not yet	Commentary	Carry Forward?
9	There is a greater focus on integrated commissioning with the potential to align contracts	Not yet	There have been delays with exploring the potential to align contracts due to changes nationally with the Integrated Care Systems and the abolition of CCGs roll-out	Yes
10	There will be a higher spend on local providers	Partially	All of the residential and nursing care sector are local. Whilst our homecare providers may be nationally-based, local employment exists with carers recruited from local communities. Our new contracts management system (yet to be implemented) will be able to provide more detailed reports in the future	Yes
11	We will pay the right amount to support a sustainable care market	Partially	Through the fair cost of care exercise we will create a new set of standard fees for homecare and older peoples care home placements, subject to levels of government funding to allow this. Further, we will undertake a similar cost of care exercise to establish a fairer rate of pay for supported living settings. This is in addition to ensuring as many providers in the city pay care staff the foundation living wage either voluntarily or through contractual arrangements.	Yes

Accountability Framework - Adult Social Care Commissioning

We are building on the structures we put in place last year to deliver the priorities in this Commissioning Plan. Our internal governance and delivery processes are evolving to reflect the way we are working with our Community and Voluntary Sector partners, and Citizen commissioners. The plan will be delivered and overseen by the structures set out below;

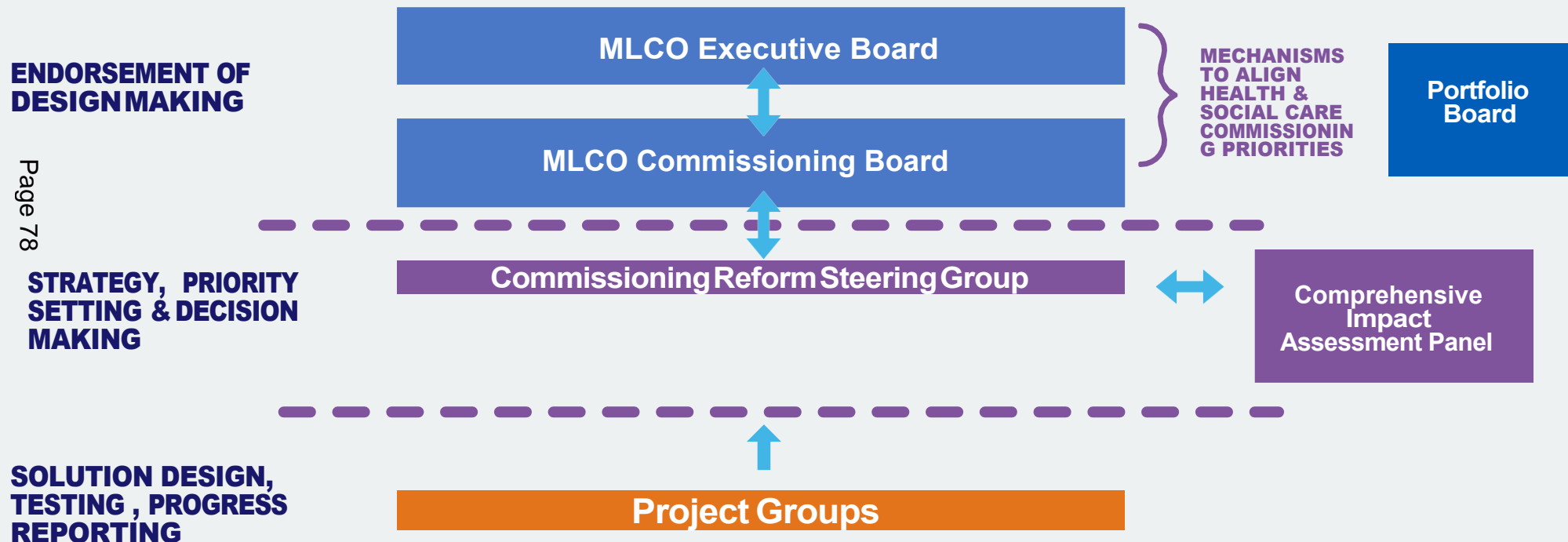


Page 77

Appendix 1, Item 5

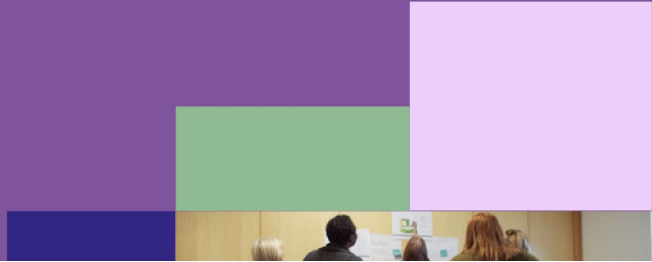
Accountability Framework - health commissioning

We are building on the structures we put in place last year to deliver the priorities in this Commissioning Plan. Our internal governance and delivery processes are evolving to reflect the way we are working with NHS GM and MFT. The plan will be delivered and overseen by the structures set out below:



Page 78

Appendix 1, Item 5



Manchester Local
Care Organisation



**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 21 June 2023

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: Governance and Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: lee.walker@manchester.gov.uk

Background document (available for public inspection): 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
24 May 2023	HSC/23/24 Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update	1. The Chair consult with the Executive Member for Healthy Manchester and Adult Social Care and other relevant stakeholders to consider the scope and remit of any subgroup to consider mental health. 2. An invitation be sent to the current Chief Executive and his Interim replacement to attend the next meeting of the Committee to respond to questions from Members.	1. A response to this recommendation will be circulated to Members of the Committee. 2. An email invitation to the meeting of 21 June 2023 was sent 25 May 2023.	Lee Walker Scrutiny Support Officer

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 **12 June 2023**, 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 *

There are no Key Decisions currently listed within the remit of this Committee.

3. Items for Information

Care Quality Commission Reports

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England.

Key to Inspection Ratings

Services are rated by the CQC according to how safe, effective, caring, responsive and well-led they are, using four levels:

- **Outstanding** – The service is performing exceptionally well.
- **Good** – The service is performing well and meeting expectations.
- **Requires improvement** – The service isn't performing as well as it should and the CQC have told the service how it must improve.
- **Inadequate** – The service is performing badly and the CQC have taken enforcement action against the provider of the service.
- **No rating/under appeal/rating suspended** – There are some services which the CQC can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by the CQC and will be published soon.

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	Report Published	Type of Service	Rating
The Seymour Home Ltd	Seymour Care Home 327 North Road Clayton Manchester M11 4NY	https://www.cqc.org.uk/location/1-118274983	17 May 2023	Care Home	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate
Manchester Surgical Services	Manchester Surgical Services Limited 192 Altrincham Road Manchester M22 4RZ	https://www.cqc.org.uk/location/1-11265007917	16 May 2023	Independent Hospital	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Be Caring Ltd	Be Caring Manchester 294 Portway Wythenshawe Manchester M22 1TG	https://www.cqc.org.uk/location/1-7766675081	23 May 2023	Homecare Service	Overall: Good Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good
MUS4BANJ Ltd	The Tube Business Centre 86 North Street Manchester M8 8RA	https://www.cqc.org.uk/location/1-13445582899	23 May 2023	Homecare Service	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement

Willows Green Healthcare Ltd	Willows Green Hospital Nettleford Road Whalley Range Manchester M16 8NJ	https://www.cqc.org.uk/location/1-11892498840	26 May 2023	Independent Mental Health Service	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Requires Improvement Responsive: Good Well-led: Inadequate
Careconcepts (Manchester) Ltd	Marion Lauder House 20 Lincombe Road Wythenshawe Manchester M22 1PY	https://www.cqc.org.uk/location/1-150165713	8 June 2023	Care Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement

**Health Scrutiny Committee
Work Programme – June 2023**

Wednesday 21 June 2023, 2pm (Report deadline Friday 9 June 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Adult Social Care Community Capacity Market Development and Commissioning	To receive a report on how Adult Social Care workstreams are integral to the work of the Manchester Provider Collaborative Board that sets the scene for the commissioning plan and the ongoing implementation of the Better Outcomes Better Lives programme. The Committee will also receive updates on the Commissioning Plan and Better Outcomes Better Lives (BOBL) Programme.	Councillor T. Robinson	Bernie Enright	
Manchester Safeguarding Partnership Annual Report	To receive the annual report of the Manchester Safeguarding Partnership with a focus on Adults.	Councillor T. Robinson	Bernie Enright	
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.	-	Lee Walker	

Wednesday 19 July 2023, 2pm (Report deadline Friday 7 June 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Adverse Childhood Experiences (ACEs) & Trauma Informed Practice	To receive an update report to that considered at the meeting of 7 September 2022 on the Adverse Childhood Experiences (ACEs) & Trauma Informed Practice. The report will update Members on the range of activities to deliver the stated ambition of Manchester being a trauma informed and trauma responsive City.	Councillor T. Robinson	David Regan Gareth Nixon	
Implementing Ockenden: One Year On	Colleagues from St Mary's Hospital at MFT will be invited to provide an update to the Committee on the implementation of the Ockenden report recommendations in relation to maternity services. The Committee have requested that this report include specific consideration of maternity services for Black, Asian or Minority Ethnic background, (BAME) women.	Councillor T. Robinson	Tom Hinchcliffe	This item was previously considered at the 22 June 2022 meeting.
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.	-	Lee Walker	

Wednesday 6 September 2023, 2pm (Report deadline Thursday 24 August 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Planning for Winter 2023/24 Across Health and Care	To receive a report that will set out the plans for how the City Council and NHS provider organisations, Primary Care and the VCSE will deliver services to address the specific challenges of autumn/winter 2023/24. This will include plans for the covid and flu vaccination programme.	Councillor T. Robinson	Tom Hinchcliffe, Bernie Enright, David Regan	
NHS Greater Manchester Integrated Care System Update	To receive a report on the establishment of the Greater Manchester Integrated Care System and the revised governance arrangements in relation to the Manchester locality.	Councillor T. Robinson	Tom Hinchcliffe	
COVID-19 National Inquiry	To receive a report on COVID Inquiry including outputs from the preliminary hearings on national preparedness and the impact of the pandemic on health care.	Councillor T. Robinson	David Regan	
Disaggregation of Complex Services	To receive a report from MFT that follows on from the report covering disaggregation of services (phase 2) presented in March 2023.	Councillor T. Robinson	Tom Hinchcliffe Julie Taylor	
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.	-	Lee Walker	

Wednesday 11 October 2023, 2pm (Report deadline Friday 29 September 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Making Manchester Fairer	To receive a progress update on the Making Manchester Fairer programme including an in-depth look at the eight thematic areas.	Councillor T. Robinson	David Regan	This will be a single item agenda. There will be a series of papers under the Making Manchester Fairer programme headings and partner organisations and people with lived experience will be invited to speak at the meeting.
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.	-	Lee Walker	

Wednesday 8 November 2023, 2pm (Report deadline Friday 27 October 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Budget proposals for Adult Social Care and Public Health	In line with the Council budget planning process, to receive a report on the initial budget proposals for 2024/25 for Adult Social Care and Public Health.	Councillor T. Robinson	Bernie Enright, David Regan	
Update on Dementia	To receive a follow up report and presentation on the work of the Dementia Steering Group. This was first presented to the Committee in March 2023.	Councillor T. Robinson	David Regan	Invitations will be extended to frontline service providers and people with lived experience.
Update on Extra Care	To receive a follow up report on this subject. This item first came to the Committee in June 2022.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Update on Learning Disability & Autism with a focus on Transitions	To receive a follow up report on this subject. This item will relate to aspects of the report that came to Committee in December 2022.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
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.	-	Lee Walker	

Wednesday 6 December 2023, 2pm (Report deadline Friday 24 November 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Climate Change Update	To receive a report on all the key health related areas of climate change including food, air pollution, the role of NHS organisations and the cold weather action plan.	Councillor T. Robinson	David Regan	Invitation to the Executive Member for Environment and Transport.
Health and Homelessness	To receive a report on the work of the Manchester Health and Homelessness Task Group set within the context of the Manchester Strategy: A Place Called Home.	Councillor T. Robinson	David Regan, Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience. Invitation to Cllr Hitchen, Chair of Communities and Equalities Scrutiny Committee.
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.	-	Lee Walker	

Wednesday 10 January 2024, 2pm (Report deadline Thursday 28 December 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Drugs and Alcohol Services	The annual update on drug and alcohol services will this year focus on people with complex needs and the role of social workers.	Councillor T. Robinson	David Regan, Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Cancer Screening	To receive a report on screening uptake in relation to breast cancer, cervical cancer and bowel cancer with a particular focus on bowel cancer screening which is the Manchester Local Care Organisation (MLCO) priority programme for 2023/24.	Councillor T. Robinson	David Regan, Dr Sohail Munshi	Invitations will be extended to frontline service providers and people with lived experience.
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.	-	Lee Walker	

Wednesday 7 February 2024, 2pm (Report deadline Friday 26 January 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Budget Proposals For Adult Social Care And Public Health	To receive the final set of budget proposals for Adult Social Care and Public Health prior to the Executive and Full Council.	Councillor T. Robinson	Bernie Enright, David Regan	
Implementation Of The 2023/24 Winter Plans	Following on from the report presented in September and reflecting the format of the extraordinary meeting held in February 2023, system partners will attend to report back on how effective winter plans were.	Councillor T. Robinson	Tom Hinchcliffe, Bernie Enright, David Regan	
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.	-	Lee Walker	

Wednesday 6 March 2024, 2pm (Report deadline Friday 23 February 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Carers Strategy	Following the presentation of the Carers Strategy to the Committee in March 2023, an update on strategy implementation will be provided to the Committee.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Manchester Public Health Annual Report	To receive the 2023/24 Public Health Annual Report which will focus on sexual health and HIV.	Councillor T. Robinson	David Regan	Invitations will be extended to frontline service providers and people with lived experience.
Update On Health Infrastructure Projects	Following the visit by members of the Health Scrutiny Committee to North Manchester General Hospital in March 2023, the Committee will receive an update report on the new hospital programme and progress in north Manchester.	Councillor T. Robinson	David Regan	This item was previously considered at the 11 January 2023 meeting.
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.	-	Lee Walker	

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Findings From CQC Reports into Manchester Based Services And The Publication Of The GMMH Independent Review by Professor Shanley	To receive a report that describes the findings from CQC reports into Manchester based services and the publication of the GMMH Independent Review by Professor Oliver Shanley OBE.	Councillor T. Robinson	David Regan, Bernie Enright	
Health Provision for Asylum Seeker Contingency Hotels	To receive a report that provides information on the health provision at Asylum Seeker Contingency Hotels.	Councillor T. Robinson	David Regan, Bernie Enright	Invitation to Cllr Midgley, Deputy Leader.
An Update on Health Protection Outbreaks As They Arise	To receive an update on health protection outbreaks.	Councillor T. Robinson	David Regan	
Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update	Further to the meeting of 24 May 2023 to consider a report from the Greater Manchester Mental Health NHS Foundation Trust that provides an update on the Trust's Improvement Plan.	Councillor T. Robinson	Chief Executive of GMMH	

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