



Health Scrutiny Committee

Date: Wednesday, 8 November 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, Cooley, Curley, Hilal, Karney, Muse, Reeves, Riasat 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 11 October 2023.
- 5. [2.05-2.25] 2024/25 Budget Proposals - To Follow**
- 6. [2.25-2.55] Update on Dementia Developments** 11 - 30
Report of the Director of Public Health and Executive Director of Adult Social Services

This report details the progress made in the last six months around key developments of the Dementia Action Plan, with specific focus on the early commission of the Manchester Dementia Alliance, led by Alzheimer's Society, with Manchester Carers Forum and Together Dementia Support.
- 7. [2.55-3.25] Update on Extra Care Housing Developments** 31 - 58
Report of the Executive Director of Adult Social Services

This report provides an update on the latest developments around Extra Care Housing.
- 8. [3.25-3.55] Adult Learning Disability Services** 59 - 94
Report of the Executive Director of Adult Social Services

This report provides an update on the key developments across Health and Social Care in Manchester relating to Adult Learning

Disability services.

9. [3.55-4.00] Overview Report

95 - 106

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.

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Further Information

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This agenda was issued on **Tuesday, 31 October 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 11 October 2023

Present:

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

Apologies: Councillors Bayunu and Reeves

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
Councillor Midgley, Deputy Leader and Making Manchester Fairer Programme Board Co-Chair
Councillor Bridges, Executive Member for Early Years, Children and Young People
Professor Sir Michael Marmot (Virtually)
Adil Mohammed Javed, Making Manchester Fairer Programme Board member
Abi Brown, Making Manchester Fairer Programme Board member
Sinead O'Connor, Making Manchester Fairer Programme Board member
Sue Spiteri, Executive Headteacher, Haveley Hey Community School
Claire Buxton, Deputy Head, Haveley Hey Community School

HSC/23/42 Minutes

Decision

To approve the minutes of the meeting held on 6 September 2023.

HSC/23/43 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027

The Committee considered the report of the Deputy Director of Public Health that provided an overview of progress made from October 2022 to October 2023 on the Making Manchester Fairer Action Plan.

Key points and themes in the report included:

- Providing an introduction and background, noting that Making Manchester Fairer (MMF) is Manchester City Council's five-year action plan to address health inequalities in the city focussing on the social determinants of health;
- Information on the MMF Programme Workstreams;
- Information on the structure and purpose of the MMF Governance and Programme Board;
- The approach to general communications and engagement;
- An update on workforce development;
- Consideration of resident and community engagement and involvement;
- Information on Kickstarters and the Investment Fund;

- The approach to engaging with anchor institutions, recognising that Manchester institutions and businesses had a key role in addressing health inequalities and it was recognised what impact their collective actions could have on health outcomes by changing their operations, investments and services;
- Describing the approach to monitoring and evaluation with a summary of progress across all the MMF workstreams;
- A deep dive on the theme of Homes and Housing, noting that there were six themes within this workstream of the Making Manchester Fairer programme which would be delivered through the Council's Housing Strategy 2022-2032; and
- Next Steps for MMF Action Plan.

The Committee heard from members of the Making Manchester Fairer Programme Board. Abi Brown stated that she wished to bring her lived and professional experience as a young black female working in Public Health to the conversation and to advocate for positive change. Adil Mohammed Javed described that he had a background in the arts and culture sector and had joined the Board to provide insight and to articulate the voice of local communities with the ambition to empower and educate to tackle health inequalities. Sinead O'Connor described her lived experience of accessing services and reiterated the importance of hearing and acknowledging the unique voice of lived experience, as this would inform the solutions to address inequalities.

The Deputy Leader and Making Manchester Fairer Programme Board Co-Chair paid tribute to the three Board Members for attending the meeting and articulating their experience. She stated that the breadth of knowledge and experience that the members brought to the discussion stimulated positive and important conversations to drive the work of the Board and provide the appropriate governance.

The Committee heard from Professor Sir Michael Marmot who spoke of the need for both national and local actions to address health inequalities. He stated that Manchester had demonstrated positive progress in this area of activity and that other authorities across Greater Manchester could learn a lot from the Manchester model and experience. He further paid tribute to Manchester for taking the initiative in developing and adopting an Anti-Poverty Strategy. He said that all Marmot recommendations were important to address health inequalities, however it was important that local people and decision makers determined which ones they prioritised to reflect local need, and this should be informed by people with lived experience, recognising that Manchester had done this. He discussed national government policy and mindful of a potential election he commented that health equity should be at the heart of all national government policy decision making, adding that the positive outcomes of this approach was evidenced based. He stated that the experience in Manchester was a positive example of what could be achieved, and he called for the country to become a Marmot country. He further made reference to the Health Equity Network and commented that there was a tangible buzz and excitement generated through this network and it offered a forum for support and learning across all partners to progress this work. In response to the Member's discussion regarding health prevention initiatives he reiterated that whilst these were important it was the social determinants that had the biggest impact on health outcomes. He commented upon the importance of addressing poverty to achieve the establishment of a fairer society.

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

- Noting the detrimental impact austerity had had on public services across Manchester and supporting the call for a Marmot country;
- Recognising the significant amount and range of work that had been undertaken in the previous year to deliver the MMF programme;
- Discussion of how the impact of this work would be evaluated, commenting that residents in wards were largely unaware of this work;
- Calling for additional resources to support the work force development that was described;
- Was there a correlation between the reduction of Sure Start Centres and the increased number of SEND children (Special educational needs and disabilities);
- What provision was available for young people who were not in education or training;
- Recognising that residents often had complex health and social needs;
- Calling for further regulation of the tobacco and alcohol industry, noting the proliferation of online 24/7 access to home delivery services;
- Welcoming the approach to addressing mould and damp in properties, noting that Social Landlords were more responsive to residents on this issue, however challenges for tenants within the Private Rented Sector remained;
- Calling for all existing powers to be used to improve housing conditions within the Private Rented Sector;
- Welcoming the reduction in the number of families housed in temporary accommodation, adding that families with children needed to be accommodated close to the school they were attending wherever possible;
- All Council departments should work together to coordinate activities and policies to promote and deliver MMF; and
- Recognising the good practice described at Haveley Hey Community School and stating that good practice needed to be shared across all schools.

The Deputy Director of Public Health discussed the methodology of evaluation of MMF and stated that this would be undertaken and reported at the appropriate time. She stated that MMF was a five-year plan and the success would be demonstrated by improving health outcomes and narrowing the gaps across the city. She commented that the evaluation of the Kickstarter programmes would be undertaken next year. She informed the Committee that a bid for additional grant funding to support this evaluation work had been submitted. She stated that areas of greatest need would require greater attention and this approach was recognised and understood. In response to the discussion regarding alcohol and tobacco she stated that whilst the Making Manchester Fairer correctly focused on the social determinants of health, Public Health also commissioned alcohol and tobacco services. The Director of Public Health supported the call from the Committee for increased regulation of the tobacco and alcohol industry.

A Member recommended that a briefing note be circulated following the meeting that described the methodology used to identify those areas with the highest need. Further, that officers provide a briefing note that details the location of temporary accommodation across the city and how that related to the MMF methodology to identify those areas with the highest need.

The Strategic Lead for Making Manchester Fairer addressed the issue raised by the Member in relation to complex needs and made reference to the work of the Changing Future Programme. The Changing Futures programme was led by the Greater Manchester Combined Authority (GMCA) and was working in partnership with the ten GM authorities, and other organisations across the VCSE and statutory sector, to improve the way that local systems and services worked for adults experiencing multiple disadvantages, including homelessness, drug and alcohol problems, mental ill health, domestic abuse and contact with the criminal justice system.

The Director of Housing Services informed the Committee that Manchester's existing homelessness strategy covered the period 2018-2023 and expired at the end of December 2023. He described that there was a consultation exercise currently underway, and this had been reported to the Communities and Equalities Scrutiny Committee at their meeting of 10 October 2023. He commented that the discussions regarding families and children were fully acknowledged and would be reflected in the refreshed strategy.

The Head of Strategic Housing stated that social landlords were very responsive to the issue of damp and mould following the tragic death of Awaab Ishak, adding that there was a great deal of national scrutiny on social landlords surrounding this issue. In terms of the Private Rented Sector, he advised that they worked with landlords to improve conditions using all available levers, however if required enforcement action could be taken. He commented that there were commissioned advice services that private tenants could access for a range of tenancy advice, including in relation to disrepair.

The Deputy Leader paid tribute to all of the staff working within the Homeless Service, recognising that they worked in a very challenging environment.

The Executive Member for Early Years, Children and Young People stated that the importance of MMF was recognised and understood within Children's Services. He stated that Covid had significantly contributed to the increased number of SEND children, more so than the reduction of Sure Start Centres. He commented that the national response to children and the pandemic had been very lacking, however Manchester had taken the initiative to implement strategies to improve the outcomes for young people.

The Committee then heard from Sue Spiteri, Executive Headteacher, Haveley Hey Community School and Claire Buxton, Deputy Head, Haveley Hey Community School. The Executive Headteacher described the context and levels of social deprivation in which the school operated. She further commented that she had worked closely with local Members and ward coordination to support the Kickstart programme at the school. She suggested that all Ward Plans should be framed and structured using the key themes of MMF.

The Deputy Head described the initiatives that had been implemented at the school to support pupils. She described that the school had been an early adopter of the Kickstart programme and an Intensive Support Teaching Assistant had been employed, supported by an Education Psychologist and Speech and Language

Therapist. This had resulted in a programme of bespoke activities and initiatives that had been developed and delivered. She described that the benefits of this approach would be formally assessed and reported however positive outcomes were already being realised, in terms of reading, writing, maths and pupil attendance.

In response to specific questions the Assistant Director for Education, Schools QA and SEND stated that Manchester had a comprehensive offer in relation to education and training, and the number of young people not in education and training was relatively low when compared to other core cities. She reiterated the previous comments regarding the impact that Covid had on young people, particularly in regard to social and language skills and that work was underway to address this. In addition, she made reference to the Family Hubs that had been established. She described that the three hubs in Longsight, Cheetham and Wythenshawe would provide a range of advice and services, all targeted at parents, children, and young adults. The Hubs supported MMF as they would provide access to a wide range of services to help families, from health issues such as infant feeding, mental health support, stopping smoking, to building better relationships, accessing school and education support, as well as providing advice on jobs, skills training, and next steps post-18.

The Executive Member for Healthy Manchester and Adult Social Care reiterated the commitment to ensure that addressing health inequalities was central to all Council decision making. He commented that it was the intention to mainstream the Kickstarter programmes. He stated that he was very proud of the work that had been delivered over the previous year, noting that there had been a significant cultural change in the approach and discussions that were now undertaken around the issue of health in Manchester as a result of the adoption of the Making Manchester Fairer approach and principles. He informed the Committee that he would provide all Members with a regular update on the progress of MMF.

The Chair commented that there were a number of strategies and policies across the Council and reflected on the earlier discussion on resident awareness of MMF. She recommended that all strategies and policies be framed and prominently articulated with the Marmot Themes and MMF.

Decisions

The Committee recommend;

1. All Council strategies and policies are to be framed and prominently articulated with the Marmot Themes and Making Manchester Fairer.
2. All Ward Plans should be framed and structured using the key themes of Making Manchester Fairer.
3. That officers provide a briefing note that described the methodology used to identify those areas with the highest need.

4. That officers provide a briefing note that details the location of temporary accommodation across the city and how that relates to the MMF methodology set out in (3) above.

HSC/23/44 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.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 November 2023

Subject: Update on Dementia Developments

Report of: Director of Public Health and Executive Director of Adult Social Services

Summary

This report details the progress made in the last six months around key developments of the Dementia Action Plan, with specific focus on the early commission of the Manchester Dementia Alliance, led by Alzheimer’s Society, with Manchester Carers Forum and Together Dementia Support. Through this Alliance, there is a strong engagement approach from the outset to ensure that coproduction and listening to what is working well/not so well is embedded. From the views of people living with Dementia and their Carers, there is much work to be done to and that can be addressed through having a new overarching Dementia Strategy (planned for 2024) and a fit-for-purpose post-diagnostic support pathway. The paper also covers the findings from the recent All Party Parliamentary Group (APPG) report into Dementia and also includes a forward look to the next six months activities that will be progressed through the Manchester Dementia Steering Group.

Finally, to highlight local good practice, there is an update on a new Extra Care Scheme for people living with Dementia planned for North Manchester and a section of the report on Delirium. Dr Scott Mather, Consultant Geriatrician at Manchester University NHS Foundation Trust (MFT), will attend the Committee to speak to the Delirium section of the report.

Recommendations

The Committee is recommended to note and comment on the recent developments in Dementia.

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>Providing care closer to people’s homes, in their communities of choice, supports the zero-carbon agenda for the city. In addition, the provision of high-quality, accessible information through digital platforms promotes a self-serve ethos to supporting carers of people affected by Dementia.</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

People affected by Dementia and their carers disproportionately impact on Black, Asian and Minority Ethnic Communities as well other protected characteristics including age. The Dementia Strategy in development, based on strong coproduction values and principles will ensure that there is a strong equality, diversity and inclusion theme embedded within this work, to reduce health inequalities and promote an inclusive strategy that works for all communities.

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	Carers of people living with Dementia are often disadvantaged in employment opportunities, with many carers ending employment opportunities when their caring responsibilities increase. By supporting Carers to maintain or gain employment through care and support interventions, this is positive for the city's economy and positive for Carers.
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	Living Well with Dementia is a key aspiration of the emerging Dementia Strategy, ensuring that all people affected by Dementia and their carers feel they are being listened to, and their views are taken into account.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

There are no financial consequences for the revenue budget.

Financial Consequences – Capital

There are no financial consequences for the capital budget.

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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.

Dementia Developments – Report to Health Scrutiny 8 March 2023:

[Governance Report \(manchester.gov.uk\)](https://www.manchester.gov.uk/governance-reports)

1.0 Introduction

1.1 At the Health Scrutiny meeting on 8 March 2023, the first progress report on the developments across the Dementia pathway were highlighted to Elected Members. At this meeting:

- A definition of Dementia was included: Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline in brain functioning.
- Information of Dementia diagnostic rate set out the current position for the city.
- Work that has taken place with South Asian Communities.
- The refreshed membership of the Dementia Steering Group set out how people and carers with lived experience were now included to ensure that the transformation of the post-diagnostic pathway led to high quality, timely, equitable and effective services.
- The Steering Group's Action Plan was included for oversight how organisations and sector leads were accountable for progress and delivery.
- Further details on the proposed VCSE Dementia Alliance, which was to be shortly commissioned, led by Adult Social Care, for those organisations with specialist knowledge and expertise around Dementia support and support to Unpaid Carers of people living with Dementia.

1.2 As a result of the Committee's interest in this important topic, it was agreed that a further report would be presented to Scrutiny within 6 months, rather than receive an annual update.

2.0 Reporting back on progress since last Health Scrutiny

2.1 The main areas to report progress on are:

- The developments of the Manchester Dementia Alliance and early work/achievements.
- An update on Delirium.
- A forward plan on the next 6 months priorities, aligned to the Action Plan.
- A brief reference to a new Extra Care Scheme in the development pipeline specifically focused on Dementia Care with our partners, Irwell Valley Homes.

3.0 The Manchester Dementia Alliance

3.1 The Manchester Dementia Alliance (MDA) is a partnership between Alzheimer's Society (lead), Together Dementia Support and Manchester Carers Forum, commissioned by Manchester City Council for 12 months, commencing from June 2023. The overarching aim of the MDA is to coproduce a template of what "Living Well with Dementia" in Manchester will look like, shaped by the voices of people both living with Dementia and those caring for people with the condition. The template will then be presented to

commissioners and system partners to help shape and influence future Dementia support services within the city, particularly the post-diagnostic support pathway.

- 3.2 This will be achieved through coproduction, whereby a reference group of people with lived experience will discuss the current Dementia pathway and service offerings, highlight the gaps, and propose the solution(s). Additionally, the MDA will aim to link in with Dementia professionals and services, both in the statutory and voluntary sector, to map out the current Dementia service offer. The MDA will also take learning and practices from other localities with the aim of building a robust, service user friendly, fit-for-purpose Dementia pathway.

Dementia Changemakers

- 3.3 The MDA has run two consultation meetings so far – with people affected by Dementia - family carers and people living with the condition: our reference group. At the first meeting it was asked how well the participants thought they were living with Dementia; the scores averaged 4/10 (10 being really well and 0 being very badly). We then asked, **‘what prevents you from living well?’** A very long list of different specific issues was presented that are not working well. Here is a sample:

- “Not sure who you can ask for what
- GPs don’t understand the system
- Affordability of companion care
- Not enough respite for me
- Need one website where all information is kept
- Mum needs more support and activity sessions
- Need regular contact with Social Worker who doesn’t call back
- Hospital staff not knowing Mum had Dementia
- Homecare is just ensuring the person with Dementia is kept alive
- After diagnosed, just left to get on with it for over 9 months
- The wider NHS is useless at supporting people with Dementia. Same mistakes time after time”

- 3.4 On a positive note, people know what the problems are and know what they need. They have all appreciated being able to share their opinions and solutions with each other. One carer told us forcibly that we must recognise the considerable strengths of carers – that they are doing an amazing job, with skill and resilience. She wanted stakeholders and influencers to adopt a rights-based approach and was concerned that there might be a lack ambition in this work.

- 3.5 At the second meeting the MDA focussed the discussion on **how people receive a diagnosis and what support they get immediately after**. A strong theme from the people living with Dementia was that they want rehabilitation and help to tackle their difficulties to enable them to stay as active as possible after a diagnosis. They still feel that they are ‘thrown on the scrap heap’ with encouragement only to sort out their wills and LPA.

- 3.6 Two carers said that they received the diagnosis from a letter, a copy of the letter that was sent to their GP. It told the GP that their relative had Dementia, but the letter didn't address the person or his family at all. And one of those people has had no contact from health services since that day.
- 3.7 All participants said that they needed information and support, face to face, at the right time – not just a lot of leaflets at one point in time. And, again, the people with Dementia wanted opportunities to socialise and live a full life to the best of their abilities.
- 3.8 The MDA has 4 more Dementia Changemakers meetings planned, and we will discuss the issues that develop as the Dementia progresses at these meetings, together with the evolving 'Living Well' template that we will gradually shape. Importantly, there will be an opportunity for sharing the specific issues and ideas of the people with lived experience with the professionals and commissioners so that their voice is heard loud and clear, and their issues are addressed in all that we do and say.

Professionals Workshop

- 3.9 It was noted from the first Dementia Changemakers meeting that there was a large professional interest in the MDA work, with health professionals and Dementia specialists from Greater Manchester Mental Health Trust attending the first consultation. The MDA acknowledged the need for professional involvement in this work but also recognised the importance of providing a safe space for people affected by Dementia to share their personal experiences. Therefore, we are facilitating a workshop for professionals only, taking place on 19 October. This will ensure that there is an opportunity to collect the views from both service providers and service users whilst observing the right for people affected by/living with Dementia to have their own forum, for confidentiality.
- 3.10 The aim of the workshop is to collate feedback of current Dementia services within Manchester, from the professionals' point of view; to map out current service offers; and to see if the service offers align with the views/needs of service users. This will help us to highlight the gaps in current services and to provide the solution. Two carers of people living with Dementia have agreed to attend the professionals' workshop. They have agreed to observe the mapping out of the current Dementia system available in Manchester and provide feedback as to if they were aware of the current services, how the services have worked for them, and what would have made their experience of caring for someone living with Dementia better. This is an opportunity to share some of the challenges with current service providers of the current pathway and use this time to identify resolutions together to co-produce a better service offer around the city going forward.

Challenges

- 3.11 Whilst there is positive progress with the Alliance, the work with people living with Dementia and their carers is highlighting further gaps in provision around

Dementia support and having an equitable pathway to support across the city. Further work will be considered by both health and social care commissioners as part of the forward plan, informed by future funding arrangements.

- 3.12 It is evident that, whilst there are a good number of peer support and activity groups for people living with or affected by Dementia, there is a real lack of 1-2-1 support services for people to access information, emotional and practical support, and signposting to other services. It has also been fed into the MDA by a health professional that an additional 3 referrals were received by him, again with no appropriate services in place to refer them on to.
- 3.13 Again, this work highlights the importance of developing the post-diagnostic support pathway, using a coproduction approach on what citizens and their carers want to see developed to improve people's lived experience.
- 3.14 Commissioners have requested the MDA produce an action plan as follows:

Objective	Benefit	Expected Outcome	Completion Date	Lead/s
Create reference group of lived experience	To collate lived experiences of people affected by or living with Dementia, to ensure co-production is the core to all MDA work	To have a diverse range of rich and qualitative feedback from the lived experience group which will be fed into the Dementia Strategy group, and into city-wide Dementia services to influence change and shape future Dementia services	Next meeting dates for Dementia Changemakers: <ul style="list-style-type: none"> • 11th January 2024 • 13th March 2024 • 16th May 2024 	MDA – all 3 partners
Facilitate Professional Workshop	To map out the current Dementia service offer in Manchester and collect feedback from Dementia health care professionals regarding their view on the effectiveness of current provision	To use the range of feedback to measure against how well we think current services work compared to how well people accessing services think they work. To gather insight into current capacity, resources etc., to highlight gaps and build on the current service offer	Professionals workshop date: 19 th October 2023	MDA – all 3 partners

Objective	Benefit	Expected Outcome	Completion Date	Lead/s
Produce MDA Newsletter	To keep commissioners, key external partners, service users and the wider public up to date with the progress of the MDA work	To provide quarterly newsletters to ensure that the work of the MDA is both promoted and shared across the city to both people affected by Dementia, health professionals in Dementia care, as well as wider public. This will hold us accountable to ensure feedback given is collated and disseminated in a timely manner	<ul style="list-style-type: none"> • 1st newsletter – currently in progress for release by end of October 2023 • 2nd newsletter Jan 2024 • 3rd newsletter March 2024 • 4th newsletter June 2024 	Alzheimer's Society
To regularly feed into Manchester Dementia Steering group	To support the ongoing work of the steering group and contribute towards the development of the Manchester Dementia Strategy	To feed valuable lived experience from the reference group into the steering group so that it can be used to ensure co-production for the development of the Manchester Strategy, to support further work e.g., Dementia United projects, and to gain support from steering group to help the MDA grow, build strong working relationships, and instigate further ideas for work development in the MDA	Ongoing – MDA partners to attend and contribute to future steering group meetings	MDA – all 3 partners
Create Living Well with	To showcase what a good Dementia	To co-produce a template to show what living well	June 2024	MDA – all 3 partners

Objective	Benefit	Expected Outcome	Completion Date	Lead/s
Dementia in Manchester template	pathway would look like, according to lived experience and service user needs	with Dementia in Manchester should look like, which will be presented to commissioners, to influence change to the current pathway, and shape the future of Dementia services within Manchester. This will enable people living with or affected by Dementia to live well when diagnosed, to know where to access support, to have a streamlined pathway where all professionals know they can link the service user into the appropriate services to meet the real needs of service users, empower and enable service users to navigate the system, and reducing risk of carer breakdown, crisis point, hospital admission and safeguarding incidents		

- 3.15 The Alliance was formally launched at a VIP Civic Reception on 5 September 2023 with the Lord Mayor Councillor Yasmine Dar and the Executive Member for Healthy Manchester and Adult Social Care, Councillor Thomas Robinson.



4.0 A new Extra Care scheme specifically for Dementia Care in the pipeline

- 4.1 Members will be aware, through separate reports, on the successful growth of Extra Care Housing in the city. As the development of Extra Care progresses in terms of numbers of schemes, more bespoke schemes are being commissioned that meet the needs of a particular community in the city. With the increasing prevalence of Dementia in Manchester, and with a focus on living well with Dementia, the vision has been to ensure equitable access across the city through 3 Dementia specific Extra Care Schemes. Jurby Avenue, in north Manchester, will be the 3rd scheme built by Irwell Valley Homes and offer an alternative to residential and nursing care (or delay admission to).
- 4.2 Jurby Avenue Dementia Scheme is a specialised supported housing service for older people with Dementia and other forms of memory loss. It will provide accommodation, care and support to 16 households, made up of apartments for single people and couples, together with extensive communal space for residents to socialise and take part in activities that will help maintain their independence. Care will be available on a 24-hour basis, delivered by a service commissioned by Manchester City Council. Care staff will provide customers with personal and domiciliary care, helping with bathing, cleaning and meal preparation. Housing management and housing related support services will be provided by Irwell Valley Homes to ensure customers can maintain their tenancy for as long as they are able to safely and comfortably do so.
- 4.3 The building and self-contained secure gardens are specifically designed to meet the needs of older people with Dementia, featuring light and spacious apartments and communal areas. Corridors and pathways provide easy and safe circulation and technology will be designed in to discretely monitor customer health and wellbeing.

- 4.4 The site proposals are still at the design stage and subject to Planning approvals, however, the indicative design of the scheme can be illustrated below:



5.0 An update on Delirium work in Manchester

- 5.1 A definition of Delirium from the National Institute for Health and Care Excellence (NICE)

“Delirium (sometimes called ‘acute confusional state’) is a common clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which has an acute onset and fluctuating course. It usually develops over 1-2 days. It is a serious condition that may be associated with poor outcomes. However, it can be prevented and treated if dealt with urgently. Delirium can be hypoactive or hyperactive but some people show signs of both (mixed). People with hyperactive delirium have heightened arousal and can be restless, agitated and aggressive. People with hypoactive delirium become withdrawn, quiet and sleepy. Hypoactive and mixed delirium can be more difficult to recognise. It can be difficult to distinguish between delirium and dementia and some people may have both conditions. If clinical uncertainty exists over the diagnosis, the person should be managed initially for delirium”

- 5.2 Delirium is more common in patients with Dementia and is persistently associated with nearly a three-fold increase in one-year mortality, that is independent of age, gender, morbidity and functional status. It is also linked with poor outcomes including:

- Increased length of hospital stay.
- Increased problems with function and activities of daily living including risk of admission to care home.
- Increased risk of malnutrition, falls and other complications.

- Increased risk of deteriorating cognition where someone has a Dementia diagnosis.
- Increased risk of recurrent delirium episodes.
- Increased risk of developing Dementia.
- Psychological distress for patients and their relatives/carers.

5.3 As part of the Greater Manchester Dementia United work, delirium has been a particular focus and Manchester University NHS Foundation Trust (MFT) has been at the forefront of this work, led by Dr Scott Mather, Consultant Geriatrician. Appendix 1 outlines the number of hospital admissions for delirium that we see across Greater Manchester with a focus on MFT sites.

5.4 The process that all MFT hospital sites now have in place is:

- All patients aged over 65 admitted to MFT hospitals are screened for delirium.
- All patient aged over 65 are screening for delirium daily allowing real time monitoring of delirium incidence in hospital.
- A positive screening test for delirium will lead to the completion of a delirium intervention bundle by nursing and medical staff improving care for these patients and their relatives.
- This enables MFT to monitor who has delirium in real time.
- Studies indicate that 30 – 80% of delirium cases are preventable and if develops, can be treated proactively to reduce the risk of complications, care home admission and death.

5.5 Delirium education for all MFT staff members remains crucial to improve the utilisation of the electronic delirium bundle and adoption of proven prevention methods for patients at risk. Education is integrated into the MFT frailty e-learning packages, Dementia, frailty or older people study days and it was recently a core focus of the very well attended MFT Frailty Focus week. In addition, the first MFT wide delirium guideline (following the NICE guideline update this year) has recently been ratified.

5.6 For Manchester the next step is to have this comprehensive approach in all settings and there have been initial discussions with Manchester Local Care Organisation (MLCO) and clinical leads at the GM Integrated Care Board about rolling it out to care homes.

5.7 Dr Mather and colleagues at MFT are now linked into the Manchester Dementia Steering group and this will ensure this important work is supported in a coordinated way.

6.0 Key findings from the All-Party Parliamentary Group (APPG) on Dementia

Background

6.1 In February 2023, the APPG on Dementia launched its latest enquiry into regional variation in Dementia diagnosis rates in England. Diagnosis rates

very between local authorities in England from Stoke on Trent at 88.9% to Swindon at 49.3% - a difference of 39.6%. A diagnosis of dementia is essential in accessing post-diagnosis care and support, and also helps to facilitate future care planning. While the national diagnosis target set by the UK Government for England is 66.7%, the diagnosis rate declined to 61% during the COVID-19 pandemic and has only recovered to 64.1% as of August 2023. In order to address the central issues covered by the inquiry, the APPG gathered evidence via:

- A written Call for Evidence for professionals and academics working on dementia.
- A survey of more than 2,000 people living with dementia.

The collective evidence was then used to inform the report, which will be launched at a Parliamentary reception on Tuesday 24th October 2023.

Key report findings and recommendations

- 6.2 **The Group concluded that variation in dementia diagnosis rates is unwarranted.** Although rurality and deprivation can affect dementia diagnosis rates, the vast majority of variation is not explained by either factor. **At the Integrated Care System (ICS) level, variation was inconsistent.** Each ICS has good and bad aspects of its diagnosis pathway, and the Group are keen to emphasise that every part of the country has something to be proud of. **The Group strongly believes that the ingredients to achieve quality dementia diagnosis are present in pockets around England and recommends that ICSs make targeted local plans to scale up best practice and bring it closer to people who need to access diagnostic services.**
- 6.3 **The report provides a total of 8 recommendations across the core themes of dementia diagnosis, data, public health messaging and workforce.** Collectively, the recommendations outline how dementia pathways can be strengthened to enable access to quality diagnosis services across all settings, communities, and regions in England. A summary of each recommendation is included below:

Enabling Dementia Diagnoses

1. **Each ICS must develop a comprehensive dementia strategy to enable and support the implementation of the Group's recommendations,** commissioning services based on local need and reaching underserved communities.
2. **All dementia diagnoses must include an accurate subtype.** People deserve to know what is wrong with them, and accurate subtyping will allow better tailoring of care and treatments.

Data

- 6.4 **NHS England must continue to develop its methods for calculating dementia prevalence and dementia diagnosis rate** to enhance accountability and improve the quality of care for patients.

A national Dementia Observatory should be created to collate and publish existing data collected across the diagnostic system (i.e., nationally, at ICS and sub-ICS level). This should include the development of additional indicators to improve quality of, and access to, a dementia diagnosis.

Public health and messaging

- 6.5 **Ensure that data from the Office for Health Improvement and Disparities (OHID) regarding the scale and spread of associations between deprivation, rurality and estimated dementia diagnosis rates is translated into action.** Specifically, this should include targeted public health messaging in regions and localities most in need of improving dementia diagnosis rates.
- 6.6 **A broader range of regional and local channels for communication must be utilised to reach those who may be lost to the system.** Making dementia more of a strategic priority for national and local systems will help to raise awareness of dementia and tackle the stigma of a diagnosis as part of a system-wide approach to increasing national diagnosis rates.

Workforce

- 6.7 **Government should ensure the primary care workforce is adequately planned and resourced** to enable capacity, including to engage in continuing professional development on the assessment and benefits of dementia diagnosis.
- 6.8 **Post-diagnostic dementia support services must be available more equitably across England and supported by a named professional to coordinate each individual's dementia journey.** This requires a workforce plan from the Government which is inclusive of allied health professionals and a broader range of non-clinical roles such as social prescribers and dementia advisors.
- 6.9 Further information provided by the Alzheimer's Society who provided administrative support and expert advice to the group can be found here: [All-Party Parliamentary Group on Dementia | Alzheimer's Society \(alzheimers.org.uk\)](https://www.all-party-parliamentary-group-on-dementia.org.uk/)
- 7.0 **A forward plan on the next six months priorities**
- 7.1 The Manchester Dementia Steering Group will consider the APPG report at its next meeting and revise the action plan in line with the recommendations. As has been outlined above by the Dementia Alliance, work has begun on certain

parts of the plan. For example, a workshop has happened about the diagnosis process and how it could be improved.

- 7.2 The Steering Group has also worked on other projects during the past 6 months, including co-ordinating training for practitioners on working with people diagnosed with Dementia who are from the LGBTQ community. This has been an exemplar piece of work and MCC Adults Social Care and Public Health have provided a small amount of additional funding to ensure work can be completed.
- 7.3 The Steering Group has also reflected on areas of the plan that need to be focused on over the next few months, including the review of the post-diagnostic support offer. It is anticipated that this work will commence before Christmas and will involve reviewing what is currently available across the city, what people with lived experience and their carers outline as the key features of the offer should be and how it could be delivered. This will include a review of a commissioned offer as happens in other localities. It will also be important to involve Age Friendly Manchester in this work as a focus should be ensuring that people can continue to live in their local community and engage in activities that they enjoy doing and we do not create Dementia-only services unless it is appropriate.
- 7.4 Another key area is the delivery of Dementia care co-ordinators for all people living with a diagnosis. We are yet to fully scope out this work and which existing roles could deliver this offer. We will prioritise the engagement of the 14 Primary Care Networks (PCNs) in Manchester through the Associate Medical Director (NHS GM Manchester Locality). The Associate Medical Director will revisit the opportunity to identify a pilot PCN for the digitalised well-being plan with the aim of all appropriate agencies being able to view the plan to gain a better understanding of the individual and what is already in place. If this opportunity cannot be realised, we will still be able to learn from the pilot sites in Bury and Tameside. It is also important to note that NHS Greater Manchester will be considering the APPG report.
- 7.5 In discussions with providers, people with lived experience and carers we are aware of the significant pressures across the health and care system and the limited funding that will be available to invest in services. As we further develop our priorities, such as the pathways for diagnosis and post-diagnostic support and the Dementia care co-ordinator role, we will identify gaps in services. However, part of the role of the Steering Group is to ensure that the resources that are available work together as an efficient and effective system and that we are aware what we already have across the city and in some instances across Greater Manchester (e.g., training, support for people with early onset Dementia).
- 7.6 The Dementia Steering Group has been revitalised and refocused over the past 9 months and we also have the Dementia Alliance in place to ensure that we can co-produce all developments with people with lived experience and their carers. This will enable us to begin to develop the city's Dementia strategy and produce it in a format that is accessible.

7.7 Research was undertaken by the University of Lancaster to outline the key areas of everyday life for people living with Dementia and these were:

- Continuing good relationships with people who are important to you.
- Being able to communicate with others.
- Feeling safe and secure at home.
- Feeling valued and respected by others.
- Feeling able to have a laugh with other people.
- Being able to do things that you enjoy and want to keep doing.
- Keeping interested in things you like.
- Being aware of your surroundings indoors and outdoors.
- Being able to find your way around a familiar place.
- Being as clean and comfortable as you would like.
- Not falling at home or when out and about.
- Being able to see, hear and understand.
- Feeling able to keep your identity.

7.8 As we continue to develop this work, we need to be always aware of what people living with Dementia want from their life and that this informs everything we do. These key recommendations will inform the emerging Dementia Strategy planned for early 2024.

8.0 Recommendations

8.1 To note and comment on the recent developments in Dementia.

9.0 Appendices

9.1 Appendix 1 outlines the number of hospital admissions for delirium that we see across Greater Manchester with a focus on MFT sites.

GM Hospital Data – Delirium Hospital Admissions

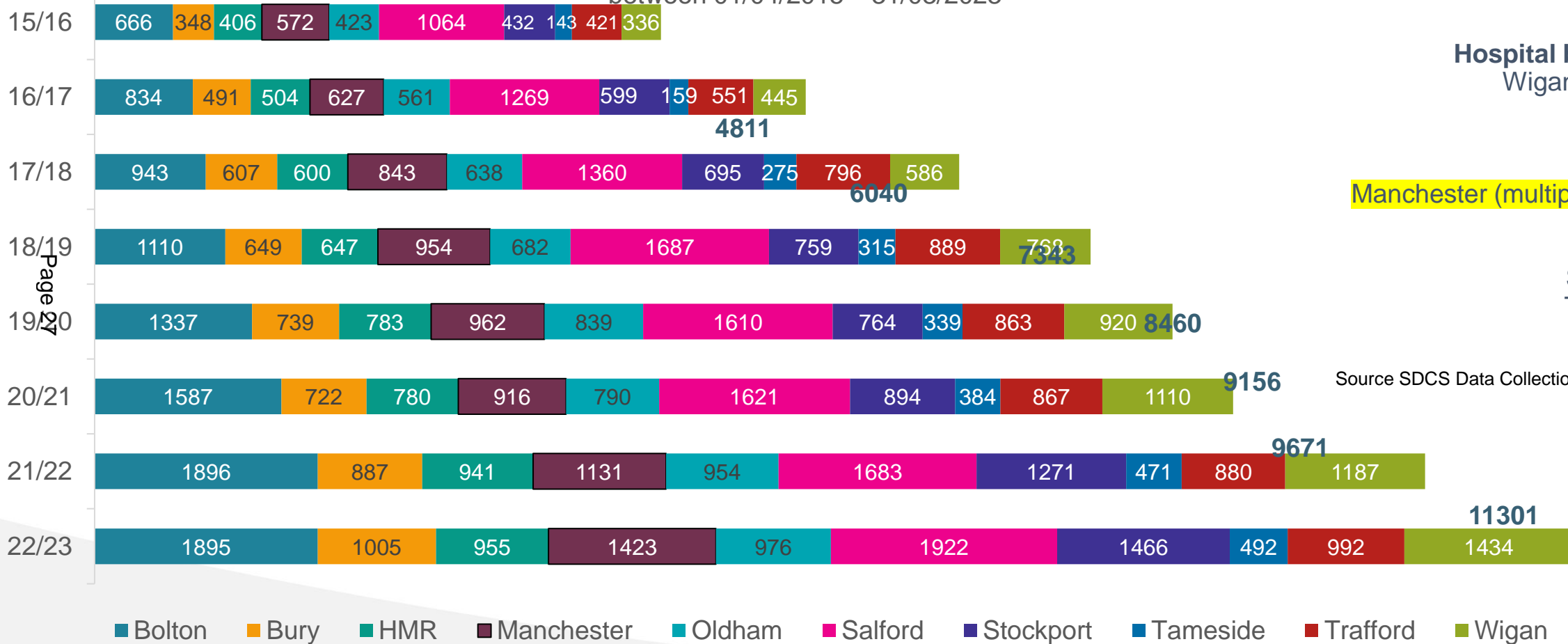


Greater Manchester
Integrated Care

Over 65ys hospital emergency admissions with delirium coded during their hospital spell and discharge
between 01/04/2015 – 31/03/2023

Hospital bed numbers

- Wigan (3 sites) 696
- Bolton 717
- Bury 236
- HMR 122
- Manchester (multiple sites) 2154**
- Oldham 445
- Salford 728
- Stockport 705
- Tameside 470
- Trafford 230



Source SDCS Data Collection and CQC reports
2015 - 2022

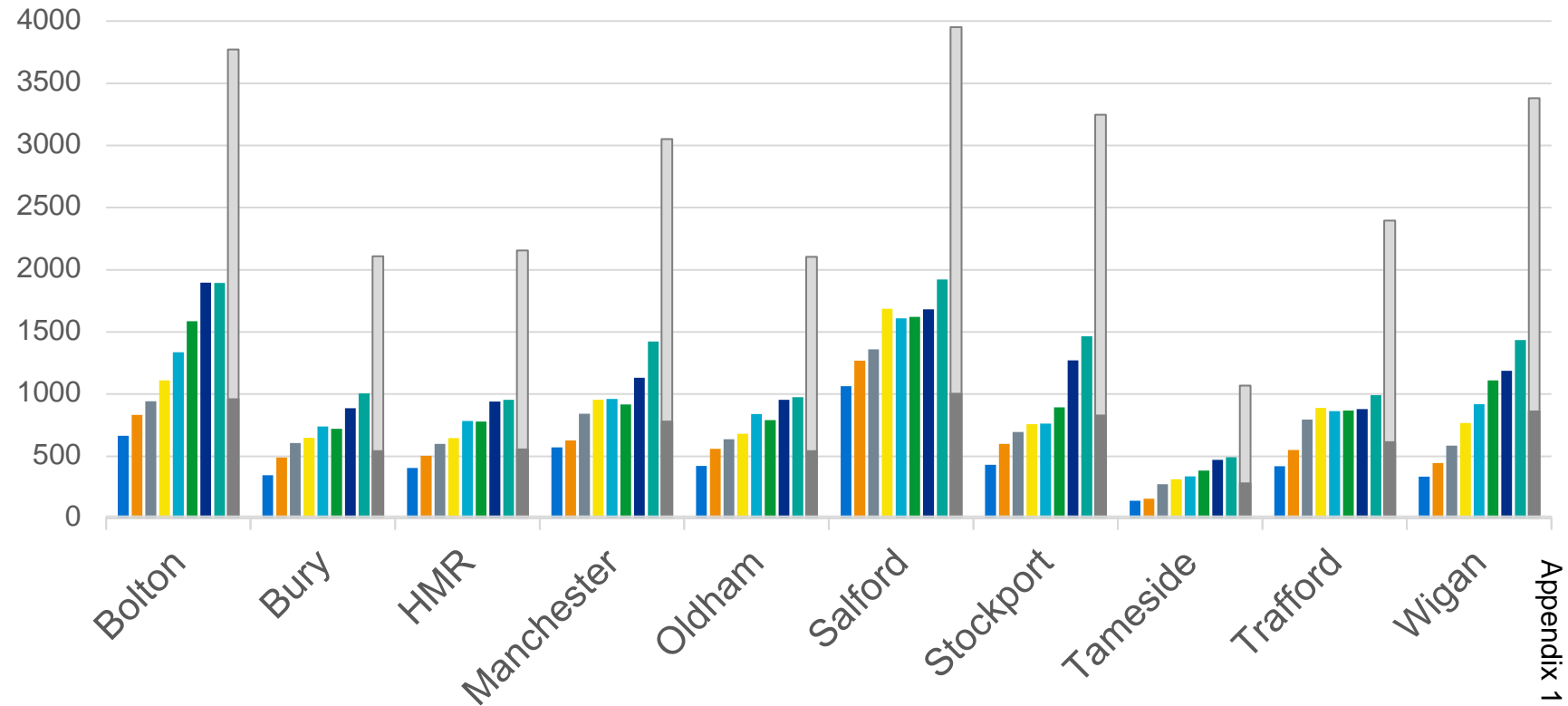
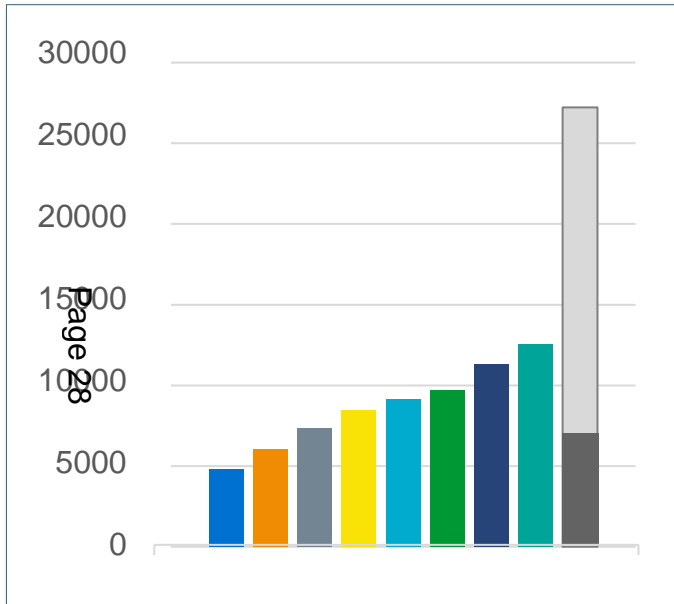
Source NCDR Secondary Uses Service+ Live all admissions by Clinical Commissioning Group

GM Hospital Data – Delirium Hospital Admissions



Greater Manchester
Integrated Care

Over 65ys hospital emergency admissions via A&E with delirium coded during their hospital spell and discharge between 01/04/2015 – 31/03/2023
Including Q1 2023-2024 and predicted to March 2024



Source NCDR Secondary Uses Service+ Live all admissions by Clinical Commissioning Group

Collated delirium hospital data – Manchester locality



Greater Manchester
Integrated Care

Source NCDR Secondary Uses Service+ Live - All admissions linked to CCGs in scope included regardless of hospital provider.
(01/04/2015 – 31/03/2023)

Number of patients 65yrs+ admitted via A&E in Manchester Change on previous year

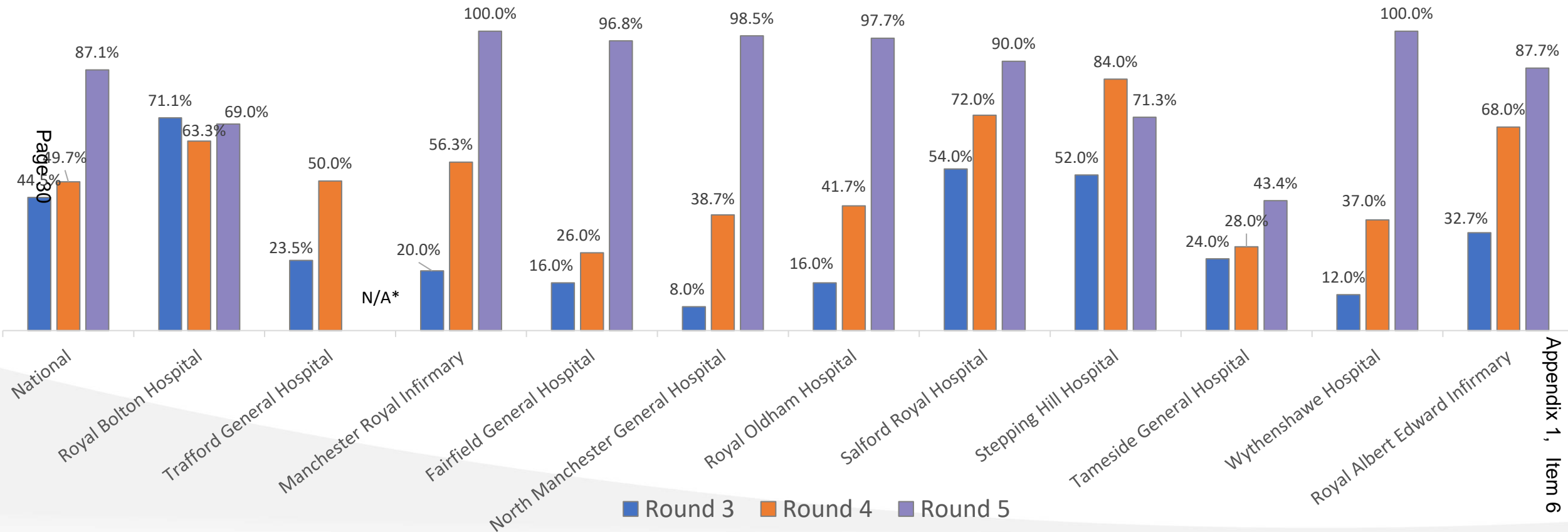
2015-16	572		
2016-17	627	+ 55	(+9.6%)
2017-18	843	+ 216	(+34.4%)
2018-19	954	+ 111	(+13.2%)
2019-20	962	+8	(+0.8%)
2020-21	913	- 49	(-5.1%)
2021-22	1130	+ 217	(+23.8%)
2022-23	1424	+ 294	(+26%)

Greater Manchester's National Audit of Dementia round 3, 4 & 5



Greater Manchester
Integrated Care

Percentage of patients assessed for delirium Round 3 2017 - 2018, Round 4 2018 – 2019, Round 5 2022-23



* Trafford are conducting a separate internal audit to capture their data. Most patients from Wythenshawe were transferred to Trafford and are now identified as internal and will have already been picked up as part of the audit.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 November 2023

Subject: Update on Extra Care Housing Developments

Report of: Executive Director of Adult Social Services

Summary

Members are requested to note the latest developments around Extra Care Housing (ECH) including the:

- Completion of the housing needs analysis providing an indicative increase in the number of additional units/schemes required by 2043.
- Recent survey by Healthwatch with people currently in ECH.
- Recently published HLIN case study on Neighbourhood Apartments.
- Attendance by Mosscafe St. Vincents Chief Executive on their perspectives of ECH and future growth of provision, as well two current residents, to describe what living in ECH is like for them.

Recommendations

The Committee is recommended to consider and comment on the update on Extra Care Housing.

Wards Affected: All

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

New build extra care housing is developed to the latest energy efficiency standards, contributing significantly the zero-carbon target for the city.

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

The provision of high quality, affordable extra care housing across the city promotes equality of access to the specialist housing provision. For those older people with care and support needs, offers of extra care are determined through an Allocations Panel, to ensure that those most in need are prioritised. For applicants without care and support needs, the Registered Housing Provider maintains a waiting list, operating strictly in date order to ensure open and fair processes are in place. A further new build is in the pipeline for a LGBTQ+ majority scheme (51% of residents) to further widen access to extra care for some communities where there is a perceived barrier.

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	The provision of Extra Care Housing creates employment, not only in the development sector, but also in housing, onsite staff as well as local carers
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	Older people play a vital part in our diverse local communities. Extra Care Housing has the unique position of bringing together older residents alongside the local older community to address social isolation, which promotes wellbeing
A liveable and low carbon city: a destination of choice to live, visit, work	Extra Care Housing – particularly more recent new build – is built to high energy efficiency standards.
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

There are no financial consequences for the Revenue Budget. The care within Extra Care Housing forms part of the Homecare Contract and mainstream funding is in place.

Financial Consequences – Capital

There are no financial consequences, at this stage, for the Capital Budget. In determining future new-build provision of Extra Care Housing, there may be implications for the Council's capital budget as land sites/disposal are considered, however, no further new build, apart from those already agreed, is currently underway.

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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.

Report to Health Scrutiny 22 June 2022: [Governance Report \(manchester.gov.uk\)](#)

1.0 Introduction

- 1.1 An update on the significant growth of Extra Care Housing was previously presented to Health Scrutiny in June 2022. At that meeting, Members of Health Scrutiny noted the positive impact that Extra Care Housing had on both residents and families and the alignment to the Manchester Housing Strategy in terms of growth of further provision. Members endorsed the commissioning of a further Housing Needs Analysis to forecast future needs for Extra Care in the city and this report includes the outcomes from that commission.
- 1.2 Extra Care Housing (ECH) is a positive housing with care solution for many older people living in Manchester. The benefits of living in Extra Care Housing are well documented as there is often a decrease in the number of care hours needed after moving into ECH as people's health and independence improves, there is a significant reduction in social isolation and, overall, people's wellbeing is enhanced – a key feature of the Care Act 2014 and a core principle of adult social care's statutory responsibilities.
- 1.3 By way of a recap, there are now 12 schemes in the city, spread geographically in areas of Manchester which align to higher population levels of older people, offering 762 units of accommodation.
- 1.4 A further two schemes are in the commissioning 'pipeline' of provision:
- **Russell Road** – Whalley Range: a LGBTQ+ majority Extra Care Scheme, partnership with Great Places and Mosscafe St. Vincents.
 - **Jurby Avenue** – Blackley: a small Dementia specialist Extra Care scheme, partnership with Irwell Valley Housing Association.
- 1.5 This report will set out an update on the following areas, since the last update to Scrutiny:
- An overview of the commissioned Housing Needs Analysis for Older People; this was briefly discussed at the last Scrutiny meeting and Members of the Committee were supportive of repeating this needs analysis to inform whether any further growth of ECH would be anticipated.
 - Healthwatch survey of Extra Care Residents – 2023.
 - The Enabling Independence Accommodation Strategy (EIAS) and how this will impact on the further growth of ECH in the city.
 - Hearing from a Chief Executive Housing Provider on the importance of the ECH Strategy and working collaboratively with both Strategic Housing and Adult Social Care.
 - Hearing from two residents who live in Extra Care Housing and their experiences.

2.0 The Housing Needs Analysis – Older People

- 2.1 Adult Social Care Heads of Commissioning asked the Housing Learning and Improvement Network (HLIN) to carry out a 3-way Housing Needs Analysis

(HNA) in respect of three cohorts: Mental Health, Learning Disability and Autism, and Older People, with a specific reference to Extra Care Housing. HLIN conducted the last HNA for Older People/Extra Care Housing in 2014, which led to the successful, informed growth of ECH we can see in the city today. The HLIN is a nationally recognised body concerned with supported housing, and specifically, older people's housing and innovation. The refreshed HNA was concluded in June 2023.

Findings of the HNA

2.2 The purpose of the HNA is to forward project the future need for ECH to 2043. It draws on a range of evidence including:

- Demographic context
- Health and Social Care context
- Current provision of ECH in the city
- Socio-economic context
- Local strategic evidence and local commissioner perspectives and intelligence

Demographic information (note references are listed in full in Appendix 1)

2.3 The population data is based on Manchester City Council's in-house population estimates (*ref1*), Office of National Statistics (ONS) 2021 Census data (*ref2*), and ONS 2018-based projections (*ref3*).

Table 1 – 65+, 70+ and 75+ population for Manchester to 2043

Age cohort	2023	2028	2033	2038	2043
65+	53,694	57,894	63,190	67,219	71,505
70+	37,158	38,620	40,372	42,462	44,926
75+	23,101	24,040	25,017	26,034	27,092

Source: Manchester City Council

2.4 Table 1 shows that the 65+, 70+ and 75+ population cohorts are projected to increase by c.33%, c.21% and c.17%, respectively by 2043.

Health and Social Care

2.5 There is evidence of significant health inequalities amongst Manchester's population compared with regional and national indicators; for Manchester average life expectancy at birth is 77.7 years (*ref4*), which is slightly lower than the North West average life expectancy of 79.8 years, and below the average life expectancy for England of 81.3 years (*ref5*).

2.6 The demand for extra care housing is also in part influenced by the local prevalence of dementia amongst the older population, as well as by other health and care needs. Table 2 shows the prevalence of dementia in Manchester.

Table 2. Number of people 65+ with dementia and dementia prevalence as a percentage of the total 65+ population

Area	Number of people 65+ with dementia	Percentage of people 65+ with dementia out of total 65+ population	Annual estimated % growth in people 65+ with dementia	Projected number of people 65+ with dementia by 2043
Manchester (2022)	2,616	4.87%	2.68% p.a.	4,560
Greater Manchester (2020)	19,493	4.11%	2.68% p.a.	35,829
England (2020)	429,052	3.97%	6.53% p.a.	1,838,079

Source: NHS Digital, Recorded Dementia Diagnoses publications (ref6)

- 2.7 Note that the figures for projected number of people 65+ with dementia in 2043 is based on projected growth rates from Wittenberg et al (2019) (ref7).
- 2.8 The current prevalence of dementia among the 65+ population (4.87%) in Manchester is higher than both the Greater Manchester average (4.11%) and the English average prevalence (3.97%). This evidence provides justification for the City Council's approach to commissioning extra care housing that can support people living with dementia.
- 2.9 In relation to older people receiving a care package from Manchester City Council, 6,032 care packages were being accessed by the older person cohort in July 2022, compared with 5,915 in 2018, a 2% increase. In 2022, c.28% of these care packages were for residential/nursing care, c.23% for homecare and only 2% for supported accommodation. This suggests that there is scope to offer extra care housing both to older people who might otherwise be on a 'pathway' to residential care or are receiving a homecare package in their existing home.

Extra Care Housing in the city

- 2.10 Current provision of ECH can be in Table 3:

Table 3 - current provision of ECH

Scheme name	Address	No. of units	Tenure mix
Whitebeck Court - North	Moorway Drive, Blackley, M9 7HR	91	100% rental
Butler Court – North	Gunson Street, Miles Platting M40 7WU	71	100% rental
The Byrons – North	Bank House Road, Blackley, M9 8LY	40	100% rental
Hibiscus Court - Central	16 Sedgeborough Road, M16 7HU	36	100% rental
Shore Green - South	67 Kennett Road, Wythenshawe M23 2XG	10	100% rental

Westfields – South	212 Hall Lane, Wythenshawe, M23 1LP	49	100% rental
Village 135 – South	3 Hollyhedge Court, Wythenshawe M22 4ZP	135	80 rental units, 25 shared ownership, 30 sales
Oaklands – Central	8 Wilbraham Road, Fallowfield, M14 6JW	36	100% rental
Brunswick Village - Central	50 Brunswick Street, M13 9PE	60	100% rental
Gorton Mill House – Central	420 Abbey Hey Lane, M18 8DU	106	100% rental
Elmswood Park - Central	Bowes Street, Moss Side, M14 4UZ	72	100% rental
Dahlia House	Dahlia House, Burnage Lane, M19 1FL	56	100% rental
Total existing units		762	

Benchmarking ECH provision in England

- 2.11 The HLIN are able, through the HNA process, to benchmark the current provision of ECH and compared to Manchester’s Chartered Institute of Public Finance Authorities (CIPFA), as can be seen below:

Table 4. Extra care housing in Manchester and its comparator local authorities. Number of units and prevalence

Local Authority	Extra care housing (units)			
	Sale / shared ownership	Rent*	Total	Prev. Rate per 1000
Manchester	55	707	762	21
Birmingham	430	1542	1,972	18
Brighton and Hove	6	159	165	6
Bristol	321	553	874	20
Coventry	262	608	870	23
Derby	82	281	363	11
Kingston upon Hull	0	357	357	12
Leeds	236	215	451	5
Leicester	0	175	175	6
Liverpool	33	166	199	4
Newcastle upon Tyne	53	297	350	11
Nottingham	0	486	486	18
Salford	0	311	311	12
Sandwell	0	580	580	16
Sheffield	93	479	572	8
Southampton	0	249	249	10
CIPFA Comparator average	137	448	585	13
England	13,629	46,176	59,805	12

Source: MCC/Elderly Accommodation Counsel N.B. Prev. denotes prevalence rate – the number of units per 1,000 population aged 70+

*Affordable and social rent

- 2.12 With respect to extra care housing with care, Manchester's prevalence is above the comparator average, and it is higher than the English average prevalence. This is likely to reflect under provision of extra care housing in comparator local authorities and reflects the more proactive approach taken by Manchester City Council to address the need for extra care housing amongst older residents, compared to some of its comparator local authorities.
- 2.13 Home ownership amongst 65+ households in Manchester is c.65% (ref8), which is significantly below the equivalent English home ownership rate of 80%. The table below shows the tenure distribution in Manchester amongst 65+ households. However, evidence from the City Council in relation to current extra care provision is that the majority of current and future provision needs to be for affordable rent as the majority of older people, including homeowners, are unlikely to be able to afford extra care housing for market sale or shared ownership.

GM Ranking of Deprivation

- 2.14 As part of the Housing Needs Analysis, the Income Deprivation Affecting Older People Index (IDAOPI) score is a measurement of people aged 60+ living in relative poverty; a higher score for a local authority implies a higher level of relative poverty.

Table 5 – IDAOPI score for Manchester and Greater Manchester local authorities, ordered from least deprived to most deprived (ref9)

Ranking (among GM comparator authorities)	Local authority	IDAOPI score (%)
Least Deprived		
1	Stockport	12.9%
2	Trafford	13.0%
3	Bury	14.5%
4	Wigan	16.0%
5	Tameside	17.7%
6	Oldham	18.7%
7	Bolton	19.1%
8	Rochdale	20.3%
9	Salford	21.8%
10	Manchester	33.6%
Most deprived		

- 2.15 In comparison to the English average deprivation (IDAOPI) amongst older people, Manchester is significantly more deprived compared with the English average level of deprivation of 14.2%.

Estimating the needs for growth of Extra Care Housing

2.16 Growth of Extra Care Housing is therefore calculated on the following key principles and needs:

- Projected growth in the 65+, 70+ and 75+ population over the period to 2043
- Increasing prevalence of dementia related needs and other health/care needs amongst the older population
- Evidence of need for extra care housing from the City Council, for example in relation to waiting lists for existing extra care schemes
- The relatively higher use of residential/nursing care (28%) compared to the use of extra care housing (2%) amongst older people in receipt of a care package from the City Council (2022)
- Council policy intent to offer extra care housing as an option for older people with care needs, including in place of residential care - the Council's Market Position Statement states that the Council intends to *"Expand the provision of extra care housing through new developments and a review of existing provision"*
- Research conducted by the Housing LIN over the last 5 years with older people including in Greater Manchester, which indicates an interest in moving to housing better suited to older people.

2.17 The table below shows the anticipated likely need (prevalence rate) and the associated estimated need (units/bedspaces) for extra care housing:

- 2023 current provision. The number of units for that type of housing/accommodation, using data from the Manchester City Council.
- 2023 prevalence rate. The prevalence rate, i.e., the number of housing units/beds per 1,000 older people, based on population data from Manchester City Council.
- 2043 anticipated need (prevalence rate). An estimate of the likely need (prevalence rate) based on the considerations and assumptions that are set out above.
- 2043 estimated gross need. An estimate of the total number of units of extra care housing that will be required, based on estimated need (prevalence rate) for 2043 and the projected 70+ population for 2043.
- 2043 estimated net need. A calculation of the additional number of units that are estimated to be required by 2043, in order to meet the estimated need for extra care housing. This is the 2043 estimated need minus the 2023 current provision.

Table 6. Current provision and estimated need for extra care housing, to 2043 in Manchester

Housing/accommodation type	2023 current provision	2023 prevalence rate	2043 anticipated prevalence rate	2043 estimated gross need	2043 net need
Extra care housing (dwellings)	762	21	45	2,022	1,260

NB. Figures may not sum due to rounding.

- 2.18 The estimated gross need for extra care housing is shown for 2028, 2033, 2038 and 2043 in table 6 above is 2,022 units of accommodation, with the estimated net need calculated at 1,260 units, which shows the estimated need **additional** to the current supply.

Table 7. Estimated net need (i.e., net of current supply) for extra care housing to 2043 in Manchester by tenure

Housing / accommodation type	Estimated net need by 2028	Estimated net need by 2033	Estimated net need by 2038	Estimated net need by 2043
Extra care housing (dwellings):	266	560	889	1,260
<i>For social / affordable rent</i>	213	448	711	1,008
<i>For sale / shared ownership</i>	53	112	178	252

NB. Figures may not sum due to rounding.

- 2.19 Housing LIN were also requested to estimate the additional need by neighbourhood areas:

Table 8. Estimated net need for extra care housing to 2043 by neighbourhood service areas (units)

Neighbourhood area	Estimated net need by 2028	Estimated net need by 2033	Estimated net need by 2038	Estimated net need by 2043
North neighbourhood	83	164	251	343
<i>For social / affordable rent</i>	67	131	200	275
<i>For sale / shared ownership</i>	17	33	50	69
Central neighbourhood	50	108	178	257
<i>For social / affordable rent</i>	40	86	142	205
<i>For sale / shared ownership</i>	10	22	36	51
South neighbourhood	133	288	464	679
<i>For social / affordable rent</i>	107	231	371	544
<i>For sale / shared ownership</i>	27	58	93	136

- 2.20 In summary, the estimated net need requirements for additional extra care housing in Manchester by 2043, are shown below:

Table 9. Extra care housing, net estimated need to 2043, in Manchester

Housing type and use class	Estimated number of homes/bedspaces needed by 2043
Extra care housing	c.1,260 dwellings: <ul style="list-style-type: none"> • c.1,010 for social/affordable rent • c.250 for sale /shared ownership

- 2.21 The estimated extra care housing net need to 2043 is c.1,260 homes of which c.1,010 homes are estimated to be required for social / affordable rent and c.250 homes are estimated to be required for shared ownership/sale. This will meet the housing and care needs of older people who are self-funders as well as older people who need rented accommodation and are eligible for social care funded by the Council.

3.0 Commissioners response to the Housing Needs Analysis

- 3.1 This report from the HLIN is welcomed and to repeat the HNA from 2014 to 2023 as a guide to inform future growth of ECH is invaluable. Adult Social Care has benefited enormously from the partnership between Strategic Housing/Residential Growth and Registered Housing Providers to expand this provision of housing over the past 9 years.
- 3.2 There is a clear need to continue to develop more schemes in line with the above projections over the next twenty years. However, land sites will inevitably prove more challenging in the next two decades as the city's growth exploits all available land opportunities. The Enabling Independence Accommodation Strategy, led by Strategic Housing/Residential Growth, in partnership with all commissioners (homelessness, children's as well as adult social care) will work together to develop a strategic plan for increasing a range of supported accommodation, which will include ECH.

4.0 Update on the Enabling Independence Accommodation Strategy and the newbuild ECH pipeline

- 4.1 The Enabling Independence Accommodation (EIA) Strategy, approved by Executive in November 2022, looks to improve housing options to meet people's needs and better enable their independence. The delivery of this multi-service strategy developed in partnership with Manchester Housing Provider Partners Providers (MHPP), requires the collaboration of key commissioning services, supported housing providers and other key MCC services including Strategic Housing, Planning, Revenues and Benefits and Development (if MCC sites are used). Extra Care housing in Manchester plays a critical role in providing a housing option that meets older peoples care and support needs and enables their independence. Our successful delivery of new extra care schemes over recent years was based upon a

Housing needs assessment undertaken by the Housing LIN in 2014, which brought forward sites and capital to support the programme. As reported as part of the Enabling Independence accommodation strategy, our Extra care HNA has now been updated and in addition other key supported services – Learning Disability & Autism and Mental Health have followed the example and commissioned HNAs from the Housing LIN.

- 4.2 The commissioned HNAs for Extra care, Learning Disability & Autism, and Mental Health, plus internal HNAs for homelessness and Care leavers identifies and forecasts significant need and demand that requires a city-wide delivery programme of all types of supported housing. This will require the identification of sites and potentially capital. The EIAS Board has recently established a Supported Housing Development Group to develop and oversee a supported housing development programme and Strategic Housing Officers are working with commissioners to set out requirements to enable business and financial modelling.
- 4.3 The Extra care HNA identifies schemes required in addition to the 2 pipeline schemes, Jurby and Russell Road identified in para 1.4 and a further 75 apartment scheme planned for the north of the city, for which an identified site is now in question due to a wider regeneration programme. Forecasted numbers show that a further 1,260 Extra care apartments are required over the next 20 years, using an average size of 80 apartments this equates to 15 to 16 schemes, which will require the identification of the same number of sites. Our experience shows that although long term savings are made by offering extra care as an alternative to residential care schemes, upfront development costs are high, and financial models often only stack up with the inclusion of an MCC site, transferred to the developing Registered Provider at less than best value. Suitable MCC sites will need to be considered therefore, and if required an acquisition of sites. In addition, a recently embarked upon Sheltered housing Review will look at opportunities for re-provision on sites where existing schemes such as sheltered housing, may no longer be fit for purpose. As Extra Care helps with NHS savings, sites owned by Health authorities will also be sought and any sites brought forward by Registered Provider partners.

5.0 Living in Extra Care Housing – a recent survey by Healthwatch

- 5.1 The Head of Commissioning for Extra Care is also responsible for the Healthwatch Manchester (HWM) Contract. For several years, commissioners and HWM have collaborated on areas of independent scrutiny where Healthwatch's objective neutrality could add value. In previous years, they have conducted surveys of people's experience of adult social care in both social work assessments, discharge from hospital and mental health supported accommodation.
- 5.2 Given the focus on Extra Care growth, it is important to ensure that current provision is meeting residents' needs and it flourishes as a housing option for older people, particularly for those citizens who have social care needs, with a focus on maximising people's independence.

- 5.3 The full report can be obtained from the HWM website. A summary version of the findings is contained below:

Key Findings of the HWM Survey

The surveys took place in 6 ECH schemes across the city to ensure a good geographical spread:

- Whitebeck Court (long-established scheme - MCC)
- Gorton Mill House (new provision – Southway Housing)
- Brunswick Village (new provision – MCC)
- Westfields (long-established scheme - Anchor)
- Elmswood Park (new provision – Mosscafe St. Vincents)
- Shore Green (long-established provision – Irwell Valley HA)

1. The majority of respondents reported that the Extra Care service they received was of good quality. This was also evidenced by the overall score for question 17 which was 8/10.
2. There were no significant complaints or concerns regarding the Extra Care service.
3. However, some respondents told HWM that they were not in receipt of in-house dental treatment and/or found difficulty accessing dental care in their locality. (note by commissioners that this is not a service commissioned)
4. The location of the service determined how integrated and active respondents were with their local communities.
5. The majority of residents reported an improvement in their health and wellbeing since entering the Extra Care service.
6. A significant number of respondents reported a firm conviction that their health and wellbeing would have deteriorated had they been residing in full time care.
7. Furthermore, the majority of respondents who reported this to HWM attributed this to maintaining their independence and a more active lifestyle.
8. Respondents at two of the venues reported their appreciation at having a ‘stay over’ facility on site. This took the form of self-contained flats within the development which family members and friends could rent overnight.

Conclusions

1. People in receipt of the Extra Care service are satisfied and appreciative of the service.
2. People using the Extra Care service would benefit from improved access to dental care.
3. The location of the service is a determinant regarding access to local amenities which in turn influences people’s ability to integrate with their local communities. Collaborative partnership between Extra Care and the venue managers would enable issues around access to local amenities to be resolved.
4. Recipients of the Extra Care service enjoy an improvement in their health and wellbeing and the Extra Care service provides a means to self-care and prevention around health and wellbeing.
5. The stay-over facility, whilst not included in the Extra Care service itself, is a practical means to improve people’s experience of care

Recommendations

- People should continue to receive the Extra Care service. Where possible the service should be made more accessible to a wider number of Manchester citizens.

- Dental care should be taken into consideration as a future integrated element of the Extra Care service.
- A dialogue should be opened within each venue about improving access to local amenities and increased contact with family and loved ones. This needs to include all stakeholders including citizens using the Extra Care service

5.4 Commissioners would like to thank HWM for completing this [survey](#). In the future, there are plans to develop an annual survey of all extra care residents, however, this needs to be discussed with the various Housing Provider partners and costed to identify how this could be funded as a regular appraisal of resident satisfaction within ECH.

6.0 An update on Neighbourhood Apartments within Extra Care Housing

6.1 Neighbourhood Apartments, located mostly within Extra Care Housing or Sheltered Housing, a fully furnished, free of charge, short term accommodation for older people over 55 years who need temporary housing after a hospital stay or other social care need.

6.2 There are now circa 30 apartments across the city, led by the Neighbourhood Apartment Service, based within the Older People's Commissioning Team. People benefiting from a short stay are able to try out living in ECH and many people choose to apply for a permanent stay in the ECH scheme through having a very positive experience.

6.3 The Housing LIN (as referred to in the Housing Needs Analysis) not only conduct need and demand studies, they are also developing regular case studies on national areas of best practice. A [Case Study on Manchester's Neighbourhood Apartment Service](#) has been written for the HLIN by the Head of Commissioning and appended to this report for Elected Members information.

6.4 Commissioners regular share our success in developing this provision with many other social care authorities who are keen to develop this as part of their hospital discharge planning.

7.0 Invitees to Health Scrutiny Committee

7.1 Committee regularly request the attendance of partners and people who use services to Scrutiny to hear wider perspectives. Accordingly, the following people have been invited:

Charlotte Norman
Group Chief Executive (Elmswood Park Extra Care Scheme)



Charlie has worked in the sector for over 30 years, across the North West and in Vancouver, Canada, with a background in community and co-operative development, neighbourhood management and regeneration.

Charlie is honoured to be CEO of MSV, having worked for the business for almost 20 years and committed to providing the best service possible for our residents. Charlie is also Vice-Chair of the Northern Housing Consortium, a trustee of Mustard Tree Charity, and Chair of the Greater Manchester Housing Providers Group. Working with a wide range of colleagues, customers, community and voluntary sector friends and partners, Charlie is a passionate campaigner for social justice and tackling inequality, hoping for inclusion, good health and opportunity for this and future generation.

7.2 In addition, two Extra Care residents currently living in Elmswood will share their experiences.

8.0 Recommendations

8.1 Members are requested to note the latest developments around ECH including the:

- Completion of the housing needs analysis providing an indicative increase in the number of additional units/schemes required by 2043.
- Recent survey by Healthwatch.
- Recently published HLIN case study on Neighbourhood Apartments.
- Attendance by Mosscaire St. Vincents Chief Executive on their perspectives on ECH, and future growth of provision as well two current residents, to describe what living in ECH is like for them.

9.0 Appendices

9.1 Appendix 1 – References

1	Manchester City Council: Population estimates and forecasts, W2021xiii, SYOA / Wards – 2014 to 2031.
2	ONS 2021 census: P02 Census 2021: Usual resident population by five-year age group, local authorities in England and Wales
3	¹ ONS 2018-based Subnational Population projections for England; released in 2020.
4	Public Health England: Public Health Outcomes Framework - Manchester
5	ONS: 2020 National life tables – England
6	OHID/NHS Digital: Estimated diagnosis rate of dementia among population aged 65+
7	Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040; Care Policy and Evaluation Centre, London School of Economics and Political Science
8	Office for National Statistics / Nomis (2011 census). Tenure by occupation by age - Household Reference Persons. Nomis Table DC4604EW (released in 2013).
9	Local Government Association: IDAOPi score – based on data from MHCLG

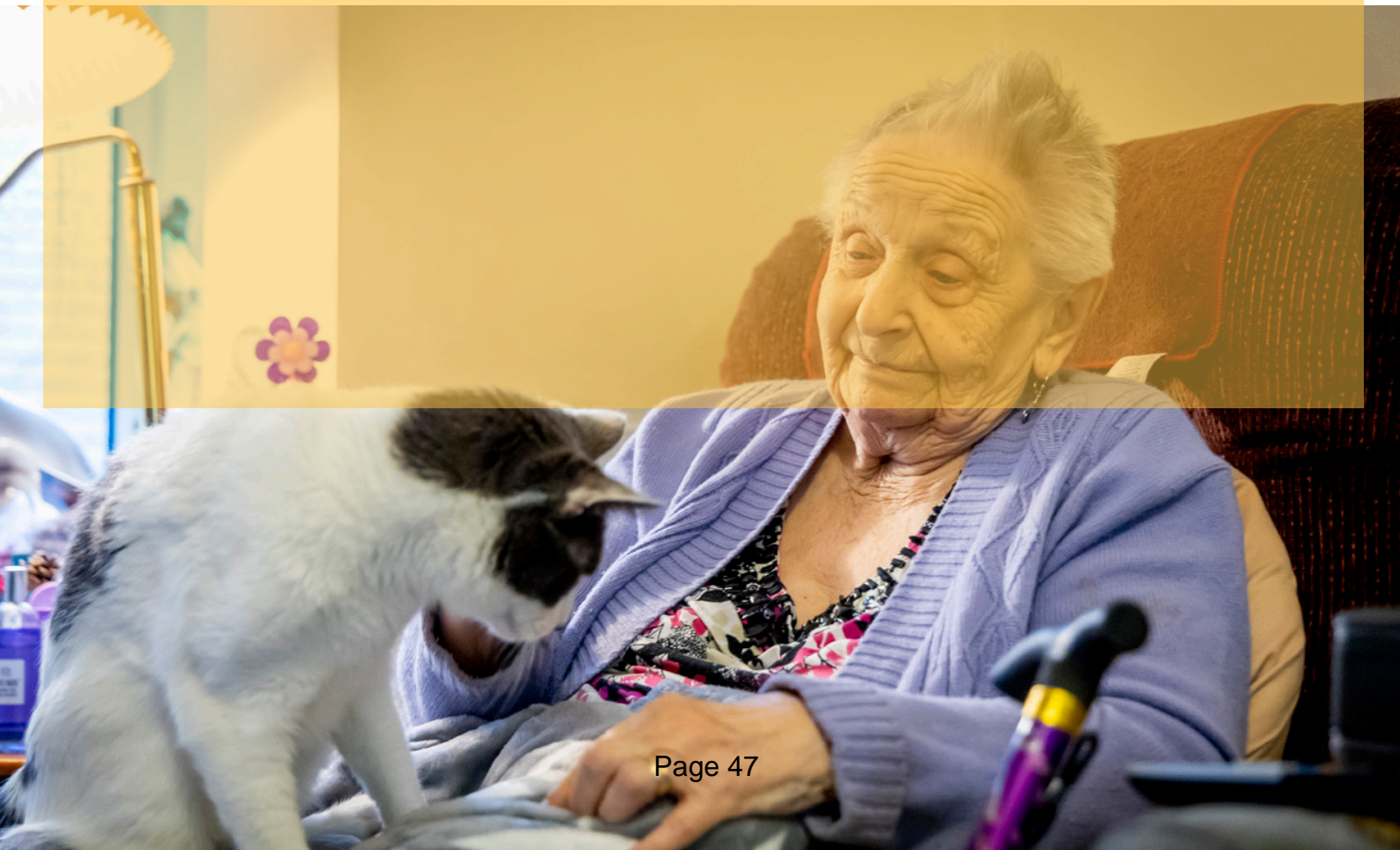


Case Study 168

Supporting Older People in Manchester to leave hospital safely when they cannot return home and other emergency housing needs

JUNE 2023

Written for the Housing Learning and Improvement Network by **Zoe Robertson**, Assistant Director (Commissioning), Adult Social Care, Manchester City Council.



Introduction

Manchester City Council's Adult Social Care Commissioners have developed a range of furnished 'home from home' Neighbourhood Apartments to support hospital discharge or other needs over the past four years.

This case study for the Housing LIN focuses on the growth of Neighbourhood Apartments to develop a viable model to support health and social care priorities and will be explored from the following areas:

- Property and Staffing
- Care and Support provided
- Pathway and Referrals
- Flow and exit destinations
- Summary statistics
- Outcomes achieved

Firstly, what is a Neighbourhood Apartment?

It is a flat within either Sheltered Housing or Extra Care scheme that is leased by Adult Social Care for at least 12 months and is furnished to provide short term accommodation. Previously, a small number of flats were in existence before the scheme expanded and these were referred to as 'transitional flats', however, a new name was devised to align with the integration with community health where 12 Integrated Neighbourhood Teams were created; this provided the idea for the name change with a vision to create at least one apartment in each of the 12 Neighbourhood Teams to support frontline practitioners.



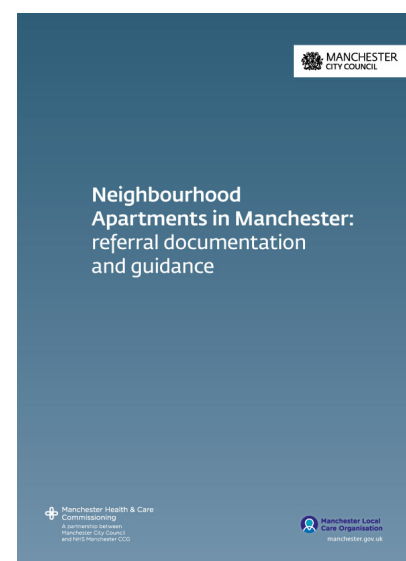
What is the purpose of a Neighbourhood Apartment?

Whilst there is a broad approach to accepting referrals, the main purpose of Neighbourhood Apartments are to:

- Speed up hospital discharge for older people, who cannot return to their current home – often due to a number of reasons (accessibility etc.)
- Deflect from unnecessary residential care admissions
- Support a range of health and care scenarios
- Provide a Discharge to Assess (D2A) opportunity

What type of needs are identified in referrals?

- The most significant source of referrals (approximately 60%) are from Hospital Social Workers where a patient has no reason to reside and is medically fit for discharge but has a number of needs that prevent discharge to their current home
- Neighbourhood Apartments provide a viable solution where a citizen is having major adaptations fitted to their current home and cannot stay in the property on health grounds (and where the alternative would be a short term admission to residential care)
- Abuse and safeguarding concerns account for a small number of referrals, particularly where identified during a hospital stay and the older person cannot return home for these reasons
- Hoarding and unsafe property conditions – there is an increasing number of hoarding-related cases being currently identified and, whilst a crisis clean is often the required intervention before a person can return home, commissioners are now working with the Mental Health Trust on more therapeutic interventions to support sustained recovery from hoarding tendencies
- Step down from residential care – where a number of hospital patients are discharged on Pathway 3 (residential or nursing care), there are a small but significant number of older people who recover their functional abilities post discharge and the Neighbourhood Apartments provide a vital bridging link between residential care and independent living
- A new area for the Neighbourhood Apartment service is the increasing numbers of referrals where the citizen is on an End of Life pathway and chooses not to die in hospital or other settings.



What is the criteria for a Neighbourhood Apartment?

- The person must be a Manchester resident and be registered with a Manchester GP
- Aged 55+ years
- There must be an Allocated Worker (e.g. a Social Worker) throughout their stay and there should be an exit plan in terms of housing and care options
- Referrals can be made by any health and social care worker as well as housing colleagues

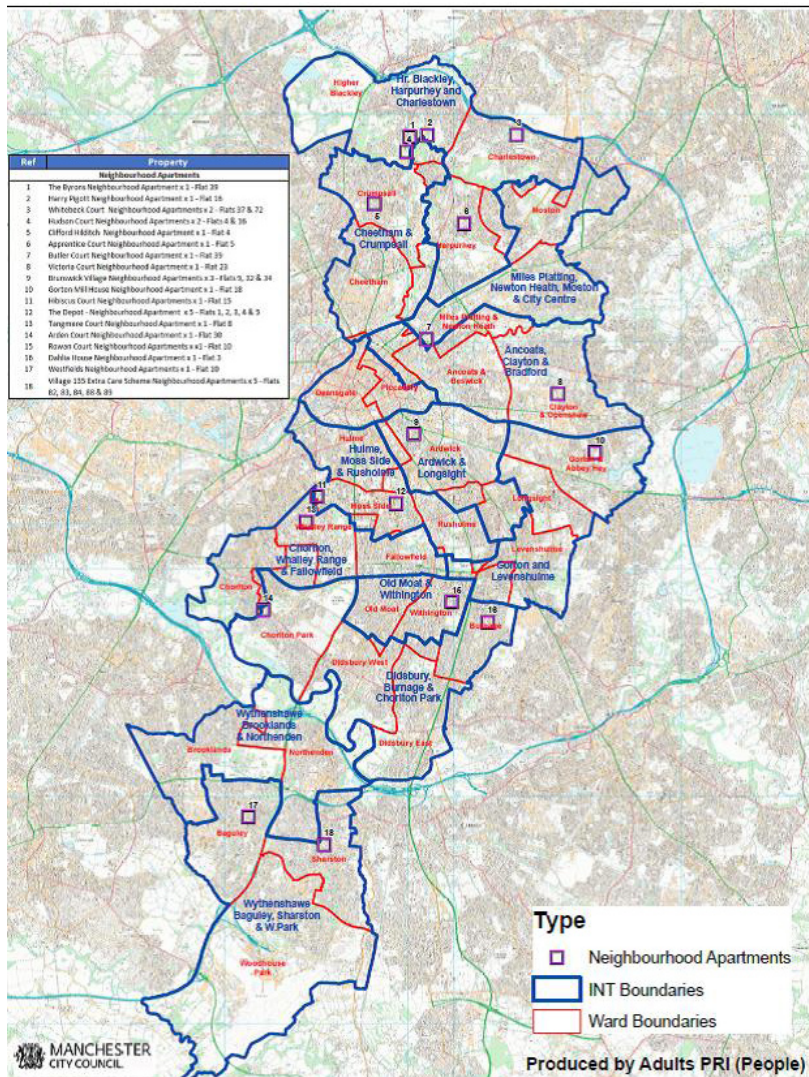
Property and Staffing

The following table sets out the different locations where Neighbourhood Apartments have been developed in partnership with Registered Housing Providers:

Type of housing setting	How many apartments	Care and Support arrangements
Sheltered Housing schemes	9	No onsite care provider, referrals are made to the local homecare/domiciliary care provider
Extra Care Housing schemes	11	Draw on the onsite care provider if there is capacity, otherwise refer to local homecare provider
Clustered settings		
1 based within a retirement village in south Manchester	5	In-house Reablement Staff team in place from Adult Social Care to focus on supporting recovery and maximising people's independence
1 based in a private sector development adjacent to an Extra Care scheme	5	In-house Reablement Staff team in place from Adult Social Care to focus on supporting recovery and maximising people's independence

A range of information is available for both referrers and citizens

Neighbourhood Apartments



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Apartment Set up

The overall aim for the Neighbourhood Apartments Service is to create a warm and welcoming, homely space for older people where they can recover in safe surroundings and enhance their wellbeing.

- Each apartment is fully kitted out with high quality (but robust) furniture and a fully equipped kitchen
- Furniture is standardised through an approved framework provider
- Décor is arranged by the Neighbourhood Apartment coordinator (e.g. prints, cushions, few minor decorative touches)
- New towels and bedding are made available at every relet to ensure good hygiene approaches

- A deep clean takes place after every stay from our in-house Crisis Clean Team
- Where reablement staff are in place, they take on the responsibility for cleaning and standards

There is extensive liaison and support from Registered Housing Providers in this initiative. When a new person arrives for a short stay, they are registered with the Housing Provider and are linked to the Emergency Call system for safe and well/out of hours support. Residents in Neighbourhood Apartments are welcomed into the scheme and treated like any other resident and can use all of the facilities on-site including bistro/café, spa bathing and take part in any activities.

Support/Interventions during a person's short stay

To support flow into and out of the Neighbourhood Apartment service, intensive work often takes places to support individual citizens and their journey home or to a new home. Some of the work involves:

- Maintaining a close dialogue with the Allocated Worker (Social Worker)
- Identifying the chosen exit destination on admission, for example, if the person cannot return to their former home, what is their housing preference and is it achievable?
- Identifying if any adaptations are needed prior to the person going home and ensuring that any work is prioritised to avoid a protracted stay
- Where rehousing is necessary, make a referral to one of the Housing Options for Older People officers (employed by the housing providers) who prioritise their work around Neighbourhood Apartment referrals due to close links
- Where hoarding is a feature, liaise with the Crisis Clean team on progress and completion dates
- Monitoring the citizen's progress during their stay, using that information to support any applications to sheltered housing or extra care panels
- Identify where poverty exists and refer onto Age UK for food support and Welfare Benefits Advice
- Make referrals to the local Home Improvement Agency for any minor works on the person's home (e.g. key safes)

A short stay also provides an opportunity to try out some key pieces of technology. Not only does this help reduce the need for 'physical' care, but also the different pieces of 'kit' can be included in the support plan when the person moves on. Our typical Technology Enabled Care 'kit' covers: falls detectors, door, chair and bed sensors plus additional assessed items such as medication dispensers etc.

Exit Destinations – opportunities to move on and move in

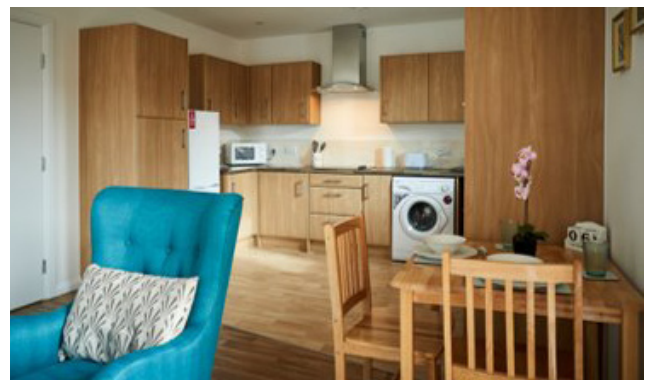
Based on four years of growing the Neighbourhood Apartment Service, it is clear that the model supports allocations to both Extra Care and Sheltered Housing with just under half of people choosing to move permanently to this type of accommodation. Manchester has significant numbers of sheltered housing schemes and there were low demand issues. With the Neighbourhood Apartments now offering a 'trial stay' there are much fewer voids and much more demand in the schemes where the Neighbourhood apartments exist. About a third of people return home or move to general needs housing. In a small number of cases, some people move into residential or hospice settings.

Activity Data

Four years ago, the service was launched with just 5 apartments and provision has gradually grown over the years and the model has been reviewed and invigorated. The introduction of the Reablement Service has enabled Adult Social Care to target more individuals who need recovery and reablement interventions with over 60% requiring no further care 6-8 weeks later. In September 2022, a further 5 schemes were added to the property portfolio taking the total number to 30 apartments. In terms of activity data:

- 282 older people have benefited from a short stay
- There have been 156 referrals from Hospitals
- 90 referrals from community health and social care staff
- 34 referrals to step people down from residential care

Where a citizen is accepted for a neighbourhood apartment, the Allocated Worker is asked what they would do in the absence of such provision. Most answer "residential care admission". Accordingly, 96 citizens have been deflected which is not only a more dignified solution for older people but is also cost avoidance to adult social care.



Citizen Outcomes

At the end of every short stay, citizens are asked to complete an exit questionnaire, where a rating of 1 to 5 is scored on their overall stay. 100% of all people in these surveys reported that their stay was either Good or Excellent, with some of the following quotes:

"It feels more like home and I feel more relaxed - I've been doing things like going out into the gardens and going to Tesco"

"I feel safer and more relaxed in this flat, my mood has improved, I watch TV and I did an exercise class"

"It has improved my health, I have less pneumonia and I am not going into hospital as much"

"The care that Reablement and others have shown me has been excellent, they have really helped me on my road to recovery"

"Yes I liked my stay in the flat, I feel more confident. I enjoy going to the Bistro and socialising"

"Neighbourhood Apartments have helped me get me out of hospital, regain my confidence and improve my mobility, which meant I was able to go back home with some equipment put in place."

"Neighbourhood Apartment feels more like your home where I felt more relaxed. Also I don't feel isolated as the staff and tenants are very friendly"

Feedback from Referrers:

"Just to say a "very big Thank you". Got citizen to the scheme at about 4ish yesterday. He is very happy and seems settled already. The manager and care team were very helpful. Couldn't have achieved this without your help. I pray he gets a permanent placement eventually."

"May I take the time to thank the brilliant staff and the Neighbourhood Apartment Team for the support you gave to this citizen. Please know that this is greatly valued and appreciated, and I don't say this lightly. Thank you for ensuring that the citizens wishes, and voice were expressed and respected."

"It's a shame you don't have a survey for the service supplied by yourself and team I would give you top marks. I always find you so helpful and supportive. You always try to resolve any problems and provide guidance. So, a big thank you."

Feedback from Housing Provider Partners on the benefits of Neighbourhood Apartments

- Partner 1** We are giving citizens a chance of independent living and to see how they adjust to living alone with the support of a care package. It allows all parties to evaluate and plan how to go forward for the individual.
-
- Partner 2** Guests are staying longer than expected, seem to be getting more complex cases with greater needs that is not suitable for retirement, we need to adapt as new issues are becoming evident with people in the community especially post Covid.
-
- Partner 3** It works very well. I often speak to other authorities about replicating the model. We have had a very positive experience. I'm happy to see a licence agreement in use now.
-
- Partner 4** Saw some great transfers from the neighbourhood apartment into more permanent independent living.
-
- Partners 5** It's very good, we have regular contact and communication. We are supported and listened to if there's any issues that arise.

Case Study

Citizen was admitted to hospital following a **suicide attempt**. During admission it was identified there were potential **safeguarding issues** occurring at home and citizen required support from the **Domestic violence team**. Citizen was not able to return home and so was referred to the Neighbourhood Apartment Service and moved into a sheltered scheme.

Citizen settled in well and engaged well with professionals and was extremely proactive. With the support of our HOOP officers (Housing options for older people) citizen was registered on Manchester Move and was actively bidding on properties. Citizen was allocated a **permanent tenancy** in a cottage flat. He also stated he felt the Neighbourhood Apartment had given him a chance to get himself some support which he had previously not had.

Citizen stated the apartment was **very secure and this helped him feel safe**. He has gone on to do well in his new home and has since been discharged from Adult Social Care.

Lesson learned

When we established the neighbourhood apartments, we generally thought it was a great idea to alleviate some of the pressures on the NHS and help provide older patients being discharged with a safe, quality, temporary housing/care solution. The Housing Providers were initially unsure of how this approach would work and how permanent residents in sheltered housing/extra care would view people coming for a short stay. Through these critical stages, we've secured buy-in from our housing partners and the residents are always consulted before a new neighbourhood apartment goes live.

We've also seen that residents really welcome the temporary residents to their schemes and they ensure that they can take advantage of all the schemes benefits such as activities, lunches and coffee mornings, for example. The impact of social isolation means that the temporary resident is unlikely to feel lonely and they have first hand experience of living in a positive housing setting, proving that the model works for Manchester. Our housing partners now actively 'offer' adult social care voids which has helped us grow to 30 apartments today...with more growth planned in the pipeline.

Lastly, it's a great example of partnership working and I'm proud of the service and the demonstrable benefits/outcomes (and hand-holding too) to older people in Manchester at a time when they need a little bit of extra help and kindness to work through the complex maze of housing and care options.

Partner logos



Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 20,000 housing, health and social care professionals in England, Wales and Scotland to exemplify innovative housing solutions for an ageing population. Recognised by government and industry as a leading 'ideas lab' on specialist/supported housing, our online and regional networked activities, and consultancy services:

- connect people, ideas and resources to inform and improve the range of housing that enables older and disabled people to live independently in a home of their choice
- provide insight and intelligence on latest funding, research, policy and practice to support sector learning and improvement
- showcase what's best in specialist/supported housing and feature innovative projects and services that demonstrate how lives of people have been transformed, and
- support commissioners and providers to review their existing provision and develop, test out and deliver solutions so that they are best placed to respond to their customers' changing needs and aspirations.

To access a selection of related resources on health and housing intel, visit our dedicated pages at: <https://www.housinglin.org.uk/Topics/browse/HealthandHousing/PreventionReablement/>

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Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 8 November 2023

Subject: Adult Learning Disability Services

Report of: Executive Director of Adult Social Services

Summary

The purpose of this report is to outline key developments across Health and Social Care in Manchester relating to Adult Learning Disability services, as requested by the Health Scrutiny Committee. This includes the following:

- **Policy and Strategy** – Namely developments surrounding the recently approved Manchester Local Care Organisation (MLCO) Commissioning Strategy for Adult's with a Learning Disability (2023 – 2028), and Housing Needs Analysis for Adults with a Learning Disability and Autism (2023 – 2033).
- **Recommissioning and Transformational activity** – Including the developments surrounding the 'My Way, My Life' programme.
- **Health Care** – Includes local developments surrounding the NHS Greater Manchester and Manchester University Hospitals Foundation Trust **Transforming Care agenda** and **NHS Learning Disabilities oversight group**.
- **Preparation for Adulthood** – Also known as Transition.

While it is acknowledged that many of the areas in this report are interrelated and have strong links to the needs of supporting adults with Autism in Manchester, the primary focus of the report is surrounding Learning Disability services. Both Learning Disability and Autism are two significant (and distinct) national agendas. To cover both areas within one report would be significant and through recent engagement, the emerging view of Autistic people is that the Autism agenda should be kept separate from Learning Disability. Therefore, it is recommended (subject to agreement with the scrutiny committee) that a separate report surrounding the national and local Autism agenda is reviewed by scrutiny committee at an appropriate point in 2024.

It is important to highlight, that extensive work has been ongoing over the last twelve months, engaging with citizens, carers/families, and providers surrounding a range of matters, this is reflected in the report.

To accompany this report, a video will be displayed surrounding key developments across Learning Disability Services, including the voices and comments of citizens and other stakeholders.

Recommendations

The Committee is recommended to:

1. Support the ongoing strategic developments relating to Adult Learning Disability services across the Health and Social Care system in Manchester.
2. Consider and comment on the information contained within the report as well as the accompanying video, including the proposal to bring a separate report around the Autism agenda to Health Scrutiny at an appropriate point in 2024.

Wards Affected: All

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

The focus of this specific report does not pertain to environmental impact or the zero-carbon agenda. Although any specific projects or initiatives encompassed within the various programmes of work, will ensure that environmental impact is considered and factored into planning and delivery where appropriate.

Equality, Diversity, and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments.

All core initiatives and developments discussed within this report are focused on maximizing independence, choice, and control for adult citizens with a learning disability who may also have other associated conditions (e.g., mental health conditions, autism) in Manchester. These disabilities are protected characteristics enshrined within the Equality Act 2010. Citizens with a learning disability have a right to live healthy, safe, and fulfilling lives within their local communities.

All statutory bodies involved in the delivery of the key areas outlined within this report are also responsible for ensuring fair and equal access to services in accordance with relevant legislation including (for example) the Care Act (2014) and National Health Services Act (2006).

Any future developments will be subject to the Equality Impact Assessment on an individual programme/project basis.

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	All programmes of work are focused at supporting a thriving and sustainable city, with a focus on creating stronger communities, and equal opportunities for adults with a learning disability (including citizens transitioning to adulthood), as well as their families/carers. This includes access to Health and Social Care services, employment, skills, and educational opportunities.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Future developments which relate to the areas discussed within the report, are aligned to the workforce strategies for each organisation. The recruitment of local people is central to planning and focuses on developing the next generation of leaders to ensure a sustainable and prosperous Health and Social Care economy in Manchester, both now and in the future.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	All key areas discussed within this report will ensure that citizen involvement is central to developments through effective engagement, consultation, and co-production. This ensures services are truly designed around the needs of citizens and their families/carers, ensuring equal access to services where eligible.
A liveable and low carbon city: a destination of choice to live, visit, work	The Low Carbon agenda does not directly relate to this report; however, all initiatives will ensure that the principles of delivering a low carbon city are central to plans and developments where appropriate.
A connected city: world class infrastructure and connectivity to drive growth	All future developments will consider infrastructure and connectivity, whether that be the ability to access local services, buildings and/or using assistive technologies to promote and enable independence for citizens aligned with the Better Outcomes, Better Lives programme.

Financial Consequences – Revenue

The approved savings programme for Adult Social Care is contained within the budget report, also on the agenda for this Committee, and this includes specific savings in relation to the services outlined in this report, as agreed in the 2023 budget planning process for implementation 2024-26.

Health Scrutiny Committee will be kept informed of any further developments, with the next key budget report in February 2024.

Financial Consequences – Capital

There are no immediate associated financial capital consequences within the context of this specific report. However, a wider business case relating to the housing needs analysis is being developed and will be presented to the Council's Capital Investment Group in January 2024.

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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 part when 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 the Executive Director of Adult Social Services.

- Commissioning Strategy 'Our Plan for Services for Adults with a Learning Disability (2023-2028)'– Main Document
- Commissioning Strategy 'Our Plan for Services for Adults with a Learning Disability (2023-2028)'– Action Plan
- Commissioning Strategy 'Our Plan for Services for Adults with a Learning Disability (2023-2028)'– Summary Document
- Housing Needs Analysis for Adults with a Learning Disability and Autism (2023 – 2033) summary of needs. The full plan can be made available on request to Scrutiny members.

1.0 Introduction

- 1.1 The purpose of the report is to outline key developments across Health and Social Care in Manchester relating to Adult Learning Disability services (including younger citizens preparing for adulthood), as requested by the Health Scrutiny Committee. Partners representing a range of local statutory health and social care organisations have contributed to this report including, Manchester City Council (MCC), Manchester Local Care Organisation (MLCO), NHS Greater Manchester and Manchester University NHS Foundation Trust (MFT).

2.0 Background

- 2.1 The report discusses a range of issues and developments across the Health and Social Care landscape in Manchester relating to Adult Learning Disability (and Transitional) services.

This includes the following developments in line with the Better Outcomes, Better Lives Programme:

Policy and Strategy

- **Developments surrounding the Commissioning Strategy ‘Our Plan for Services for Adults with a Learning Disability (2023-2028)’**– This is a strategy focused on developing an accessible local Manchester place-based Commissioning Strategy for Adults with a Learning Disability, which sets out the core priorities of Health and Social Care organisations in Manchester from 2023-2028.
- **Developments surrounding the Housing Needs Analysis for Adults with a Learning Disability and Autism (2023 – 2033)** – This analysis has been taken to identify the future supported accommodation needs of adults with Learning Disability/Autistic people.
- **Manchester University NHS Foundation Trust (MFT) policy developments.** The Trust is fully committed to ensuring that adults with a diagnosis of learning disability and/or autism receive appropriate high-quality care through the Learning Disability Strategy “Our plan for people with learning disabilities and/or autism, their families, and carers 2022-2025”, provides focus and priority to this work.

Recommissioning and Transformational Activity

- **Recommissioning of supported accommodation and day services across Adult Learning Disability, Autism and Mental Health Services.** Day services and supported accommodation are key social care services which support people with Learning Disabilities, Autism and Mental Health issues. Both day services and supported accommodation can enable

people to be more independent and can prevent people moving into residential and nursing care.

- **Manchester City Council, “My Life My Way Programme” Transformation Programme (Supported Living, Day Services and Short Breaks).** These are a range of housing-based social care services, services where citizens undertake meaningful daytime opportunities in the community, and services where citizens and their carers/family members can access a break when required, in line with their needs and circumstances.

Healthcare

- **The NHS Transforming Care agenda** – This agenda resulted from the Winterbourne View independent hospital investigation in 2011. The agenda has a focus on ensuring that vulnerable citizens with a Learning Disability and/or Autism do not remain in hospital under the care of the Mental Health Act for any longer than they need to be. The agenda also focuses on preventing admissions to hospital where appropriate and safe to do so.
- **NHS Learning Disabilities Oversight Group** - The group provides a quality assurance and improvement forum for all health-related priorities and work streams for citizens with Learning Disabilities (and Autistic people) in Manchester. It is a collaborative arrangement that aims to bring local workstreams into one place to help address health inequalities for these communities.

Preparation for Adulthood

- **Preparation for Adulthood** – In Manchester, Adult Social Care have a key role in ensuring the smooth transition to adulthood for young vulnerable people who may require additional support to meet their life goals. A review of how we do this has been completed and from this a transformation program has been developed to better ensure that young people get the right support at the right time, to achieve the life they want.

3.0 Developments

Policy and Strategy

3.1 Developments surrounding the ‘Our Plan for Services for Adults with a Learning Disability (2023-2028)’

- 3.1.1 In order for the Manchester Health and Social Care system to ensure the delivery of good quality services, (and continually improve services), MLCO have produced a place-based commissioning strategy (plan) relating to adults with a Learning Disability. This is formally titled ‘*Our Plan for Services for Adults with a Learning Disability in Manchester 2023 to 2028*’. In addition, a series of core priorities have been developed highlighting the strategic

priorities across the health and social care system over the next five (5) years period.

3.1.2 To inform the development of the plan, an engagement exercise was undertaken during November - January 2023. The objective of the engagement was to obtain an understanding of what good quality services look like for adults with a Learning Disability, as well as understanding what is working well with existing services, and what could be improved. The scope of the exercise was to engage with adult citizens (16+) with a lived experience of a learning disability through the following means:

- An online smart survey based around six themes corresponding to relevant services such as Supported Living/Accommodation, Short Breaks, Step-up Step-Down, etc.
- A paper copy of the survey that was sent out to citizens (upon request) and returned via freepost.
- A dedicated phone line where citizens could be assisted (by Gaddum) in completing the online survey.
- An email inbox where general comments and feedback could be sent directly to MLCO.
- Six Focus Group events were held across the city, where citizens and carers could participate in discussions and activities around services. Citizens were also given the opportunity to complete an online or paper copy survey at the Focus Groups.
- The full engagement report is available on request.

3.1.3 The following plan and structure were developed as a way to set out responses against the outcomes from the engagement and the plan's aims:

- Part 1 - provide an introduction as to why the plan was produced and summarise the background information relating to adults with a learning disability in Manchester. This includes values, the vision, case studies and what is important to Manchester people and their carers/families.
- Part 2 forms an action plan:
 - Making Community Services and Accommodation better - focused on existing priorities such as reviews of MLCO in house services (transformation), independent sector contracts.
 - More independence and more chances to learn, get new skills and have new experiences - focused on areas such as Better Outcomes Better Lives and the Strengths Based Support model.
 - Better Healthcare and the NHS Transforming Care agenda - focused on areas such as primary care and supporting people to leave hospital.
 - Making sure people who use services have a voice in terms of how services are delivered - continuing engagement, consultation, and co-production.
 - Support for unpaid family and friendship carers.

- Gathering better information and carry on working together with partners - obtaining better data and intelligence to inform our strategic approach and continued work at place, sub-regional and regional level.

3.1.4 The strategy also links in with wider work happening across Greater Manchester and aligns with the principles of the wider Greater Manchester Learning Disability Strategy, as well as Manchester University NHS Foundation Trusts' (MFT) Learning Disability Strategy. A key focus of the Manchester Commissioning Strategy is for services to promote a strengths-based approach in accordance with the Better Outcomes, Better Lives agenda, which centres around enabling citizens to have as much independence, choice, and control within their own lives as practically possible.

3.1.5 The Commissioning Strategy describes the priorities of Health and Social care organisations in Manchester from 2023-2028, in a way which is accessible to citizens with a Learning Disability, exclusively in an easy read format. There is an aspiration that as the locality commissioning agenda further develops, Manchester will have a fully integrated commissioning strategy that describes the joint ambitions of all health and care partners.

3.2 Housing Needs Analysis for Adults with Learning Disabilities and Autism

3.2.1 The intention of the Housing Needs analysis was to identify the future supported accommodation needs of people with Learning Disabilities/Autism. The assessment of need for housing and supported accommodation draws on a range of evidence, including:

- Demographic context: current population and projected population of people with Learning Disabilities/Autistic people. This has been derived from a range of technical sources, including the Council's own Performance, Research, and Intelligence systems.
- Current provision of housing and supported accommodation.
- Evidence from people with Learning Disabilities/Autistic people and other local stakeholders, i.e., what people are saying about their housing, care, and support.
- Local policy context.
- Local commissioner perspectives and intelligence.

3.2.2 Based on evidence in relation to the population of people with Learning Disabilities/Autism and evidence from Manchester City Council (MCC), it is assumed that there will be a growth in the adult population of people with a Learning Disability/Autism over the next 10 years. Further evidence from MCC shows that there is likely to be growth in the population of people with Learning Disabilities/Autism as a result of the increasing numbers of young people who 'transition' to become eligible for adult social care. Evidence from MCC shows that the growing Education, Health Care Planning (EHCP) population indicates that there is likely to be an increase in demands for supported accommodation as they young people progress to adulthood.

3.2.3 Evidence from Greater Manchester Integrated Care indicates that between 2021 and 2023 the growth in the 18+ population with Learning Disability was 1% and, in the 18+, population with Learning Disability and Autism it was 4%; a median growth rate of 2% per annum is assumed across both cohorts. Making a relatively conservative assessment of the evidence of population change (growth) in the Learning Disability and Autism population, annual growth of 2% has been assumed to project the population over 10 years to 2033.

3.2.4 Manchester's Housing and Service Needs for Adults with a Learning Disability and Autism over the next 10 years (2023-2033).

Type of Accommodation/Placement	Net demand (homes and placements) by 2033.
Supported housing (Demographics and future demand/including reduction in residential/nursing) (supported/exempt accommodation.)	c.225
MCC assessment of additional 'one-off' need for supported housing (bespoke programme re-purposing existing accommodation or supporting people into better accommodation, including reduction in hospital/residential/nursing) supported /exempt accommodation**	c.90
Total Supported Accommodation	c.315
Mainstream housing (affordable housing)	c. 60
Shared Lives increase in capacity.	c. 60
OVERALL TOTAL	c. 435

3.2.5 The Housing Needs Assessment found the following:

- An additional c.225 units of supported accommodation are estimated to be needed by 2033 based on demographic need.
- An additional 90 units will be needed between 2023-2028 to support the redesign of MCC in house provision (also known as the "My Life, My Way" Programme, which will be discussed in section 4.9 of this report. This is additional to demographic need.
- This totals 315 units of supported accommodation between 2023-2033.
- The aforementioned accommodation will typically be supported housing that falls within the definition of 'supported exempt accommodation' (as defined in the Supported Housing (Regulatory Oversight) Act), which means that it's provided by a social landlord or other not for profit landlord and is eligible for higher levels of funding through housing benefit under the 'specified accommodation' regulations.

- 60 additional units of what is classed as “affordable housing” is required.
- 60 additional shared lives placements are required (formerly known as adult placement services).
- Therefore, a net total of 435 accommodation units and placements are required by 2033.
- Evidence from local Manchester citizen engagement, in addition to focus groups and interviews that the Housing LIN has conducted with people with Learning Disabilities/Autistic people in the northwest of England (and elsewhere) is summarised below.
- The majority of people with a Learning Disability are living with their families, which does suit some people, however some people would like to move on from the family home. This position is not sustainable for some people, for example adults with Learning Disabilities who are living with older parents/carers or with carers who have health conditions.
- There is a need for an increased range of good quality supported accommodation for people with a Learning Disabilities/Autistic people.
- The majority of people are seeking self-contained accommodation that enables them to live as independently as possible. For some people this may be a general needs property with an appropriate package of care/support, not necessarily supported housing.
- Some people who are seeking supported accommodation are looking for small-scale supported housing schemes, for example supported housing developments with 8-10 self-contained dwellings.
- Some people would prefer to live in shared accommodation; this often tends to be younger people where living with friends may be a preference and resembles the housing preference/experience of other young people their age living without a disability.
- People with a sole diagnosis of Autism tend to have sensory needs and social needs which make living in shared accommodation challenging. Self-contained accommodation is preferred, and properties may need to be adequately adapted to meet a range of sensory related needs, for example with sound proofing, different types of lighting, careful use of colour schemes.
- We will use this evidence to meaningfully inform our future planning around accommodation for people with Learning Disabilities and/or Autism.

3.2.6 Officers are currently working with a range of partners including strategic housing partners, registered providers, and other key stakeholders to plan a practical approach to developing the required accommodation over the next 10-year period. Officers across various departments are working together to compile a report for the Capital Investment Group in January, to consider potential development opportunities in the future.

3.3 Manchester University NHS Foundation Trust Policy Developments (Learning Disability and Autism Steering Group)

3.3.1 Manchester University NHS Foundation Trust (MFT) is fully committed to ensuring that adults with a diagnosis of learning disability and/or autism receive appropriate high-quality care when accessing healthcare services both in acute and community health care and domiciliary settings. MFT Learning

Disability Strategy “Our plan for people with learning disabilities and/or autism, their families, and carers 2022-2025”, provides focus and priority to this work.

- 3.3.2 The Trust has working groups on the four strategic priorities of the plan, involving professionals working in consultation with our patient carer hospital and community forums. The four strategic priorities are.
- Respecting and protecting rights.
 - Inclusion and engagement.
 - Workforce.
 - Learning Disability service standards.
- 3.3.3 Implementation of the Strategy and assurance monitoring of our outcomes are reported to the Chair of the Learning Disability Steering Group (Director of Nursing and Professional Lead Manchester and Trafford Local Care Organisations). Local Learning Disability Delivery Groups at each MFT hospital and managed clinical services (MCS), are responsible for the delivery of the strategy on a day-to-day basis. Our outcomes are reported to the Manchester Learning Disability/Autism Oversight Board chaired by the Director of Nursing at Manchester Integrated Care Board.
- 3.3.4 This report provides an update on the delivery of the Strategy following the report provided to the scrutiny Committee in December 2022.
- 3.4 Respecting and protecting patients’ rights, improving access to care**
- 3.4.1 MFT have introduced a number of strategies underpinned by the Care of Inpatients with a Learning Disability and/or Autism in an Acute Hospital Setting Policy, to improve access to care for our patients with a Learning Disability and/or Autism.
- 3.4.2 The new electric patient record (Hive), implemented across all MFT hospitals and managed clinical services, has significantly improved communication and accessibility for practitioners to access patient information safely and efficiently. MFT have further improved processes to ensure the consistent use of hospital passports, reasonable adjustment assessments and care plans for patients with a Learning Disability and/or Autism are incorporated in the Hive electronic patient record.
- 3.4.3 There are now systems in place for quality checks and regular matron or senior nurse reviews to ensure point of care reviews are undertaken when patients are admitted to hospitals with a Learning Disability and/or Autism.
- 3.4.4 Manchester Royal Infirmary (MRI) has piloted a complex patient care pathway that promotes proactive coordination and a clear multi-disciplinary team approach to admission, patient care, and discharge to provide positive outcomes in a timely way. It is planned to implement this pathway to other patient sites.

3.4.5 The Community Learning Disability Teams (CLDT's) have reviewed all their care pathways to provide clear modelling, greater efficiency, and improve outcomes. The community dental team have been delivering sessions in schools and clinics to support the transition to adulthood and provide a seamless handover of care. Transition health days involving acute, and community have been delivered and the services are aligning their care pathways to reduce gaps and avoid any additional stresses. The community team has implemented the first phase of the single point of access by operating a citywide daily referral huddle. Plans are in place with GP's and community partners regarding screening and vaccination programmes.

3.5 Inclusion and Engagement including Communication.

3.5.1 The Trust has a well-established Learning Disabilities and Autism Patient and Carer Forum to hear the voice of patients and their families and is working to strengthen how the patient's voice is heard across all MFT hospitals and working community partners Manchester People First.

3.5.2 MFT's patient experience "What matters to me" and "friends and family feedback" programmes are used to actively listen, manage change, and celebrate the positive care delivered. Learning Disability and Autism champions are in place both in the acute and community sites across the Trust footprint. The staff promote good practice, provide peer support, and attend further training.

3.5.3 MFT is working in unison with our commissioners to deliver the community transformation programme to ensure the needs of local health services are delivered to the right people at right time, in the right place. The interface with acute and other partners is key to effective outcomes.

3.6 Workforce Skills and Development

3.6.1 The delivery of mandatory training, and the provision of support and advice from the specialist Learning Disability nurses and allied health professionals supports frontline staff to have the tools and skills to enable effective communication with patients.

3.6.2 The Trust has commenced the plan to deliver the 'Oliver McGowan' e-learning training. MFT is committed to having a workforce that has the required skills and significant support from human resources business partners has been provided to enable proactive recruitment across the Trust.

3.7 Learning Disability service standards and Patient Safety

3.7.1 The newly revised patient safety incident framework has been rolled out in MFT. This will offer assurance in implementing lessons learnt and promote good practice. We will engage with our patient forums and the Manchester planning with people to ensure our learning is effectively implemented in practice.

4.0 Recommissioning and Transformational activity

4.1 Learning Disability, Autism and Mental Health Independent Sector recommissioning

- 4.1.1 Independent sector day services and supported accommodation are key social care services which support people with Learning Disabilities, Autism, and Mental Health issues. Both day services and supported accommodation can enable people to be more independent and can prevent people moving into residential and nursing care.
- 4.1.2 Our contractual arrangements with independent sector providers have evolved over time and we now need to undertake a procurement exercise for these services, which will not only put arrangements on a sound contractual footing but will also mean we can ensure the work of providers is aligned with our aspirations to build on citizen's strengths and maximize their independence. This is a significant area of spend for MLCO as it accounts for around £37.5m each year (net spend). The services relating to this commission are social care orientated including supported accommodation, outreach/domiciliary care, and day services. This is one of Adult Social Care's biggest contractual arrangements and areas of spending in the portfolio. Approximately £30.5m (net) is attributable to Learning Disability and Autism, with the remainder attributable to Mental Health (circa £7m net).

4.2 Learning Disability Day Services

- 4.2.1 173 people use external day services, and we work with 30 providers. We spent £1.57m (of the £37.5m total) on these services in 2022/3. Some providers have quite high numbers of citizens, and some specialist services support very low numbers.
- 4.2.2 Day services are mostly used by people with learning disabilities. We currently do not have any which supports people with mental health issues. Last year we spent several months reviewing day services, both in-house and external, and undertook a large programme of engagement with citizens, staff, and providers.
- 4.2.3 Our engagement work with citizens told us that people get a huge amount out of day services and families and carers particularly value them. It also told us that people want to do other things, outside of day services and they want to be as independent as possible.

4.3 Supported Accommodation

- 4.3.1 We commission Supported Accommodation for 348 people with Learning Disabilities and for 260 people with Mental Health issues in Manchester (from the independent sector). We also purchase outreach/floating support for 132 people.

4.3.2 Supported living services for people with a Learning Disability and for people with Mental Health issues are, we believe, more similar than they are different. Existing arrangements are complex and have evolved over many years.

4.4 Proposed model and rationale (future business)

4.4.1 Our proposed model is that we move to having a **Framework model** for day services and supported living set out into Lots for low/moderate/ complex service offers and a lot for innovation. This will be for all new business. This model will help us to attract new types of provision and to be responsive to changes in the market or in legislation. This will be for a maximum of four years (as per the current procurement regulations); therefore, the contract length is proposed to run (**indicatively**) from 1 July 2024 – 30 June 2028. Providers will be encouraged to bid, in order to get a place on the framework, and this process will be conducted via a formal process through the CHEST procurement portal.

4.4.2 Underpinning the model will be bands of hourly fee rates aligned to a continuum of care model-low, moderate, and complex services. In this way it will be clear what we will pay, clear to us what we are spending and clear to citizens (who may be contributing to the cost of their care) that rates are fair and equitable. Rates for complex packages of care will be informed using the nationally recognised Care Cubed methodology.

4.5 Existing Business and Packages of Care

4.5.1 Our proposal is that all existing business and placements within day services and supported living will become spot purchases from the contract start date. Our intention is not to cause disruption for citizens, families, or providers within a fragile market. If citizens are satisfied with their existing provision, we do not intend to disrupt packages of care, and will negotiate an approach to maintaining the relationship with providers who have existing provision on a “direct award basis”, subject to agreeing to updated terms and conditions. All proposed actions will be undertaken carefully in conjunction with finance, legal and procurement colleagues in accordance with the relevant governance of Manchester City Council and Manchester Local Care Organisation.

4.6 Communications and Engagement

4.6.1 **Citizens:** In the day services review we carried out extensive engagement with citizens, holding a series of online workshops, as well as surveys and numerous meetings with interest and advocacy groups. We are building our specification on what citizens told us they wanted.

4.6.2 Broad engagement has also been undertaken with LD citizens as part of the process of drawing up a new Learning Disability strategy. 64 citizens responded with a range of comments about supported accommodation. We also supplemented this work by holding 5 focus groups of LD citizens in supported accommodation, involving 16 citizens. No citizens made negative comments; however, the importance of staff being caring and kind and having

a consistent team often came through. Wanting to be more independent and go out in the community as well as wanting to do more activities were also favoured. A feature of the specification will be the expectation that providers will co-design citizen's individual support with them.

4.6.3 Providers: In the day services review we engaged with providers, asking them what was working, not working and what they wanted to see about the future of their services. We have also held extensive face-to-face and online engagements with new and existing providers. We have also engaged with supported living providers regarding the proposals for new and existing business arrangements and indicative costings to ensure rates are commercially viable. A SWOT analysis has been completed by providers to capture their feedback and comments.

4.6.4 Expected Benefits

- Clear articulation of Manchester's commissioning intentions to the market.
- Improved outcomes for citizens (in line with our Strength based approach).
- Improved control on costs of packages of care through clearly specified rates.
- More robust contractual arrangements with providers to enable closer monitoring of outcomes.
- With the expectation of new providers on the framework which will broaden offer of services available.
- Opportunity to refresh the market and invite new providers into the city.

4.7 Other Frameworks

4.7.1 Manchester is currently engaged with other frameworks, such as the Greater Manchester (GM) Ethical Purchasing System for Complex Needs Services (hosted by Trafford Council). Manchester will continue to engage with this framework, for more Greater Manchester-orientated projects. However, the Manchester Place Based Framework for Mental Health, Learning Disability, and Autism will be the primary method of commissioning individual care and support for Manchester people on a day-to-day basis.

4.8 Work with NHS and Integrated Care System Partners

4.8.1 We realise that the Integrated Care System is still experiencing ongoing reform and transformation. The aspiration is that this contract would be able to be used by Health and Social Care collaboratively; however, the system is not at this point yet, but we will have mechanisms in the contract, to enable wider NHS partners to use the framework at a suitable point in time once the wider system is in a position to practically engage with the process.

4.9 In House Provider Transformation – “My Life, My Way” Programme

4.9.1 In April 2023, Adult Social Care launched the My Life, My Way programme. This is a substantial 3–5-year transformation programme

including in-house Supported Accommodation, Day Services and Short Breaks for adults with a learning disability and/or autism. The programme's vision is "to offer a safe, effective and sustainable service within Manchester for Adults with a Learning Disability and/ or Autism who require a complex service response."

- 4.9.2 The delivery of the vision will transform the in-scope in-house services to provide:
- A specialised supported accommodation offer that supports people who require the most complex service response to achieve their best possible independence outcomes and quality of life.
 - An 'inclusive day' services offer which is accessible by all adults that embeds the centres within their local neighbourhoods as community hubs.
 - An 'accessible citywide short breaks' service that provides both short breaks and emergency placements within the offer.
- 4.9.3 Since the launch of the programme, significant work has progressed to establish appropriate governance and deliver baselining and benchmarking activity, with the priority focus on Supported Accommodation. This was agreed as the first phase of the programme due to the scale and complexity of the activity required to achieve the vision. The benchmarking activity collated a wide range of information on adults accessing the service, the workforce, existing property portfolio and potential in-scope adults from cohorts such as Transforming Care. Whilst the benchmarking activity comprised engagement with other local authorities and providers to gather best practice on models of care and delivery models.
- 4.9.4 Delivery of the programme is strongly contingent on the provision of suitable accommodation and facilities for people with complex needs and the modernisation of the in-scope services existing property portfolios. Accommodation in Manchester for people with Learning Disabilities and/or Autism is in extremely short supply. This is due to a range of factors including land values, higher rent levels for enhanced accommodation and the specifications required to support the needs of this cohort.
- 4.9.5 Activity completed by the programme aligned with the wider housing needs analysis identified that a minimum of 30 of 'complex' units are required for the programme within the next 3-5 years, this is as well as 60 units suitable for people with low to moderate needs. Opportunities for expansive developments are limited, as smaller concentrations of properties are required for these citizen cohorts which is a challenge due to the availability of land for development in the city.
- 4.9.6 My Life My Way programme accommodations and facility requirements will require significant capital investment over a 3–5-year period to support the delivery of activity and revenue savings. Local strategic partners (Registered Housing Providers) outline that to develop such accommodation within current market conditions, will need prime investment to support sustainability, and the strategy will require a blend of a short term acquisitional approach and

new purpose-built schemes. Engagement with partners across Greater Manchester have indicated that the current timelines for delivery of the acquisitional approach is a minimum of 18 months, increasing to 2-3 years where new built schemes are concerned.

- 4.9.7 Whilst avenues are being explored to secure appropriate funding, assets, and land to enable development of the required accommodation and facilities, the programme is completing activity with people already accessing the services. This is targeted activity to work with people to review their needs to understand what services, whether in-house or external, are most suited in providing the best possible outcomes and independence opportunities for the individual. This activity is being completed in association with families supported by a full communication and engagement programme that has been developed with Legal support.
- 4.9.8 Priority discussions are underway within the programme governance to agree the next phase of the programme, whether this be Day Services or Short Breaks. This is being undertaken with key partners such as, Community Health to identify options on achieving a future integrated model of care that ensure that a person's choice is at the core of all decision-making. This will especially be achieved by having people with lived experience who could access the services involved within the scoping and development of the future models of care.

5.0 Healthcare

5.1 NHS Transforming Care agenda

- 5.1.1 This agenda resulted from the Winterbourne View hospital investigation (2011). The agenda has a focus on ensuring that vulnerable citizens with a learning disability and/or autism do not remain in hospital under the care of the Mental Health Act for any longer than they need to be. The agenda also focuses on preventing admissions to hospital where appropriate and safe to do so.
- 5.1.2 Manchester is accountable to Greater Manchester's Integrated Care Board (Learning Disability and Autism Team) for delivering the Transforming Care agenda, as part of NHS England and NHS Improvement. This programme reports to Manchester's Transforming Care Oversight Group and includes senior representative across the Integrated Care System within Manchester and from the Greater Manchester (GM) collaborative.

5.2 Transforming Care – Citizens who are in hospital (detained under the Mental Health Act)

- 5.2.1 This means citizens receiving treatment or care in a facility registered by the Care Quality Commission (CQC) as a hospital operated by either an NHS or independent sector provider. This should include patients of:
- Any age.
 - Any level of security (general/low/medium/high).

- Any status under the Mental Health Act (informal or detained).
- Have a learning disability or autism diagnosis.

5.2.2 There are 39 people with either a diagnosis of a learning disability and/or autism supported within inpatient settings. They are identified as:

- Secure Placements (NHS England Specialised Commissioning are responsible for overseeing these placements through the provider collaborative). These citizens generally require longer term treatment programmes, which may include forensic support interventions. Manchester has thirteen (13) people supported in secure settings.
- Non-Secure Placements – These placements are commissioned by the Integrated Care System within Manchester (who are responsible). Most of the citizens are placed in Greater Manchester Mental Health (GMMH) settings. Citizens within these services may require assessment and treatment and/or rehabilitation type support. Manchester has twenty-seven (26) citizens placed in non-secure settings. Sixteen (16) are placed in Manchester (most in GMMH hospitals)

5.3 Assuring Transformation (AT) Programme

5.3.1 All hospital placements are continually monitored via the NHSE Digital National Assuring Transformation (AT) database. NHSE Digital monitor citizens in hospital care closely (specifically around Mental Health). At a minimum, the Assuring Transformation process will ensure all patients have a care coordinator and receive Care and Treatment Reviews (CTR's) and Commissioning Oversight Visits (CoV) at the required intervals, with discharge planning being a central feature of the process. Care and Treatment Reviews are undertaken by NHS Commissioners to ensure that citizens are only admitted to hospital when absolutely necessary, for the shortest amount of time possible and in the least restrictive setting.

5.3.2 There are a number of wider system challenges that we are addressing in Manchester to ensure the Assuring Transformation process runs as smoothly as it can:

- **Delays in admission notification from some mental health wards when they have new admissions.** This is often because learning disability (or autism) diagnoses is not always known at the point of admission, or ward staff are not aware of NHS reporting requirements. Work continues to raise awareness and an admission notification report is being finalised. New National Care Treatment Review and Dynamic Support Register Guidance has been produced.
- **Workforce.** There are considerable challenges recruiting to roles particularly in facilities supporting citizens in hospital, as well as within Social Care services in the community (e.g., Supported Accommodation).

- **Finding suitable homes to enable discharge for Transforming Care Inpatients.** Manchester is supporting the wider Greater Manchester (GM) Complex Care programme, which brings Commissioners, care and support providers and housing providers together across Greater Manchester, with the aim of developing good quality support solutions for citizens with a learning disability and autism. The project has been supported by a Memorandum of Understanding. There are properties being purchased/developed for some of our current citizens who are in hospital (to support discharge), and we continue to have successes.

5.4 Dynamic Support Planning (DSP)

- 5.4.1 The Dynamic Support Plan (DSP) is a record of citizens who are at potential risk of an admission and actively looks at ways to prevent escalation. There are currently 61 people on Manchester's DSP system.
- 5.4.2 As a result of the Dynamic Support Plan process, we have been able to avoid many potential admissions to hospital and have supported a number of citizens to stay safe and well in the community. This has been achieved through a strong integrated assessment approach, and an enhanced multi-disciplinary team that provides highly skilled interventions and follow up.

5.5 NHS Learning Disabilities Oversight Group

- 5.5.1 The Manchester Learning Disability and Autism Health Oversight Group has now been established and is well attended by partners across the health and care system. The group provides a quality assurance and improvement forum for all health-related priorities and work streams for citizens with Learning Disabilities (and Autistic people) in Manchester. It is a collaborative arrangement that aims to bring local workstreams into one place to help address health inequalities for these communities.
- 5.5.2 The group is attended by the Greater Manchester Local Area Contact for the NHS LeDeR (Learning from Lives and Deaths) programme who brings regular updates on reviews that have been undertaken on the health and care experiences of Manchester people. Findings generally mirror what is found across GM and nationally. Weight management, epilepsy and aspiration pneumonia are amongst the issues that are more frequently identified. Discussions are being held to agree GM priorities for action in the next year.
- 5.5.3 Over the last year we have focussed intensively on the Learning Disability Annual Health Check (AHC) which is offered in General Practice to all people with a learning disability aged 14 and over. It provides an opportunity for a holistic overview of the person's health and early identification of any concerns, as well as reviewing carer needs. It should result in a personalised health action plan (HAP). The national target is 75%. In Manchester, 78.5% of eligible people received an AHC and 77% had a recorded HAP during 2022/23. This compares to 61.2% and 39.4% respectively for the 2021/22 year. We know that uptake is lower amongst younger people (aged 14-25) and

are currently undertaking work with schools and school nurses to promote the AHC to them and their parents/ carers.

- 5.5.4 We continue to promote Winter vaccinations and are currently preparing for 3 “calm” clinics which will take place at weekends at the three MCC resource centres. These will offer a quiet space for COVID-19 and flu vaccinations and will be supported by system partners. Work continues across GM to improve uptake of cancer screening programmes. Locality colleagues are involved in this work to ensure Manchester citizens benefit from any service improvements and support.
- 5.5.5 We are aware of the additional inequalities that might be experienced by people with learning disabilities from different ethnic communities. In 2022 MHCC (now NHS GM) commissioned a project to engage with citizens from Pakistani and Black African and Black Caribbean communities to find out more about their experiences of healthcare. The project was undertaken by BHA for Equality with Breakthrough UK. The report has now been finalised with the system focussed recommendations being considered across senior leadership teams and interested groups.

6.0 Transitions - Preparing for Adulthood

- 6.1.1 Since 2014, supporting young people who may have additional needs to prepare for adulthood has been firmly rooted in Childrens and Adults legislation and Statutory Guidance across social care, health, and education. This is everybody’s business and key to getting this right is person centred practices, co-producing with young people and families what this needs to look like, and partnership working across education, health and social care, commissioning, and the voluntary sector. To support this in Manchester the work around supporting young people to prepare for adulthood is governed by the Send and Transition Boards, with the transition Board feeding into the overarching Better Outcomes, Better Lives (BOBL) programme work.
- 6.1.2 Currently, 32% of the 111 young people we are currently working with are over the age of 21. Around 77% are known to have a learning disability, 16% require social support for social isolation (neurodivergence) and the few remaining have either a physical disability or support for their emotional wellbeing. However, we are actively trying to improve understanding of our transitional cohorts, so we can be more proactive with how we support and plan with the younger people and their families, about their future. In the next financial year, we are predicted to have a cohort of 44 young people who are turning 18 and have already started working with 20% of these young people so can work effectively and plan ahead to achieve the best outcomes.
- 6.1.3 In Manchester, Adult Social Care have a key role in ensuring the smooth transition to adulthood for young vulnerable people who may require additional support to meet their life goals. A review of how we do this has been completed and from this a transformation program has been developed to better ensure that young people get the right support at the right time, to achieve the life they want.

6.1.4 The plan which will be implemented over the next 18 months will focus on three key workstreams:

- Transition Process in Policy (systems).
- Working with Partners (relationships)
- Working with young people (making an impact)

6.1.5 In order to do this, a leadership team has been created consisting of a Service Manager, (with extensive experience and background in leading operationally and strategically in Transition), a project officer to develop a coordinated preparation to adult hood approach, two (2) team managers and a Senior Social Worker to support the Social Work team transition young people seamlessly from children to adult services ensuring timely assessment and planning and skill development based on the principals of preparing for adulthood outcomes; Employment; Independent Living; Community Inclusion; Health.

6.1.6 Initial work has been going on to develop the infrastructure of the team, and we will be trialling a new service delivery model over the next six months, which will look significantly different to how it looks now. The Transition Service will be split into teams, who will have 4 different key functions:

- **Managing and Processing ALL referral from children's services to adult services**, and ensuring the young person gets the right support at the right time by the right team. (Back-office systems)
- **Preparing for Adulthood Oversight Team**: Increasing visibility with young people and families and working with our partners to focus on enablement, meaning exploring the skills young people need to develop for adulthood to prevent them needing services.
- **Preparing For Adulthood front door**: Transition Social Work team who will work with young people families and their circles of support to ensure timely care act assessment, development, and implementation of preparing for adulthood action plans and where required ensure their social care package is in place as they turn 18.
- **Preparing for Adulthood Long term work**. This team of Social Workers will work with young people who have Care Act Needs and are predominantly looked after, leaving care, or moving on from their family home, to support them to develop the skills and move into their adult home.

6.1.7 This work has made a significant system impact, whereby the team are now working with young people under 18 and beginning to unpick blockages and work better interdisciplinary however in the next 18 months we will be evaluating the impact it has had on the experience of young people and families and looking at how we record and evidence this.

7.0 Recommendations

7.1 The Committee is recommended to:

1. Support the ongoing strategic developments relating to Adult Learning Disability services across the Health and Social Care system in Manchester.
2. Consider and comment on the information contained within the report as well as the accompanying video, including the proposal to bring a separate report around the Autism agenda to Health Scrutiny at an appropriate point in 2024.

8.0 Appendices

- 8.1 Appendix 1 - "Our Plan for Services" A plan for Adults with a Learning Disability in Manchester 2023 to 2028.
- 8.2 Appendix 2 – Indicative need Supported Accommodation and Mainstream Housing.

“Our Plan for Services”

A plan for Adults with a Learning Disability in Manchester 2023 to 2028



Foreword

We are delighted to present Our Plan for Services for Adults with a Learning Disability in Manchester, from 2023 to 2028.

Working alongside the Planning with People with a Learning Disability Board, Manchester People First, and other key friends and colleagues, we have developed a plan which sets out what we are going to do to help improve services over the next 5 years.

We have used important views from local Manchester people with a Learning Disability and their families and carers to help write this plan. We are extremely grateful for this.

Our vision (where we want to be over the next 5 years) is to make sure:

“Adults with a learning disability in Manchester will be supported to grow and develop as individuals. They will be able to make their own choices to lead full lives and enjoy the best health and wellbeing possible”.

We look forward to working with citizens with a Learning Disability and their families in helping to deliver this vision and to improve services during this journey.



Councillor Thomas Robinson

Executive Member for Healthy Manchester and Adult Social Care



Bernadette Enright

Executive Director Adult Social Services, Manchester Local Care Organisation



Katy Calvin-Thomas

Chief Executive – Manchester Local Care Organisation.



Manchester City Council have worked with Manchester People First, a self advocacy group for adults with a learning disability, to see that this plan includes the views of learning disabled people.

Manchester People First looks forward to working with our partners to improve services by letting them know what our members want and need to lead full lives.





Our vision

Adults with a learning disability in Manchester will be supported to grow and develop as individuals.

They will be able to make their own choices and have the opportunity to lead full lives and enjoy the best health and wellbeing possible.

Introduction

Who we are

We are the Manchester Local Care Organisation. This is NHS hospitals and community services and adult social care services working together to help people within their Manchester City Council neighbourhood to enjoy better health and live longer.

This plan has also been developed in partnership with Greater Manchester Integrated Care. This is a fairly new organisation, which takes over what was known as 'Clinical Commissioning Groups'. Its job is to make sure people get good health care. It will work with Manchester Local Care Organisation to deliver this plan which runs from 2023 to 2028.



NHS
Manchester University
NHS Foundation Trust

 **MANCHESTER**
CITY COUNCIL

 **Manchester Local
Care Organisation**
#WeAreCommunity

NHS
Greater Manchester
Integrated Care

Who this plan is for

- Adults with a learning disability
- Younger people transitioning to become adults
- Carers who may also be friends or family

And to guide professionals, providers and other key people in how to give good quality services.



Core principles

These are the things that are at the heart of what we do:

- **Safe** – Staff help me to feel safe.
- **Caring** – Staff treat me with respect. I know my care and support is well planned. The views of friends, family and important people in my life are listened to.
- **About the outcome** – I have an interesting life that I enjoy. I am helped to achieve my personal goals and plans.
- **About me** – I like to do what I want. The way I like to do things is respected.
- **Choice** – I have choice and control about my care and support. I have a choice about where I live and who I live with.
- **Health** – I get good care from health services. If I have to go into a hospital because my health needs cannot be met in the community, it is high quality, and I do not stay there longer than I need to.
- **Part of my community** – I get the support I need to feel I am part of my local community. I am helped to meet new people if I want to.
- **Accessible** – I get help from services when I need them.
- **Family and friends** – Those who care for me and support me are recognised and respected. They have access to advice and support, and they take part in discussions about my care and support plans.



Our aims

- Deal with the issues facing younger adults with a learning disability who are going through transition to being an adult.
- Know what people with a learning disability will need now and in the future.
- Help us plan for when people with a learning disability get older.
- Help us plan to meet the needs of families and carers.
- To make sure we have good quality health and social care services.

The main things we want to do

Support people with a learning disability to:

- Have better access to good quality community services and accommodation.
- Be more independent and have the chance to get better skills and experience.
- Get good quality healthcare.
- Play a greater part in how we work. We will consult, engage and co-produce when we need to.
- Provide support to carers when they need it.

Background



Why we came up with this plan

When this plan was written:

- There was no existing learning disability plan for Manchester.
- The plan for Greater Manchester had run out.

Our engagement in 2022 and 2023 told us that nearly 7 out of 10 people are happy with the services that they get.

But we also know that some people would like services to get better.

If we are going to carry on and get better, the way some services are delivered will have to change.



Developing the plan

We are looking at what people have told is working, what is not working, and what we need to change to make it work better.

How we came up with this plan

We talked to people who use services, staff who give services and other organisations that play a part.

We listened to what people told us was good about services, what could be better and what support they said they needed.

We looked at funding, what services were available, and national and local policies.

The plan takes into account the 3 things that were seen as the main things agreed for Greater Manchester. These are:

- Good health
- Belonging
- Housing

Learning disabled people in Manchester

There are over 1 million people aged over 18 in England who have a learning disability.

Over 10 thousand in Manchester.

Over 1 thousand get services under the Care Act 2014.

8 out of 10 live in their own home or with their family.

6 out of 10 live somewhere that meets their needs.

8 out of 10 rate their quality of life as good or very good.

6 out of 10 spend their time doing things they value or enjoy.

9 out of 10 said care and support services help them feel safe.

6 out of 10 found it easy to find information about support services and benefits.





People's stories

When we were writing this plan we met some of the people it would affect. They told us some of the things that are important to them.

From the Manchester Shared Lives Service Citizen Working Group

This is citizen led and meets 4 times a year. They decide what they are going to do such as learning new skills and having guest speakers. Here is what some of the group told us...

Malcolm and Ronnie

Malcolm is 70 years old and Ronnie is 75.

They meet their friends at AJ's Academy.

They enjoy going to the pub and singing karaoke.

They love holidays and have been to Cuba and Cape Verde and are planning to go to Mexico.



Shaun

Shaun is 54 and lives with his carers.

He stays with his family at weekends.

He supports Manchester United.

He is looking forward to going to New York with his family.



Barry

Barry is 42 and lives with his carer.

He likes being independent and travelling on buses and trains.

Barry enjoys spending time with friends and karaoke.

In the future he would like a girlfriend.



Sam

- Sam is 29 years old and lives with his carer.
- He likes breakdancing.
- Sam goes to a drama group at the Edge Theatre.
- He is also training in the café at the theatre 2 days a week.
- Sam volunteers to lead a walking group every week.
He plans the walk and organises the group.
This has helped him feel more confident and happier.
- In the future Sam wants to live in his own place and have his own family.



Better Things

Better Things are a small, independent charity that works to improve the lives of people with learning disabilities and/or autism in the Greater Manchester area.

Mariam

- Mariam is 32 years old.
- She goes to the Better Things Women's Group at the Lifestyle Centre in Wythenshawe.
- The group meets every week.
They listen to each other and give advice if they can.
They are raising awareness of hate crime and bullying.
- Mariam visits other women's community groups.
- She thinks it is good to be part of a community.
- She works 2 days a week at the airport.
- She says it has helped her become more confident.
- She has made friends and developed skills.
- Mariam says she feels proud that she has achieved something.



National and local policy



This plan tells you what we want to do in Manchester, but it fits in with what is being done in Greater Manchester and England with plans and laws such as:

The Care Act 2014



- This gives people more independence and helps their wellbeing.
- Means councils must have services that do things to stop people ending up needing care.
- Sees that being someone's carer can be hard and have an effect on the carer's health.
- Carers should be checked and given support.



NHS Long Term Plan

- Extra money for the NHS will be spent to help people.
- More people with a learning disability will get an Annual Health Check from their doctor to keep them well.
- More people with a learning disability have a job if they want.

NHS Transforming Care Agenda Building the Right Support

- Is about getting more community based services for people with a learning disability.
- People should be valued and lead full lives. They should be treated with respect. They should have a home in their community, be able to keep relationships and be supported to live healthy and safe lives.
- Helping more people leave hospital and preventing them from needing hospital in the first place (for mental health issues).

MLCO's Better Outcomes, Better Lives plan

- Is about staff following strength based ways of looking at and supporting people.

ADULT LEARNING DISABILITY AND AUTISM

INDICATIVE NEED SUPPORTED ACCOMMODATION & MAINSTREAM HOUSING

Accommodation Type	Net additional homes required by 2028	Net additional homes required between 2028-2033	Total Homes by 2033
Supported housing (i.e specialist supported housing/exempt accommodation) demographic demand	c.100	c.125	c.225
Mainstream housing (General Needs Accommodation) demographic demand	c.30	c.30	c.60
Supported Housing Needed – (in house review My Life My Way programme, bespoke– specialist/exempt accommodation) one off demand	c.90	N/A at this time	c.90
TOTAL SUPPORTED ACCOMODATION	c.190	c.125	c.315
TOTAL MAINSTREAM/GENERAL NEEDS	c.30	c.30	c.60
OVERALL TOTAL	c.220	c.155	c.375

Between 2023-2033:

- Of the above total, 285 units of specialist and general needs accommodation is due to demographic demand (76%)
- 90 units of specialist accommodation is to fulfil the requirements of the My Life My Way programme (circa 24%), albeit the MLMW demand needs to be delivered by 2028.

SHARED LIVES

Accommodation Type	Net additional placements required by 2028	Net additional placements required between 2028-2033	Total placements by 2033
Shared Lives (formerly Adult Placements) Demographic demand	c.30	c.30	60

In relation to the current supply of supported housing generally:

- c.28% of the supply of supported housing is in the south neighbourhood,
- c.46% in the central neighbourhood and
- c.26% in the north neighbourhood.

Assuming this supply remains in place, this suggests that future development of supported housing to meet identified need may be required in the north and south neighbourhoods before considering additional development of supported housing in the central neighbourhood.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 November 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	Action	Contact Officer
11 October 2023	HSC/23/43 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027	<p>1. All Council strategies and policies are to be framed and prominently articulated with the Marmot Themes and Making Manchester Fairer.</p> <p>2. All Ward Plans should be framed and structured using the key themes of Making Manchester Fairer.</p> <p>3. That officers provide a briefing note that described the methodology used to identify those areas with the highest need.</p> <p>4. That officers provide a briefing note that details the location of temporary accommodation across the city and how that relates to the MMF methodology set out in (3) above.</p>	<p>1. This recommendation has been forwarded for consideration. A response to this recommendation will be circulated to Members when available.</p> <p>2. This recommendation has been forwarded for consideration. A response to this recommendation will be circulated to Members when available.</p> <p>3. This recommendation has been forwarded. A response to this recommendation will be circulated to Members when available.</p> <p>4. This recommendation has been forwarded. A response to this recommendation will be circulated to Members when available.</p>	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 **30 October 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 *

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
The provision of a contraception & sexual health service for young people (2023/09/27A)	To award a contract to a provider to deliver a contraception & sexual health service for young people	Director of Public Health, City Treasurer	19 December 2023	Contract Report	Name: Marie Earle Position: Strategic Commissioning Manager (Public Health) Tel no.: 07786 177984 Email address: marie.earle@manchester.gov.uk

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
Didsbuty MSK Ltd	The OrthTeam Centre – Manchester Ohm Building Unit 1 Didsbury Technology Park 168 Barlow Moor Road Manchester M20 2AF	https://www.cqc.org.uk/location/1-7084131916	3 October 2023	Independent Hospital	Overall: Good Safe: Good Effective: - Caring: Good Responsive: Good Well-led: Good
Eleanor EHC Ltd	Eleanor Harnham House 134 Palatine Road West Didsbury Manchester M20 3ZA	https://www.cqc.org.uk/location/1-130053897	6 October 2023	Independent Mental Health Service	Overall: Inadequate Safe: Requires improvement Effective: Requires Improvement Caring: Inadequate Responsive: Requires Improvement Well-led: Inadequate
Fallowfield No.1 Ltd	Mydentist 306 Platt Lane Fallowfield Manchester M14 7BZ	https://www.cqc.org.uk/location/1-214751523	3 October 2023	Dentist	No Action Required
Manchester Aesthetics Clinic Ltd	Manchester Aesthetics 453 Lightbowne Road Manchester M40 0HW	https://www.cqc.org.uk/location/1-11428640161	5 October 2023	Independent Doctor	Overall: Requires improvement Safe: Requires improvement Effective: Requires improvement Caring: Good Responsive: Good Well-led: Inadequate

The Lodge Practice Ltd	The Lodge Dental 6 North Road Manchester M11 4WE	https://www.cqc.org.uk/location/1-9105501218	13 October 2023	Dentist	No Action Required
Dr Aarti Bedi	Brownley Green Dental Practice Brownley Green Health Centre Brownley Road Manchester M22 4GA	https://www.cqc.org.uk/location/1-9892436948	13 October 2023	Dentist	No Action Required
Zeno Limited	Zeno Limited 12 Newall Road Newall Green Farm Manchester M23 2TX	http://www.cqc.org.uk/location/1-4857926830	21 October 2023	Care Home	Overall: Requires improvement Safe: Requires improvement Effective: Requires improvement Caring: Requires improvement Responsive: Requires improvement Well-led: Requires improvement

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

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 Developments	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 Bernie Enright	
Update on Extra Care Housing Developments	To receive a follow up report on this subject. This item first came to the Committee in June 2022.	Councillor T. Robinson	Bernie Enright	
Adult Learning Disability Services	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	
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. An invitation has been sent to Cllr Hitchen, Chair of Communities and Equalities Scrutiny Committee.
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.
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.
Enabling Independence Accommodation Strategy	Further to the report previously considered 12 October 2022 the Committee will receive an update report on the Enabling Independence Accommodation Strategy.	Councillor T. Robinson	Bernie Enright Zoe Robinson	
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	
End of Life Care	To receive a report on end of life care (palliative care). The scope of this report is to be agreed.	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 Tom Hinchcliffe	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	
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	
Access to NHS Primary Care – GP, Dentistry and Pharmacy	To receive a suite of reports that provide an update on the provision and access to primary care services across the city.	Councillor T. Robinson	Tom Hinchcliffe	Previously considered 8 February 2023.
2022/2023 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	To be scheduled after October 2023. Meeting date to be confirmed.