



Health Scrutiny Committee

Date: Tuesday, 18 June 2019

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 1.30pm in Committee Room 6 (Room 2006), 2nd Floor of Town Hall Extension

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Curley, Holt, Mary Monaghan, Newman, Riasat, Watson and Wills

Agenda

1. Urgent Business

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

2. Appeals

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

3. Interests

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

4. Minutes

To approve as a correct record the minutes of the meeting held on 15 March 2019.

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5. [02.05-02.35] Delivering the Our Manchester Strategy - To follow

6. [02.35-03.05] Adult Social Care Improvement Programme
Report of the Executive Director Adult Social Services

11 - 20

This report provides an overview of the Adult Social Care Improvement Programme, including progress to date and upcoming priorities.

7. [03.05-03.35] Stroke Services – Quality and Performance update - To follow

8. [03.35-03.45] Quality Accounts 2018 / 2019

Report of the Governance and Scrutiny Support Unit

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This report provides the Committee with the responses to the Quality Accounts of Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust.

The draft Quality Accounts had been circulated for comment by Members and a response was drafted by the Chair.

9. [03.45-04.00] Overview Report

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Report of the Governance and Scrutiny Support Unit

This report includes details of the key decisions due to be taken that are relevant to the Committee's remit as well as an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked to agree.

Information about the Committee

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

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

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Further Information

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This agenda was issued on **Monday, 10 June 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 5 March 2019

Present:

Councillor Farrell – in the Chair
 Councillors Battle, Clay, Curley, Holt, Lynch, Mary Monaghan, O’Neil, Paul, Riasat, Reeves and Wills

Councillor Craig, Executive Member for Adults, Health and Wellbeing
 Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning

Dr Chris Ward, Consultant Physician Genitourinary Medicine, The Northern Integrated Contraception, Sexual Health & HIV Service

Matthew Swanborough, Director of Corporate Resilience, MFT

Marie Rowland, Associate Director of Performance, MFT

Paul Thomas, Urgent Care System Resilience Manager, MHCC

Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation

Dr Rosemary Morton, Emergency Medical Consultant, MFT

Apologies: Councillors Paul and Wilson

HSC/19/11 Minutes

Decision

To approve the minutes of the meeting held on 5 February 2019 as a correct record.

HSC/19/12 Pre-Exposure Prophylaxis (PrEP) National Trial Expansion

The Committee considered the report of the Director of Population Health and Wellbeing that provided information on the implications for Manchester following the announcement by NHS England in January 2019 of the plans to expand the Pre-Exposure Prophylaxis (PrEP) Impact Trial to 26,000 participants by 2020. This represented a doubling of the current number of people on the trial nationally.

Dr Chris Ward, Consultant Physician Genitourinary Medicine, The Northern Integrated Contraception, Sexual Health & HIV Service referred to the main points of the report which were: -

- Providing a description of PrEP as a way for people who did not have HIV, but who were at substantial risk of HIV infection to reduce their risk of acquiring HIV;
- Information on the eligibility criteria for the PrEP Impact Trial;
- Information on the treatment pathway for trial participants;
- Data on the current trials across Greater Manchester clinics, noting that this was overseen by the PrEP Programme Oversight Board that was jointly chaired by Public Health England (PHE) and NHS England;

- At their meeting of 15 January 2019 the PrEP Oversight Board had supported in principle the recommendation to double the number of trial places so that it could address emerging questions from the trial and more robustly inform the design and rollout of a full national programme;
- Noting that the Board had asked that a rapid engagement exercise with local authority commissioners and research sites be undertaken to assess their capacity to accept additional places; and
- Information on the Manchester response to this announcement to expand the trial and a description of the next steps, including the consideration to be given to improving access and pre booking appointments.

Members of the Committee noted that whilst they fully supported the extension of the trial, even with a doubling of the size the demand and waiting lists remained significantly high. A Member further commented that in reality the number of people who would benefit from PrEP would be higher still. The Committee were unanimous in calling for the national roll out of PrEP, appropriately funded by the NHS.

Dr Ward responded to comments from the Committee by stating that it was recognised that many people were registered on more than one waiting list to be accepted onto the trial. He said that to address this, work was ongoing to establish one waiting list across Greater Manchester that could be centrally administrated to remove any duplication. He said that whilst people remained on the waiting list they were encouraged to purchase PrEP online, noting that regrettably there were cases where people had contracted HIV whilst on the waiting list. He said that for those people who could not afford to purchase PrEP at approximately £19 per week, applications could be submitted to the Terrence Higgins Trust hardship fund, and if successful the individual would be provided with a code that they could use to purchase PrEP online. Dr Ward further stated that consultants would support those smaller clinics to deliver any extended programme.

In response to a question from a Member regarding follow up appointments, Dr Ward informed the Committee that nobody was compelled to attend appointments, however national guidance recommended 3 monthly follow up appointments. He said part of the study was also to understand people's patterns of behaviour when taking PrEP, noting that people's attitude and understanding of risk changed depending on their relationship status.

Members noted that the number of trial places for people not in the category of 'Men who have sex with men' (MSM) were not recruited to in the majority of trial locations. Dr Ward commented that these places could not be reallocated to MSM patients, however work was ongoing with a range of partners to reach out to other groups identified as being of a high risk of contracting HIV, commenting that if a person came forward that met the criteria they could be allocated a place on the trial immediately as there were currently no waiting lists for this cohort. He further advised that MSM in central Manchester were aware of PrEP, however this was not always the case in other areas of Greater Manchester and work was ongoing to train health professionals on the subject of PrEP so they could raise awareness of this with patients identified as being at risk.

The Director of Population Health and Wellbeing stated that Sexual Health services were underfunded nationally and the contingency fund of £25k identified to support the additional trial clinics would invariably have an impact on the delivery of other services. He said that lobbying was ongoing to secure additional funding from NHS England. Members commented that the funding arrangements were grossly unfair, unsustainable and ultimately put peoples' lives at risk and made reference to the motion adopted by Council at their meeting of 30 January 2019.

The Executive Member for Adult Health and Wellbeing commented that lobbying of central government for adequate funding was also ongoing at a Greater Manchester level, commenting that the decision not to fund this service could be seen as an ideological decision by the government.

Decision

The Committee notes the report.

HSC/19/13 Winter Pressures

The Committee considered the report of the Director of Performance and Quality Improvement and the Integrated Commissioning and Chair of the Manchester / Trafford Urgent and Emergency Care Board that provided an overview of urgent care winter pressures for 2018/19.

Matthew Swanborough, Director of Corporate Resilience, MFT referred to the main points of the report which were: -

- Information on the joint system-wide planning taken across the Manchester urgent care system;
- The surge and escalation approach taken in order to manage periods of pressure; and
- The resulting impact on the 4 hour performance target in Accident and Emergency Departments (A&E).

Members noted that the report did not contain any comparative data which made it very difficult to assess any improvements in performance. Paul Thomas, Urgent Care System Resilience Manager, MHCC stated that in line with national reporting the performance against targets was reducing. He further informed the Committee that a full analysis of the 10 key interventions that had been agreed across the health and social care system for winter would be undertaken.

Dr Rosemary Morton, Emergency Medical Consultant, MFT stated that there had been a 7% increase in the number of attendees at A&E, stating that those patients attending A&E had higher medical needs. She described that patients would be assessed and treatment provided was based on the patients clinical need, which made the 4 hour performance target to a certain extent meaningless.

Dr Morton explained that the majority of problems experienced in hospitals could be attributed to patient flow throughout the whole hospital. She said that work was

ongoing to address this, stating that a discharge lounge had been established to facilitate patient discharge in the mornings to free up bed space. She commented that improved patient flow improved the overall efficiency of a hospital.

Dr Morton addressed a question from a Member regarding the number of patients attending A&E for non emergency issues. She said that whilst this was always subjective, initial analysis of the available data indicated that many people attended A&E as they were unable to secure an appointment with their GP. She said more needed to be done to make people aware of other sources of non emergency health advice and care, such as pharmacies.

Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation (LCO) stated that the continued development and delivery of the LCO would significantly support the pressures experienced by A&E Departments, especially for frail and elderly patients who presented. He said that the emerging model of care, delivered in neighbourhoods would identify care needs and deliver support and care for people to help them remain in their own home and community, supported by a range of appropriate, multi-disciplinary health and social care teams.

Marie Rowland, Associate Director of Performance stated that improvements had been made in regard to the treatment of patients presenting at A&E with mental health issues. She said that feedback from patients, families and carers had been very positive. She said that the delivery of an improved patient care pathway demonstrated the commitment to responding to mental health in the same way as physical health.

Matthew Swanborough, Director of Corporate Resilience, MFT responded to a question regarding the number of readmissions following discharge by stating that this was actively monitored and the rates of readmissions across the MFT site were low. He further replied to a question by confirming that the winter period was defined as December to April.

The Executive Member for Adult Health and Wellbeing stated that the continued commitment to delivering a seven day GP service would help divert people away from attending A&E unnecessarily, noting that the pressures experienced at hospitals were not confined to a four month period but were experienced all year. She also stated that work was ongoing to address the issue of recruiting and retaining staff by promoting the profession and the place as an attractive career option. She described that work was being delivered at a GM level to address this national issue and made reference to the 'Be a Greater Manchester Nurse' campaign.

Decisions

1. The Committee notes the report.
2. Requests that an update report is submitted in a years time and that the report contains comparative performance data against previous years.

HSC/19/14 Care Homes

The Committee considered the report of the Director of Adult Services that highlighted the current Care Quality Commission (CQC) and Manchester Health and Care Commissioning (MHCC) quality compliance status of the nursing and residential care homes across Manchester and explained the efforts being made to support and improve the standard of care and quality for the residents in receipt of those services, noting that the Our Manchester ambition was for all care homes to achieve good or outstanding CQC ratings within the next 2 years.

The Director of Adult Services referred to the main points of the report which were: -

- Providing information on the current CQC rating of the nursing and residential care homes across Manchester and explaining the efforts being made to support and improve the standard of care and quality for the residents in receipt of those services;
- Describing the work undertaken by the performance and quality improvement (PQI) team with the inadequate care homes of Manchester since April 2017, had seen the reduction of the 7 providers we started with, to the current 1 that is in the City and was inspected in December 2018;
- Providing information on the PQI framework for adult social care (ASC). Describing that the framework brought health and social care colleagues closer together, and focused efforts in areas that needed it the most, such as care homes that were rated as “inadequate” or “requires improvement” with the CQC;
- All homes that had a “require improvement” rating from the CQC had been visited during 2018/19 in a prioritised order and were subject to a high level of scrutiny by the care home improvement group;
- The ASC PQI team were currently working with the two main tools within the framework to assess and monitor quality across the sector with care homes being the first cohort of providers;
- Information on the current CQC ratings for care homes in Manchester as of February 2019, noting that self-assessment used by the care homes rated as good and outstanding had also proven effective as services maintained their outcome following recent inspection;
- Describing the work undertaken at a Greater Manchester level to develop good practice;
- Describing the new models of care with future commissioning of care homes offering a more holistic approach to care placement and monitoring, in line with Our Manchester values; and
- Future improvement initiative.

Members welcomed the improvements reported to date and supported the stated ambition for all care homes to achieve good or outstanding CQC ratings within the next 2 years, noting that this demonstrated an Our Manchester approach to delivering improvements. A Member commented that consideration also needed to be given as to where Care Homes / Residential Homes were located as this was very important to people in receipt of care and their families.

A Member commented that it was very important to recognise that Care Home systems could be very difficult for families of those receiving care to navigate and it was important to remember at all times that it was people, who were potentially vulnerable who were in receipt of care in such places. The Director of Adult Services acknowledged and agreed with this comment.

The Director of Adult Services further referenced that the MLCO, MHCC and Manchester Metropolitan University had co-produced teaching care home packages which had prioritised the top 5-10 nursing and residential care settings that admitted the most number of patients into the Manchester Royal Infirmary, North Manchester General Hospital and Wythenshawe. The educational packages would be delivered by experts in subject areas such as catheter care, wound care, mobilisation, nutrition and hydration, dementia care and so forth.

The Performance and Quality Improvement Manager, Adult Social Care responded to questions from the Committee regarding sharing good practice and experience across care homes to help improve and maintain standards. He said that a 'buddy scheme' had been established to support homes identified as requiring improvement following inspection. A Member commented that those homes that had moved from a requires improvement rating to a good or outstanding CQC rating should be used as a 'Buddy' as these homes had successfully undertaken an improvement journey.

In response to a question from a Member, the Performance and Quality Improvement Manager, Adult Social Care informed the Committee that they actively worked with the CQC post inspection to address any issues identified and on occasion had successfully challenged ratings. He stated that the predominate issue identified for improvement by the CQC related to the category of 'Well Led' and work was ongoing across providers to address this.

The Executive Member for Adult Health and Wellbeing stated that a report on the ongoing Bed Based Review, that focused on the entire continuum of provision that was not either delivered within a person's home (e.g. homecare / domiciliary care) or within an acute setting and for which the person required a bed would be submitted to the Committee for consideration at an appropriate time.

Decision

The Committee notes the report.

HSC/19/15 Overview Report

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

Decision

To note the report and approve the work programme.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 18 June 2019

Subject: Adult Social Care Improvement Programme

Report of: The Executive Director Adult Social Services

Summary

This report provides an overview of the Adult Social Care Improvement Programme, including progress to date and upcoming priorities.

Recommendations

The Committee is asked to consider and comment on the contents of the report.

Wards Affected: All

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

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Additional posts have been created in the service with targeted recruitment with local academic institutions
A highly skilled city: world class and home grown talent sustaining the city's economic success	Workforce strategy in development including strengthening the social work career pathway building a skilled and resilience workforce
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Work to develop a strengths based approach to assessment and support planning focused on maximising potential within communities
A liveable and low carbon city: a destination of choice to live, visit, work	None
A connected city: world class infrastructure and connectivity to drive growth	None

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Background documents (available for public inspection):

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

Manchester Health and Care Commissioning - Adult Social Care Business Plan and Pooled Budget contribution 2019/20 - report to Health Scrutiny, 5 February 2019

Manchester Local Care Organisation - report to Health Scrutiny, 5 February 2019

1.0 Introduction

- 1.1 Adult Social Care services are a core part of the integrated health and care services provided by Manchester Local Care Organisation (MLCO) and plays a key role in the delivery of the Our Manchester Strategy and the Locality Plan, 'Our Healthier Manchester'.
- 1.2 The 'Manchester Health and Care Commissioning - Adult Social Care Business Plan and Pooled Budget contribution 2019/20' report to Health Scrutiny on 5 February 2019 described Adult Social Care's priorities for 2019/20, which were also referred to in the report 'Manchester Local Organisation' to the same meeting.
- 1.3 This included the improvement work underway to improve citizen outcomes and to maximise the safety and effectiveness of the service in the context of health and social care reform and integration.
- 1.4 This report provides an update on progress made and an overview of the ongoing programme of work.

2.0 Background

- 2.1 A key priority of the Our Manchester Strategy is to radically improve health and care outcomes, through public services coming together in new ways to transform and integrate services. This involves putting people at the heart of these joined-up services, a greater focus on preventing illness, helping older people to stay independent for longer, and recognising the importance of work as a health outcome and health as a work outcome. The Locality Plan, 'Our Healthier Manchester', represents the first five years of transformational change needed to deliver this vision.
- 2.2 Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city. The Locality Plan was produced with the express intention of addressing these inequalities and to provide the framework through which the Manchester system aims to overcome the significant financial and capacity challenges facing health and social care in doing so.
- 2.3 Across the country there are well documented challenges to adult social care services due to ever reducing local authority budgets. In public consultations including the Our Manchester Strategy and the 2017-20 budget conversation, Manchester people consistently feedback on the importance of protecting the most vulnerable.
- 2.4 The plan sets out the complex, ambitious set of reforms that are needed to integrate services for residents. This included developing a new public sector partnership, the Manchester Local Care Organisation for integrating out-of-hospital care, a single hospital service for integrating in-hospital care, and a single commissioning function for health and social care.

- 2.5 As Scrutiny Committee has been previously advised, in March 2018 each partner organisation of the MLCO: Manchester City Council (MCC); Manchester University NHS Foundation Trust (MFT); Manchester Primary Care Partnership (MPCP); Greater Manchester Mental Health NHS Foundation Trust (GMMH); and, Manchester Clinical Commissioning Group (CCG part of MHCC) signed the Partnering Agreement which established the MLCO from 1st April 2018.
- 2.6 Whilst integration at neighbourhood level is progressing at pace, there is still significant work to do in order to fully assimilate existing governance arrangements that support ASC into MLCO governance as part of the delivery of the Partnering Agreement described above.
- 2.7 Alongside the work to develop the MLCO, a diagnostic piece of work was undertaken on Adult Social Care in late 2018 by the now Executive Director of Adult Social Services which identified long standing challenges associated with increase in demand across all services, increase in safeguarding enquiries, increase in Deprivation of Liberty Safeguards referrals and associated challenges keeping waiting lists low for assessments, reassessments and reviews.
- 2.8 In order to address these challenges, the Adult Social Care Improvement Programme was established as described in section 3 below, and as previously reported to the Committee in February 2019.

3.0 The Adult Social Care Improvement Programme

- 3.1 The Adult Social Care improvement programme is focused on ensuring the basics are in place for adult social care to deliver high quality services for our residents and to successfully deliver health and social care reform and integration. There is a need to ensure the right foundations are in place by embedding streamlined process, effective practice, and an enabled workforce with the right resources in place to manage demand.
- 3.2 Over the last few months a programme plan for this work has been developed, based on the outcomes of diagnostic work. The programme includes workstreams on:
- Assessment function including social work and primary assessment teams. This work is focused on putting the right processes in place to ensure efficient and effective delivery of Care Act assessments and reviews, alongside improvements to practice.
 - Safeguarding and Quality Assurance functions. This work is focused on areas where specific pressure is felt (e.g. Deprivation of Liberty Safeguards) as well as reviewing our approach to quality assurance.
 - Provider services including our supported accommodation, reablement and supporting independence services. This work is focused on maximising our resources and strengthening the service, including use of technology.

- Workforce skill and capacity. This work is focused on strengthening our workforce across adult social care including improving the social work career pathway and supporting staff to develop.
- Adult social care commissioning. This work is in development and will focus on improving our approach to commissioning and contracting in adult social care as it pertains to our statutory duties.
- Front door. This work is in development and includes focusing on the front door offer and Command Centre, improving use of information to support prevention and maximising independence of citizens.

3.3 As part of additional overall investment of £11.4million to meet increased need for adult social care, it was agreed by Executive in February that additional resources of £4.225m in 2019/20 rising to £4.8m for 2020/21 and 2021/22 be invested into the service to support the delivery of the improvement programme through increased capacity in front-line roles. This includes areas of the service where capacity has been met by temporary posts and short term contracts as recurrent funding has not been in place. Further detail on the planned resourcing of this investment is described at section 5.

3.4 The additional resources were identified to meet a need for additional capacity across social work, safeguarding, the Citywide Care Homes Team, the Learning Disability service and other specialist services including delivery of Deprivation of Liberty Safeguards through internal Best Interest Assessor capacity. In addition, it was agreed to make permanent some of the social care capacity to support the prevention of delayed transfers of care from hospital. These priority areas were identified in part as a bridging position as further work is progressed on an integrated health and social care service in partnership with MLCO.

4.0 Governance and monitoring

4.1 The programme is governed by the Adult Social Care Improvement Board, chaired by the Executive Director of Adult Social Services which meets fortnightly and comprises senior officers from the service and MLCO with support from the corporate core. The Board reports to the MLCO Executive through the Executive Director of Adult Social Services, and provides assurance to Manchester City Council's Strategic Management Team and the MHCC Executive on a quarterly basis. Further integration of governance is underway including MLCO's Quality and Safety Committee. The City Council's monthly integrated reporting captures key Adult Social Care metrics and spend to budget.

4.2 A new Performance Board has also been established on an interim basis, reporting to the MLCO Finance, Contracting and Performance Committee and Quality and Safety Committee. This group is working on ensuring the correct performance metrics are in place for monitoring delivery of the programme, alongside business as usual and the delivery of the new models of care. This Performance Board will provide recommendations to the Improvement Board for consideration and will provide a means of offering an overview on adult social care performance to MHCC.

- 4.3 Workstream groups for each of the key workstreams meet fortnightly led by the relevant Assistant Director/Strategic Lead, reporting to the Board and taking ownership for a detailed programme plan which sets out immediate and future priorities. Specific task and finish groups have been formed for pieces of work in the improvement programme where appropriate.
- 4.4 The Adult Social Care Risk Register is updated on a quarterly basis following significant work to review adult social care risk management arrangements. The register links to the Improvement Programme and is reported to the MLCO Risk Committee and through MCC's risk management processes.

5.0 Resourcing

- 5.1 The 2019/20 budget approved by the Executive in February 2019 included additional non-recurrent resources over a three-year period (2019/20 - 2021/22). During this period, it is anticipated that the capacity requirements will change further to reflect transformation of services, further integration with health, improved practice and an overall stabilised and more efficient service, to be brought together in a fully costed MLCO structure during 2019/20.
- 5.2 The additional resources for improvement and resilience capacity was £4.225m in 2019/20 rising to £4.8m in 2020/21 and 2021/22. This was made up funding from Council reserves, MHCC funding and the new Adult Social Care Seasonal Resilience grant and children's and adults Social Care grant announced as part of the settlement in December 2018.
- 5.3 Adult Social Care Improvement - £1.567m in 2019/20 rising to £2.150m in 2020/21 and 2021/22 from MCC reserves and 50% of Social Care grant for additional capacity (c60 fte) in:
- Social Work, Safeguarding, the Citywide Care Homes Team, the Learning Disability service and other specialist services.
 - Best Interest Assessors supporting Deprivation of Liberty Safeguards.
 - Development of social work career grade.
 - Additional team manager capacity for the in-house Learning Disability Accommodation Service.
- 5.4 Adult Social Care Seasonal Resilience - £2.666m grant for 2019/20 to reduce delayed transfers of care (DTC) and extended lengths of stay, improve weekend discharge arrangements and speed up the process of assessing and agreeing what social care is needed for patients in hospitals. The funding for 2019/20 is a continuation of grant from 2018/19 for which the Council's Executive approved planned spend in December 2018.
- 5.5 In February the Executive approved that of the £2.666m grant for 2019/20, £1.456m could be committed over a three-year period to enable successful recruitment and retention of staff. This included 8 posts for the Homelessness Service. For 2019/20 only there is further £1.210m available for other measures to improve seasonal resilience that are currently in development and will be incorporated into wider Better Care Fund arrangements to be

reported to the Health and Wellbeing Board (HWB), prior to approval by the Council's Executive.

- 5.6 Planned funding from MHCC of £0.713m to make permanent 18 fte social workers posts historically funded by the CCG and recruited to temporarily specifically for social work capacity in hospitals. The permanent funding of this from 2019/20 has been included in the CCG's ongoing resilience programme subject to approval by MHCC Executive.
- 5.7 Funding of £490k for 9 social worker managers for the Integrated Neighbourhood Teams (INTs) to be funded in 2019/20 from MCC reserves for MLCO. Funding from 2020/21 is to be reflected within the new INT structures in relation to ASC capacity.
- 5.8 The table below sets out the costs and funding.

ASC Capacity – 3 year plan	2019/20	2020/21	2021/22
	£'000	£'000	£'000
Improvement plan	1,567	2,150	2,150
Seasonal resilience plan*	1,456	1,456	1,456
Health legacy seasonal resilience	713	713	713
New INT managers	490	490	490
Total	4,225	4,809	4,809
Funded by :			
ASC reserve/social care grants	1,567	2,150	2,150
ASC Seasonal Resilience grant*	1,456	1,456	1,456
MHCC	713	713	713
MCC reserve (yr1) MLCO INTs (yr2/3)	490	490	490
Total	4,225	4,809	4,809

6.0 Improvement Plan - progress to date

- 6.1 Key highlights of priorities which have progressed to date in 2019/20 are outlined below.
- 6.2 A large scale **recruitment process** is in progress to secure personnel into the additional posts identified, as well as existing recruitment underway. There have been long term challenges in the directorate, and this will reduce agency staff usage, create more permanent opportunities and will compliment work underway to ensure better staff retention and development. To date, In total, 63% of permanent roles have been recruited to and 86% of time limited roles

have been recruited to. All appointable staff are now going through pre-employment checks. There is a pipeline of additional applicants with weekly interview panels in place to secure the remaining c.30% of roles. New recruits are a blend of newly qualified and more experienced staff, including a number of applicants directly from MMU following targeted engagement.

- 6.3 Start dates are being finalised and new recruits will be matched to the priority areas in the improvement programme as they start. The impact of this recruitment on a number of priorities in the improvement programme will be felt as staff start in post from later in the summer.
- 6.4 Alongside the work on recruitment, progress has been made on a number of key areas affecting **workforce** including induction, work to review the social work career pathway and a learning and development plan.
- 6.5 Aligned to the work to transition from the MiCare case management recording system to LiquidLogic, intensive work has focused on creating a **strengths based approach to assessment and support planning** which is the core process delivered by the assessment function within the service. This new approach and process is being supported by the targeted roll-out of a strengths based development programme, for LiquidLogic go-live in the summer. This new approach is expected to improve citizen outcomes whilst creating significant efficiency improvements in relation to recording and management of process within teams.
- 6.6 A task and finish group is finalising a refresh of the **supervision policy** to strengthen social work practice, and provide clear accountability across the whole service
- 6.7 Targeted work on the **screening for and assessment of Deprivation of Liberty Safeguards** has had a significant impact, with further work now underway on the incoming Liberty Protection Safeguards, and other safeguarding policies and procedures.
- 6.8 Introduction and testing of **electronic record keeping** in reablement is ensuring a more efficient and person centred service alongside utilisation of an **electronic rota-ing system** in our inhouse disability. supported accommodation service.
- 6.9 Targeting work on the **transition** service and wider approach is underway, including the establishment of a Transition Board.
- 6.10 Workforce communications and engagement is improving including a quarterly **Adult Social Care Forum** for representatives from across the service, and more specialist opportunities for sharing learning and developing practice through a Best Interest Assessor Forum and a Social Work Forum. The activator programme continues to ensure individuals in any role across in the service can get involved in service improvement and transformation.

7.0 Upcoming priorities

7.1 As described, the improvement programme continues to develop as activities are delivered. The focus for the next quarter is on:

- Bringing the new recruits into post, ensuring a clear induction into MLCO and MCC and appropriate team manager support.
- Roll-out of the new strengths based approach to assessment and support planning as part of going live with the new case management system over the summer.
- Further operationalisation of technology enabled care including maximising use of existing technology through embedding into the core assessment process and further development of new and emerging technologies.
- Further work to align resources to the Integrated Neighbourhood Teams and maximising opportunities through working in an integrated service, including in the Learning Disability Service for which there is a new strategy and action plan being developed.
- Handover and transition of new build sites for citizens with a learning disability.
- Further strengthening of our approach to managing performance with a focus on monitoring of key indicators linked to the improvement programme.
- Increased workforce engagement and ownership across the service of the improvement programme through fora, supervision, and the activator programme.
- Develop a workforce strategy for Adult Social Care and design and implement a development programme for middle managers which will be an essential element of moving to a culture of accountable and confident social care.
- Further development of the front door offer and Command Centre, improving use of information to support prevention and maximising independence of citizens.
- Development of more effective integrated hospital discharge services.

7.2 All of the above priorities will be delivered alongside ongoing work to further integrate adult social care into the MLCO both corporately and at neighbourhood level, strengthening clarity on the location and discharge of duties through the partnership arrangements in place.

8.0 Conclusion

8.1 This report provides a summary of the work completed to date and the priorities moving forward in the context of wider integration and reform of health and social care in Manchester.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 18 June 2019
Subject: NHS Quality Accounts 2018/19
Report of: Governance and Scrutiny Support Unit

Summary

All NHS healthcare providers must produce Quality Accounts as annual reports for members of the public, giving details about the quality of the services they provide. Health Scrutiny Committees are entitled to comment on draft Quality Accounts for each healthcare provider within their local authority area and these comments must be included within the final published version. Committee Members were provided with copies of the draft Quality Accounts from Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust for comment.

Recommendations

To note the Health Scrutiny Committee responses to the Quality Accounts submitted by Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust appended to this report.

Wards Affected: All

Contact Officers:

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

Background documents (available for public inspection):

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

None

1.0 Introduction

- 1.1 Quality Accounts (QA) are reports about the quality of services provided by an NHS healthcare service. All healthcare providers must publish these. Each healthcare provider is required to make their QA available to the public every year in an easy to understand format.

2.0 Quality Accounts

- 2.1 The main purpose of the QA is to encourage leaders of healthcare organisations to assess quality across all of the services they provide, including community services and to encourage them to make ongoing improvements where necessary. QA are aimed at members of the public and as such, describe the quality of services beyond the regulatory requirements set out by the Department for Health. Quality is measured by looking at the following:

- patient safety;
- the effectiveness of treatments that patients receive; and
- patient feedback about the care provided.

- 2.2 The final published version of the QA should include the following elements:

- A statement from the most senior manager of the organisation which describes a summary of the quality of healthcare provided by the organisation that they are responsible for. Within this statement senior managers should declare that they have seen the Quality Account and that they are happy with the accuracy of the data reported, and acknowledge of any, areas that need to be improved;
- Information about how the healthcare provider measures how well it is doing, how it is continuously improving the services it provides and how it responds to regulatory inspections from bodies such as the Care Quality Commission (CQC); and
- A statement from the commissioning body on what they think of the provider's QA.

3.0 The role of the Health Scrutiny Committee

- 3.1 Health Scrutiny Committees are entitled to comment on draft Quality Accounts for each healthcare provider within their local authority area and these comments must be included within the final published version.
- 3.2 Members were provided with copies of the draft QA from Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust. The Committee were invited to consider the content of the QAs and agree a formal response, written by the Chair on behalf of the Committee.
- 3.3 Copies of the responses are appended to this report.



Councillor John Farrell

Chair of the Health Scrutiny Committee



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Governance and Scrutiny Support Unit

Chief Executive's Department

3rd Floor, Town Hall Extension

Manchester

M60 2LA

7 May 2019

Dear Manchester University NHS Foundation Trust,

Manchester City Council Health Scrutiny Committee - Response to Manchester University NHS Foundation Trust Quality Account 2018/19

As Chair of the Health Scrutiny Committee I would like to thank you for the opportunity to comment on the Manchester University NHS Foundation Trust Draft Quality Account for 2018/19. Copies of the draft quality account were circulated to all members of the committee for consideration and comments received have been included below. We would like to submit the following commentary to be included within your final published version.

The Statement from the Group Joint Medical Directors and Group Chief Nurse sets a tone of directness and transparency in the draft Quality Account and the statement identifies key achievements and priorities for the coming year. Throughout the report examples are provided, such as the description of the Seven Day Services and 'From Ward to Board' programme of activities to demonstrate that the Trust is responsive to patients, the public and staff voice at every level of the organisation. The Committee recognised the stated commitment that is evidenced throughout the report to improving the experience of patients, their families and carers and welcomed the 'What Matters to Me' initiative to inform and drive improvements.

We would like to congratulate you on achieving a Care Quality Commission rating of 'Good' for the Trust as a whole and a rating of 'Outstanding' for Caring and we welcomed the comments provided by the inspectors confirming they had witnessed compassionate care being delivered across services.

We recognise that the CQC rating represents a significant achievement when considering that the inspection was undertaken twelve months into the new organization and the challenge this must have presented. The Committee shared your disappointment that one of the hospitals, the Manchester Royal Infirmary, was rated as 'Requires Improvement' overall and we note that it is reported that a detailed plan has been developed to address the issues identified during the inspection.

We further noted the distinct sections within the document relating to the activities and achievements for each individual hospital site. The description provided of the areas identified for improvement and the future plans for 2019/20 are useful as this will allow for chronological and organisational comparisons to be made in future Quality Accounts.

However, noting the previous comments in regard to the CQC findings we noted that this information for the Manchester Royal Infirmary had not been provided in the draft document. It is anticipated that the information will be added later and included in the final published report.

The Committee note the information provided to the reader regarding the Single Hospital Service and we continue to support the ambitions and rationale for the establishment of a Single Hospital Service to address issues of fragmented care and poor health inequalities across the city of Manchester. At our meeting of 5 February 2019 we had considered a progress report on this issue and Members welcomed the opportunity to question senior representatives from the Trust about the acquisition of North Manchester General Hospital. The Committee expressed their disappointment at the length of time taken to incorporate North Manchester General Hospital into the City of Manchester Single Hospital Service and the Health Scrutiny Committee will continue to monitor this as this development progresses.

We further welcome the establishment of the Manchester Local Care Organisation, noting that despite this being a recent development the benefits of delivering coordinated care and services via multi-disciplinary teams is already beginning to be realised. The Committee welcomed the information provided that described that the High Impact Primary Care service has delivered a 75% reduction in emergency admissions amongst post discharge patients that are being cared for by these teams.

The Committee noted that not all of the statistical performance and comparison data was available in the draft report and as a result our comments on this Quality Account are not as thorough as would ideally be the case. It is anticipated that the data will be added later, but to present a draft for comment at this stage, with such limited data, does not assist external bodies to scrutinise the draft Quality Account effectively.

The Committee noted the inclusion of a list of acronyms that had been provided and commented that this is useful to assist the lay reader to understand the document.

Overall the draft Quality Account is very positive and reflects the successful operation of a complex organisation serving many service users and patients in an efficient and compassionate manner. The Committee would like to express their gratitude and appreciation to all staff at the Trust for their continued hard work and dedication to improving the health outcomes of Manchester residents.

Councillor John Farrell
Chair of the Health Scrutiny Committee



Councillor John Farrell

Chair of the Health Scrutiny Committee



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Governance and Scrutiny Support Unit

Chief Executive's Department

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Manchester

M60 2LA

28 May 2019

Dear Greater Manchester Mental Health NHS Foundation Trust,

Manchester City Council Health Scrutiny Committee - Response to Greater Manchester Mental Health NHS Foundation Trust Quality Account 2018/19

As Chair of Manchester City Council's Health Scrutiny Committee I would like to thank you for the opportunity to comment on your Trust's Draft Quality Account for 2018/19. Copies of the draft quality account were circulated to members of the committee for consideration and comments received have been included below. We would like to submit the following commentary to be included within your final published version.

The Committee note that the Welcome statement provided by the Chief Executive sets a tone of directness and transparency in the Quality Account, providing a summary of achievements over the previous year, and we were pleased to note the range of initiatives that have been implemented to support both patient and staff experience. The key quality priorities for the coming 2019/20 period referred to are described in detail within Part 4 of the report, and we support that these had been agreed following consultation with a range of stakeholders, staff, service users and carers.

The Committee fully support the priorities the Trust has identified for the coming year. In particular, we endorse the work to eliminate out of area placements across GMMH, an issue that has been raised as a concern by this Committee previously. We welcome the continued improved integration of effective links between community services to ensure patients have easier access to sources of appropriate support and we further welcome the reported progress being made to improve transition planning, patient and carer involvement and the experience of, and outcomes for those patients moving from inpatient CAMHS services to adult services.

The report clearly describes to the reader how the Trust is performing against national standards and a useful narrative is provided to assist the reader. Part 3 of the report clearly describes the progress and delivery of the actions identified for the previous year. The Committee further commented that the inclusion of a glossary of terms that had been provided within the report is useful to assist the lay reader to understand the document.

The inclusion of identified actions for 2019/20 across a range of activities, including responding to findings arising from the staff survey, patient survey and the Friends and

Family Test that are clearly described throughout the report are useful as this will allow for chronological and organisational comparisons to be made in future Quality Accounts.

We would like to congratulate you on achieving a Care Quality Commission rating of 'Good' for the Trust as a whole and a rating of 'Outstanding' for the domain of Well Led, and we welcome the information provided that describes the actions identified to ensure that accurate, complete and timely information is collated across the organisation to ensure the safe delivery of care for all patients. The Committee further welcome the inclusion of the many positive comments received from service users regarding their experience of the care they had received.

The Committee welcomes the reported broader success of the Trust, noting the substantial achievements of both individual staff members and teams that has been recognised both locally and nationally. We also acknowledge the significant contribution the Research and Innovation Service is making to clinical research and we were pleased to note that the audit of 2018/19 research showed a 72% involvement of service users and that there is a stated commitment to service user involvement in the work of the research unit.

The Committee welcomes this document as a positive draft Quality Account with evidence included such that chronological and organisational comparisons may be made. We felt that overall the Quality Account is very positive and reflects the successful operation of a complex organisation that serves and responds effectively to service users, patients, their carers and families in an efficient and compassionate manner.

The Committee would like to take this opportunity to express our gratitude and appreciation to all staff at the Trust for their continued hard work and dedication to improving the health outcomes of Manchester residents.

Yours sincerely,

Councillor John Farrell
Chair of the Health Scrutiny Committee

**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 18 June 2019
Subject: Overview Report
Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

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

Recommendation

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

Wards Affected: All

Contact Officers:

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

Background document (available for public inspection):

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

None

1. Monitoring Previous Recommendations

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

There are no outstanding recommendations.

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 **1 May 2019**, 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
<p>The Provision of a Citywide Support Service for Manchester 2019/05/15A</p> <p>The Provision of a Citywide Support Service for Manchester.</p>	<p>Executive Director Strategic Commissioning and Director of Adult Social Care</p>	<p>Not before 15th Jun 2019</p>		<p>Report and Recommendation</p>	<p>Mike Worsley mike.worsley@manchester.gov.uk</p>
<p>Adult Social Care Commissioned Service Fees Uplift 2019/02/05A</p> <p>To approve uplifts to fees for adult social care providers for financial year 2019/20.</p>	<p>Executive Director Strategic Commissioning and Director of Adult Social Care, City Treasurer</p>	<p>Not before 1st Mar 2019</p>		<p>Report and recommendation</p>	<p>Rachel Rosewell r.rosewell@manchester.gov.uk</p>

Subject Care Quality Commission (CQC) Reports
Contact Officers Lee Walker, Scrutiny Support Unit
 Tel: 0161 234 3376
 Email: l.walker@manchester.gov.uk

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

Provider	Address	Link to CQC report	Date	Types of Services	Rating
Alternative Futures Group Ltd	Tesito House Tesito House, 2 Devonshire Street, Manchester, Lancashire, M12 4BB	https://www.cqc.org.uk/location/1-3512493436	27 February 2019	Hospital – Mental Health	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate
BNR Agency Ltd	BNR Manchester Express Networks, 1 George Leigh Street, Manchester, Lancashire, M4 5DL	https://www.cqc.org.uk/location/1-2824918210	7 March 2019	Homecare Agency	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

AIK Ltd	Good Companions (Manchester) 94 Withington Road Whalley Range Manchester M16 8FA	http://www.cqc.org.uk/location/1-2750639591	8 March 2019	Homecare Agency	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate
Alternative Futures Ltd	Millbrook 57 Wastdale Road Newall Green Wythenshawe M23 2RX	http://www.cqc.org.uk/location/1-145103731	8 March 2019	Hospital – Mental Health Services	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Northern Health GPPO Ltd	Victoria Mill Medical Practice Victoria Mill 10 Lower Vickers Street Manchester M40 7LH	http://www.cqc.org.uk/location/1-4377468268	8 March 2019	Doctor / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
L'Arche	L'Arche Manchester - St Paul's Office St Paul's Rectory 491 Wilmslow Road Manchester M20 4AW	https://www.cqc.org.uk/location/1-805440114	13 March 2019	Homecare Agency	Overall: Outstanding Safe: Good Effective: Good Caring: Outstanding Responsive: Outstanding Well-led: Good

Methodist Homes	Laurel Court (Didsbury) 1a Candleford Road Didsbury Manchester M20 3JH	https://www.cqc.org.uk/location/1-312032716	13 March 2019	Nursing Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
The Alexandra Practice	The Alexandra Practice 365 Wilbraham Road Manchester M16 8NG	https://www.cqc.org.uk/location/1-586547319	11 March 2019	Doctor / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Polonia Residential Home	Polonia Residential Home 17 Demesne Road Manchester Lancashire M16 8HG	https://www.cqc.org.uk/location/1-4235928983	4 April 2019	Residential Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement
ASC Health Care Ltd	Maryfield Court Nettleford Road Whalley Range Manchester M16 8NJ	https://www.cqc.org.uk/location/1-4700231652	3 April 2019	Hospitals Mental Health/capacity	Overall: Requires Improvement Safe: Good Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement

Reed Specialist Recruitment Ltd	Reed Specialist Recruitment Ltd - Community Care - Manchester 2nd Floor, 37 King Street Manchester M2 7AT	https://www.cqc.org.uk/location/1-400272593	13 April 2019	Homecare Agencies	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
TFHC Ltd	Transform (Manchester) 5th Floor, Colwyn Chambers 19 York Street Manchester M2 3BA	https://www.cqc.org.uk/location/1-1958401646	10 April 2019	Clinic / Doctor	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Vesta Care (UK) LTD	Paul Murphy Centre 1067 - 1071 Rochdale Road Rochdale Road Manchester M9 8AJ	https://www.cqc.org.uk/location/1-5833022949	16 April 2019	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
HC One Ltd	Brookdale View Averill Street Newton Heath Manchester M40 1PF	https://www.cqc.org.uk/location/1-319278874	17 April 2019	Nursing Home	Overall: Good Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good

Care 24 (UK) Limited	Care 24 (UK) Limited 11a Lane End Road Burnage Manchester M19 1WA	https://www.cqc.org.uk/location/1-1410608557	18 April 2019	Homecare Agencies	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Alliance Medical Trust	Wythenshawe Cardiac MRI Centre North West Heart Centre Wythenshawe Hospital Southmoor Road Manchester M23 9LT	https://www.cqc.org.uk/location/1-137492135	26 April 2019	Diagnostic Imaging	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Rainbow Personnel Ltd	Rainbow Living Manchester Business Park 3000 Aviator Way Manchester M22 5TG	https://www.cqc.org.uk/location/1-4284198249	30 April 2019	Homecare Agencies	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Outreach Community and Residential Services	Domiciliary Support Team Redbank House 4 St Chads Street Manchester M8 8QA	http://www.cqc.org.uk/location/1-1335210486	30 April 2019	Homecare Agencies	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

New Collegiate Medical Centre	New Collegiate Medical Centre 407 Cheetham Hill Road Cheetham Manchester M8 0DA	http://www.cqc.org.uk/location/1-565724583	29 April 2019	Dr / GP	Overall: Good Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good
Excel Care (UK) Ltd	Excel Care (UK) Ltd 201-203 Moston Lane East New Moston Manchester M40 3HY	https://www.cqc.org.uk/location/1-417735182	8 May 2019	Homecare Agencies	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Inadequate
Harmonic Medical Sonography Ltd	Harmonic Medical Sonography Parkway One (Ground Floor) Parkway Business Centre, Princess Road Manchester M14 7LU	https://www.cqc.org.uk/location/1-1644159477	15 May 2019	Diagnosis / screening	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Manchester City Council	South Reablement Service Etrop Court, 2nd Floor Rowlandsway Wythenshawe Manchester M22 5RG	https://www.cqc.org.uk/location/1-1743889822	22 May 2019	Homecare Agency	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Creative Support Ltd	Creative Support - Manchester Extra Care Services Hibiscus Court 16 Sedgeborough Road Manchester M16 7HU	https://www.cqc.org.uk/location/1-416550443	24 May 2019	Homecare agencies, Supported housing, Supported living	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Polonia Residential Home	Polonia Residential Home 17 Demesne Road Manchester M16 8HG	https://www.cqc.org.uk/location/1-4235928983/contact	25 May 2019	Residential Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement

Maureen Philomena Murphy & Ann Catherine Smith	Lindenwood Residential Care Home 208 Nuthurst Road New Moston Manchester M40 3PP	https://www.cqc.org.uk/location/1-119780623	23 May 2019	Residential Home	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Requires Improvement Responsive: Requires Improvement Well-led: Inadequate
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**Health Scrutiny Committee
Work Programme – June 2019**

Tuesday 18 June 2019, 2pm (Report deadline Friday 7 June 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Delivering the Our Manchester Strategy	This report provides an overview of work undertaken and progress towards the delivery of the Council's priorities as set out in the Our Manchester Strategy for those areas within the portfolio of the Executive Member for Adult Services.	Cllr Craig	-	
Adult Social Care Improvement Plan	To consider the Adult Social Care Improvement Plan.	Cllr Craig	Bernadette Enright	
Stroke Care	To receive a report on Stroke Care.	Cllr Craig	Nick Gomm	
Quality Accounts 2018 / 2019	The Committee will receive for information the responses to the draft Quality Accounts for Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust.	Cllr Craig	Scrutiny Support Unit in consultation with the Chair	
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.		Overview Report	

Tuesday 16 July 2019, 2pm (Report deadline Friday 5 July 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Age Friendly Manchester and Health Services	To receive a report that provides information on Age Friendly Manchester approach to the commissioning and delivery of health services.	Cllr Craig	TBC	
Recommendations of the Public Health Task and Finish Group	To receive a report on how the recommendations of the Public Health Task and Finish Group are being implemented. The final report and recommendations had been endorsed by the Committee at the meeting of 4 December 2018. This will include information on the Winning Hearts and Minds (heart health and mental health) approach to alcohol and tobacco.	Cllr Craig	David Regan	See minutes of December 2018. Invitation to be sent to Cllr Wilson.
Overview Report				

Tuesday 3 September 2019, 2pm (Report deadline Friday 23 August 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
The Our Manchester Carers Strategy	To receive an update report on the delivery of the Our Manchester Carers Strategy.	Cllr Craig	Bernadette Enright	See minutes of 17 July 2018. Ref: HSC/18/31
Annual Adult Safeguarding report	To receive the Annual Report of Manchester Safeguarding Adults Board.	Cllr Craig	Bernadette Enright Heather Clarkson	

Overview Report				

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Autism Developments across Children and Adults	To receive an update report on Autism Developments across Children and Adults. This item was considered by the Health Scrutiny Committee at their January 2015 meeting.	Cllr Craig	Bernadette Enright	
Update on the work of the Health and Social Care staff in the Neighbourhood Teams	To receive an update report describing the work of the Health and Social Care staff in the Neighbourhood Teams.	Cllr Craig	Bernadette Enright	
Manchester Health and Care Commissioning Strategy	To receive a report on the Commissioning Strategy for Health and Care in Manchester. The Committee had considered this item at their July 2017 meeting.	Cllr Craig	Bernadette Enright	See minutes of July 2017. Ref: HSC/17/31
Public Health and health outcomes	To receive a report that describes the role of Public Health and the wider deterrents of health outcomes.	Cllr Craig	David Regan	
Manchester Macmillan Local Authority Partnership	To receive a report on the Manchester Macmillan Local Authority Partnership. The scope of this report is to be agreed.	Cllr Craig	David Regan	See Health and Wellbeing Update report September 2017.

				Ref: HSC/17/40
Mental Health Grants Scheme – Evaluation	To receive a report on the evaluation of the Mental Health Grants Scheme. This grants programme is administered by MACC, Manchester’s local voluntary and community sector support organisation, and has resulted in 13 (out of a total of 35) community and third sector organisations receiving investment to deliver projects which link with the Improving Access to Psychological Therapies (IAPT) services in the city.	Cllr Craig	Nick Gomm Craig Harris	To be considered at the March 2019 meeting. See minutes of October 2017. Ref: HSC/17/47
Single Hospital Service progress report	To receive a bi-monthly update report on the delivery of the Single Hospital Service.	Cllr Craig	Peter Blythin, Director, Single Hospital Service Programme	See minutes of 17 July 2018. Ref: HSC/18/32
Workforce Strategy	To receive a report on the Workforce Strategy.	Cllr Craig	Bernadette Enright	
Suicide Prevention Local Plan refresh	To receive the refreshed Suicide Prevention Local Plan.	Cllr Craig	David Regan	
Assistive Technology and Adult Social Care	To receive a report on how assistive technology will be used to support people receiving adult social in their home. The Committee will hear from individuals who have benefited from using assistive technology to learn of their experience.	Cllr Craig	Bernadette Enright	
NHS Dental and prescription charges	To receive a report on NHS Dental and prescription charges.	Cllr Craig	NHS England	
Air Quality and Health	To receive a report on the work being done to address air quality and the effect this has on health.	Cllr Craig	David Regan	

Reablement services	To receive a report that describes the activities to improve Hospital discharge rates; the activities to prevent hospital admissions and reablement services	Cllr Craig	Bernadette Enright	
Prevention and Wellbeing Services - Social Prescribing	To receive a report on social prescribing that includes information on the rationale and theory for this approach, information on the uptake and how this approach is monitored.	Cllr Craig	Nick Gomm	
Inclusive Health Care	To receive a report that describes the activities and initiatives to engage with and deliver health care to traditionally hard to reach groups.	Cllr Craig	Nick Gomm	
Estates and the delivery of Primary Care	To receive a report on the estates in which Primary Care is delivered.	Cllr Craig	Nick Gomm	
Manchester Mental Health Transformation Programme	To receive a report a progress report on Manchester Mental Health Services.	Cllr Craig	Nick Gomm	