

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 4 February 2020

**Subject:** Delivering the Our Manchester Strategy

**Report of:** Executive Member for Adults, Health and Well Being

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**Summary**

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 Adults, Health and Well Being.

**Recommendations**

The Committee is asked to note and comment on the report.

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## **1.0 Introduction**

The Our Manchester Strategy was formally adopted by the Council in January 2016 and sets the ambitions for the city for the next ten years, to 2025, for Manchester to be:

- Thriving – creating great jobs and healthy businesses;
- Filled with talent – both home-grown talent and attracting the best in the world;
- Fair – with equal chances for all to unlock their potential;
- A great place to live – with lots of things to do; and
- Buzzing with connections – including world-class transport and broadband.

Executive Members are collectively and individually responsible for supporting the delivery of the Our Manchester Strategy and for providing political oversight and direction to officers for the better outcomes for Manchester residents. Our priorities are aligned to the Our Manchester Strategy and the Council adopts the political manifesto

This report sets out how I as the Executive Member for Adults, Health and Well Being have sought to deliver these priorities since taking up my post on in May 2017, and is the latest of my six monthly updates.

## **2.0 Executive Member for Adults, Health and Well Being - Portfolio**

As Executive Member for Adults, Health and Well-Being, my portfolio includes:

- Adult Social Care;
- Population Health and Prevention;
- Learning Disabilities;
- Mental Health;
- Supporting People;
- Advice Services
- Health Services as part of MHCC and MLCO
- Health and Social Care Integration (Manchester and GM)
- Public Service Reform (Health and Social Care);
- Asylum Seekers and Refugees

I took up this position in May 2017 and from Day 1 have focused my attentions on the role in a full time capacity. I regularly visit staff and front line teams, take part in Our Manchester Listening in Actions Sessions and the Our Manchester work, while encouraging colleagues from across the council and health to do the same.

I'm passionate that as a council we talk more about the positive and great work that our health and social care do, helping to boost morale and increase the reputation and appeal of the sector. I want to continue to take this opportunity to thank all of our staff across health and adults services for the valuable jobs they do.

### 3.0 Overview and Improvement journey

Since taking up this role in 2017, I have spent time working with our staff to understand what areas of our service need the most focus, attention and in places improvement. Eight years of austerity and local government cuts have impacted on our services, and indeed the lives of Manchester people and we see this on the front line in adult social care. This why the Council took the decision in 2017 to invest £35m over 3 years in the adult's budget and provide extra investment for the Improvement plan in 2018/19. The Annual budget before the committee today sees that budget increase that responds to the growing need of people in our city.

There is a growing demand for our services, and similar to Children's Services the number of people being referred for safeguarding concerns has grown, almost doubling in the last 3 years. Detailed analysis of our services has been pulled together as part of the Adults Services Improvement Plan which was passed in February using extra investment to ensure that improvements happen in the right place- this is covered in more detail later on in the agenda.

The 2019 Manifesto committed the following pledges, and these are covered in more detail in this report.

1. **Investing to support the most vulnerable, improving core services and recruiting over 100 frontline staff: On track to achieve**
2. **Support for unpaid carers: Committed extra £1m investment- On track**
3. **Improving mental health services and fighting discrimination: On track**
4. **Protect our public services: Ongoing**
5. **Building a workforce for the future: Ongoing**

In addition to these, some other priority areas for me this year are:

- Continuing Health and Care integration that works for our residents, improving services and health outcomes.
- Developing our new Learning disability plan and services for people with autism.
- Improving Homecare and Residential Care: our ambitious new homecare model will deliver improvements both for our citizens receiving care and our workers delivering it.

#### 4. **Update on Priority Areas:**

##### 4.1 **Investing to support the most vulnerable, improving core services and recruiting over 100 frontline staff: On track to achieve**

The Adults Service Improvement Plan is in place with a large recruitment programme underway.

A key service is the **reablement service**, which is vital to supporting people to live well in their own homes. Unlike some local authorities this is still provided

by committed City Council staff and evidence shows how well it works, so the service was expanded with additional funding for over 90 new staff. A key piece of this work was also helping Manchester residents who had been unemployed get access to these jobs. In a joint partnership with the work and Skills Team and the Manchester Growth Company we ran a Pre-Employment Development course recruiting a number of people who were previously struggling to access work.

Success: The North Reablement team was recently awarded a GOOD CQC rating.

Success: Our new staff have supported over 1500 people to stay in their homes. This alongside our extra care schemes and neighbourhood apartments (short stays) has seen more people able to stay at home with the right level of support.

**The Neighbourhood Apartments** which is a reablement focused short stay in an existing extra care scheme, for example in Wythenshawe 135 Village we have 6 apartments for people requiring something different to hospital, home or a residential home with beds across the city. This scheme continues to do well and we continue to expand as more extra care sites come on board.

**Equipment, adaptations and Blue Badge Team:** In Feb 2018 we recruited and additional 6 occupational therapists and 2 blue badge assessors, and recruited an additional 3 members of staff to the Blue Badge Team in October. There have been changes in national guidelines around eligibility and assessment which have created an increase in demand, and the additional staff will work to ensure they deliver an effective and responsive service.

**Shared Lives** – Shared Lives is an in house service that can support any one, aged 16 and up with care and support needs. Following additional investment which was well received by staff we have recently recruited 2 new placement staff to the Shared Lives team (recruited on a values based approach). There are some great stories about the kind of support they offer to individuals and it would be good for you to hear from the team at some point.

**Day Services:** Giving support in the community. Alongside transforming our services, it is important not to lose sight of the great work our staff do for people in our in house day services. I asked them to highlight some good examples of work including:

- Following CQC inspection in January 2020 received a Good rating across all KLOEs for Short Term Intervention team
- In the last quarter there has been a 35% increase in people receiving reablement support
- Citizen's at Hall Lane have formed the Beheard Choir which over the last few months have been rehearsing with their music teacher and will be taking to the road to sing
- As part of the Sow the City Project Hall Lane staff and citizens will be planting 3,000 bulbs which will be part of a large display in Castlefield and

- the Roman Ruins, they are also growing 1,000 geraniums for Hooper Street and also as part of grow the city they are setting up an edible community garden by developing a plot of land at the side of Hall Lane
- Heathfield are supporting Healthy Eating by setting up diabetes prevention sessions as well as working with CLDT to organise a drop in sessions to look at Epilepsy Care Plans for citizens who attend the centre and live in supported housing in the North.

#### **4.2 Support for unpaid carers: On track to achieve**

I previously brought a report to Scrutiny outlining our ambitious new approach for supporting carers in the city, both in terms of a new charter and also a new model of service. I have now signed off additional significant investment of over £1million over 3 years which will come in to force in the coming months.

As an employer we lead by example, having signed up to deliver a carers charter and make sure we are an inclusive and supportive employer, and encourage all other Manchester organisations and businesses to do the same.

#### **4.3 Improving mental health services and fighting discrimination: On track**

I meet regularly with GMMH and Manchester Commissioners to monitor the progress of the ambitious two-year programme of service transformation, to improve both the mental health outcomes for people receiving services and support the wider mental wellbeing of Manchester residents. Regular updates come to scrutiny on services, areas of progress include access to therapies and the significant reduction of Out of Area bed placements which have thankfully reduced dramatically.

Greater Manchester Mental Health have given out over £1.5m in VCSE grants to improve mental wellbeing to 194 different groups and projects.

I have previously updated on the work to improve Harpurhey Wellbeing Centre led by GMMH, supported by council and health commissioners to improve access to services for people in the North of the city. It was an investment of over £800,000 for services that support people with mental health difficulties and local wellbeing groups and launched before Christmas.

In the coming months, Manchester will be looking to begin a city wide conversation on what we can do to improve mental health, and we will be organising a number of ways for members to get involved.

#### **4.4 Developing our new Learning disability plan and services for people with autism**

I Chair the Learning Disability Board. We have been working with colleagues across GM to see where we can work together to improve outcomes and services for people with Learning Disabilities and have signed up to a new GM Plan. We are focusing on developing and implementing a new Learning Disability Plan and a truly integrated health and care learning disability

service. Since the last update work is underway setting out the key priorities, continuing with our co-production approach involving people who have Learning disabilities and their carers. This work is on track to come to scrutiny in the spring.

Autism and ASD- we are currently reviewed what we can do to make Manchester an Autism friendly city and looking at the services and support we have available. I have asked for Cllr Ilyas as my Assistant to lead on this piece of work.

Transition from childhood to adulthood: This has been an area that continues to improve and we now have a Transitions policy and action plan. This will deliver more effective transition service and response for the young people of Manchester and has involved children and education services as well as health and youth justice as key players.

#### **4.5 Improving Homecare and Residential Care: our ambitious new homecare model will deliver improvements both for our citizens receiving care and our workers delivering it**

Manchester people tell us repeatedly they want good quality care, close to home to help keep them active and independent for as long as possible to get the most out of life. A priority for me of the last 2 years has been to look specifically at how we deliver homecare in the city.

**Homecare:** Manchester hadn't reviewed its homecare model in a decade, and I was concerned that the model was outdated and deliver best for Manchester people so in June 2017 I made it a priority area of work. We began to review existing services, engage with people in receipt or caring for people in receipt of services, and began a new model. In April 2018 we brought in the Real Living Wage for Homecare Workers. The new model went to scrutiny in 2019 and since then the procurement process took place. We chose to commission on a model of 50% Quality, 30% Social Value and 20% Cost. A mobilisation plan has been in place from the summer to make sure that this was done successfully in a way that made for a smooth transition over a number of months and is in its final stage of completion.

Residential and nursing care remains under pressure and for too long we have had too many inadequate and requires improvement nursing and residentially homes in this city, and I have set an ambitious target of getting all homes to Good or Outstanding. Starting with inadequate homes we have been reducing them, and are developing targeted programmes to get Requires Improvement Homes to Good or Outstanding. This might mean doing this differently that we have done in the past, and potentially being more active in the nursing and residential care sector in a way that shapes the sector to be exemplar in the future. I will be bringing a strategy in the coming months.

## 5. Population Health and Prevention of ill-health

As Executive Members for Adult Health and Wellbeing I maintain oversight of the statutory functions (e.g. health protection) and mandated responsibilities (e.g. sexual health services) of the Director Public Health at MCC who is also the Director of Population Health for MHCC.

The death rate from causes considered preventable has fallen (improved) from 326.7 per 100,000 in 2015-17 to 311.3 per 100,000 in 2016-18 and programmes such as Winning Hearts and Minds have been designed to reduce the number of preventable deaths from heart disease and stroke.

**The Social Prescribing Service** is designed to improve the health and wellbeing of local residents with long term health conditions or whose social circumstances mean that they are at increased risk of poor health. The presentation at committee will bring this to life, but I wanted to ensure we had an ambitious and properly funded scheme in Manchester that doesn't just provide funding for the service but capacity, funding and support for the VCSE groups that deliver vital community support.

**Winning Hearts and Minds** is a programme of work to improve heart and mental health outcomes in the city, with an initial focus in north Manchester. In this part of the city, the rate of early deaths from heart disease is 96.2 deaths per 100,000 people compared to the England rate of only 40 deaths per 100,000 people. Funding for the programme from NHS resources was agreed by the Manchester Health and Care Commissioning Board to roll this out primarily across North and East Manchester. I now Chair the Winning Hearts and Minds Board, and as the work enters its next stage, I will ensure that local Councillors receive regular briefings on the implementation of the programme and have proper involvement in projects in their area.

### **Making Smoking History**

Manchester still has one of the highest smoking rates, and therefore early preventable death rates in the country. I'm pleased to report that last year's smoking rates in Manchester year dropped from 22% to 17%. I have talked previously at Scrutiny that due to cuts to public health funding our Smoking Services have been hit hard and given that Manchester has one of the highest rates of smoking in the country we need effective stop smoking services. The new Manchester Tobacco Addiction Service will be live city wide from April and will offer integrated and targeted support around smoking.

### **Sexual Health and HIV**

Sexual health services in Manchester are under increasing pressure from a growing population and rising demand. The public health budget allows for an increase in Capacity of services. We are also looking at early models of what an integrated Greater Manchester Sexual Health Service might look at, and are involved in a GM wide HIV campaign which will be released imminently.

## **Drugs and Substance Abuse**

Manchester City Council was the first local authority in the country to commission an annual substance use survey, Manchester Emerging Substance Use Survey (MESUS). The 2019 survey was coordinated by Manchester Metropolitan University and will be used to inform the commissioning and delivery of substance misuse services. A summary version of the survey will be circulated to members of the Committee and work is now underway on the 2020 survey.

### **6. Towards a Real Living Wage City**

We know that poverty and income drive health inequalities and poor health outcomes. If we want a truly equal city, wealth and health go hand in hand. Manchester City Council has paid its own Manchester Living Wage for some years and has finally become Real Living Wage Accredited. It is my ambition that health and care organisations across the city lead the way as a sector. In recent weeks Manchester Health and Care Commissioning have also become accredited, and this is why I wanted to bring the report on the Living Wage to Health Scrutiny.

### **7. Climate Emergency**

Since my last report the City Council declared a climate emergency, and this was followed suit by the Greater Manchester Health and Social Care Partnership on behalf of all GM NHS organisations. We all have a role to play on the Council, and I have been showing leadership in this area across the sector as a Manchester and GM level. We know that the NHS contributes to 3.4% of Manchester's carbon emissions, without the consideration of public travel and personal behaviours. Health and Wellbeing Board have been overseeing the development of a Manchester Health and Care Action Plan with practical examples of moving towards carbon neutral services, energy provision, commissioning with carbon footprints in mind and emerging examples of good clinical practice.

### **8. Asylum Seeker and Refugees**

Due to Council Budget cuts since 2010, the capacity of the council to support asylum seekers and refugees has decreased. We still fund some of our voluntary and community sector partners, and have a close relationship with a number of groups in the city.

Our No Recourse to Public Funds Team is small but really committed, and do a great job in difficult circumstances. Despite growing demand they deliver an 8 working days average turnaround from Referral to Support for destitute families. The team recently reported that they saw two long standing cases (8 and 9 years respectively!) resolved and positive status achieved through their collaborative work.

Since the Government outsourced the responsibility for and the provision of housing for asylum seekers, the Council has no control over support and placements. When a person receives a decision (positive or negative) their housing with the private provider ends and even with a positive decision they can face immediate homelessness. We have put extra investment in ensuring that the council can support someone with a positive decision much earlier in the process and avoid homelessness.

There has also been considerable progress with the inclusive health agenda, and specialist support for vulnerable migrants is now delivered in over half Manchester GPs surgeries.

ESOL has been cut dramatically and I am currently exploring options on how we can expand provision in the city.

## **9. Marmot City Region**

Sir Michael Marmot shaped health thinking's around the wider determinants of health such as poverty and housing (things many in local government already suspected to be true!). 10 years on from the seminal Marmot report in 2010 on Health Equity in England, GM and Manchester have been working with him on his new report 10 years on. This will be launched in the coming months, and aligns with our ambition of being a population health focused region that prevents rather than passively treats ill health and the root causes of ill health.

## **10. North Manchester General Hospital**

Through the Council and partnership working with Manchester Foundation Trust, GMMH and other NHS partners there are ambitious plans for North Manchester General Hospital that will protect and improve services while developing the site to improve the health and wellbeing (physical, mental and economic) of the whole community. A presentation came to the previous scrutiny and I continue to support this work.

## **11. Ongoing issues and commitments**

### **Greater Manchester Health and Social Care Board and Executive**

I attend this strategic partnership board on behalf of Manchester and sit as one of two local government representatives on the GM HSC Executive (meeting monthly). This body covers a range of issues around health and social care devolution across GM. We have formed a GM Joint Commissioning Board which brings political and GP accountability to the decisions made by Commissioners at a GM level.

Some of the issues we have made decisions on and discussed include: Population health, Hospital Services, Mental Health, the VSCE, Learning Disabilities; Autism; Population Health; Stopping Smoking and Acute Hospital Services. I am the elected member lead for Workforce development in Social care at GM.

## **HR and Staff Engagement**

Since taking over this portfolio I have made staff morale and engagement a key priority, recognising that amidst the difficulties of local government and social care- we need to demonstrate the value we place on all our staff. This year's annual Bheard survey built on the success of 18/19 when there was a massive boost in number of responses and positivity of responses from Adults Services. This year showed increasing improvements and continue to be the second highest rated area of the council.

A key priority is the Strengths Based Development Programme which is a way of working that improves outcomes for citizens and work is continuing to be rolled out across the adult social care and then health with the first priority area being Adults Social Care assessment staff aligned to the introduction of a strengths based model of assessment. There is a new and improved supervision process in place from January 2020 (which has been discussed at Audit). Training and workshops have been in place for supervisors and communications gone out via broadcast. There is also a new team manager development programme to better support our staff.

Since the last meeting we welcome our new Deputy Director Keith Darragh and have appointed Jolaade Anjorin as our Principal Social Worker.

## **Manchester Health and Care Commissioning**

Manchester Health & Care Commissioning (MHCC) was formally established in May 2017, between Manchester City Council and NHS Manchester Clinical Commissioning Group to jointly commission health and wellbeing services for the city. I sit on the Board as Deputy Chair (non-remunerated of course), chair the newly formed strategy committee and sit on the finance committee.

## **Local Care Organisation**

The Manchester Local Care Organisation, a public sector partnership between MCC, Manchester Foundation Trust, GPs and the Mental Health Trust went live on 1st April 2018. As a city we are committed to this being delivered on a firm basis of a publically funded and publically delivered health and social care system. I sit as one of the council's two places on the Shadow Provider Board (made up equally of the 4 partners; MCC, Manchester Foundation Trust; GP Federations and the Mental Health Trust). This involves monthly board meetings, and frequent meetings with senior LCO staff to monitor progress and shape services.

**Visits to services:** I like to visit staff and partner organisations such as hospitals as much as possible and am currently working through a cycle of front line visits to see what staff have to say. If you have an issue or service in your ward, I am more than happy to arrange a visit, or if you would like to come with me on a visit to a service, please let me know.

I welcome any feedback and suggestions from members of Scrutiny on the information in this document or other areas of work in this portfolio