

## Appendix 2 – Adult Social Care Priorities and Population Health Priorities

### 1. Adult Social Care Priorities

- 1.1. Manchester City Council's Adult Social Care (ASC) services support people who have been assessed and meet the eligibility for care and support under the Care Act 2014. Following an assessment, a support plan sets out how the needs of people will be met and services are arranged to meet that need and help people to continue to live as independently as possible.
- 1.2. This support ranges from advice and information (minimal cost) to very intensive services. Whilst the Care Act 2014 places a statutory duty on ASC to meet assessed needs and outcomes it does not prescribe how these should be met. In discharging its statutory duty ASC retains discretion to determine how an individual's needs and outcomes should be met within available resources. Adults Eligibility: The Care and Support (Eligibility Criteria) Regulations 2014 sets out the eligibility criteria and determines the circumstances in which an adult meets the eligibility criteria.
- 1.3. In Manchester, this means that we support a large number of Manchester residents with adult social care needs. At October 2021 (latest complete figures) we supported:
  - 5,064 older people (long term support to 65+)
  - 2,927 younger adults (long term support to 18-64)

These figures include:

- 1,291 adults with learning disabilities (long term support)
- 768 adults with mental health needs (long term support)
- 6,365 of the people we support are living in the community
- 1,049 people in residential care
- 582 in nursing care

We provide:

- Homecare to 1,914 people
- Supported accommodation to 686 people
- Support via shared lives schemes to 182 people
- Support via an extra care scheme or neighbourhood apartment to 114 people
- Cash personal budget or Individual Service Fund to 655 people
- Day care to 338 people

In addition:

- More than 9000 (9,090 in 2020/21) items of equipment and adaptations are installed/provided annually
  - c.6,500 blue badges (6,770 in 2020/21) are issued annually
  - In 2020/21, 1,415 people benefitted from our core reablement service.
  - 1424 carers were assessed in 2020/21.
  - 13178 safeguarding concerns were responded to in 2020/21.
  - 1079 safeguarding enquiries were completed in 2020/21.
- 1.4. Adult Social Care in Manchester is deployed into the Manchester Local Care Organisation (MLCO) alongside delivery of community health services in the city which is governed via a section 75 agreement between MCC and Manchester Foundation Trust (MFT). This agreement was approved in August 2021 and deploys responsibility for all Adult Social Care services into MLCO including delivery of our assessment function, safeguarding, our in house provider services and the commissioning of the external market to meet assessed need. The responsibility for assessment and safeguarding in mental health lies with Greater Manchester Mental Health Trust (GMMH) via a separate section 75 agreement.
- 1.5. The section 75 agreement between MCC and MFT includes a Financial Framework which sets out the approach to the management of an 'aligned' budget across MCC and MFT for the services in scope of the MLCO. The ASC budget referred to in this report constitute the MCC contribution to the aligned budget.
- 1.6. The fundamental priority for Adult Social Care in 2022/23 remains the safe, effective delivery of our statutory duties as outlined above in the Care Act as well as our duties in the Mental Capacity Act and the Mental Health Act.
- 1.7. In January 2021 we commenced delivery of a major transformation programme, building on the Adult Social Care Improvement Programme – Better Outcomes, Better Lives. Better Outcomes, Better Lives is long-term programme of practice-led change, which aims to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care. The programme is central to delivering the savings set out in the 2021/2022 budget agreed by the Council in March 2021 as well as savings in 2022/23 and 2023/24. Further detail on the programme is provided via an update on Health Scrutiny on the same agenda.
- 1.8. Further work is required for budget setting for 2022/23 to understand in detail the financial impact of Better Outcomes, Better Lives in 2021/22 alongside other factors influencing the number of citizens we support including covid and the implications of the hospital discharge programme.

- 1.9. Our work on Better Outcomes, Better Lives will continue in 2022/23 with an accelerated focus on two additional workstreams in 'phase 2' which will positively impact on our demand management strategy:

**Early Help/ASC Front Door** - The number of new contacts that we receive through the contact centre is much higher than we would normally expect to see at this time of year, and are consistently above the three year average. This is likely driven by the Covid-19 pandemic and is putting considerable pressure on our services. The purpose of the Early Help workstream is to ease some of these pressures.

**See and Solve (Transforming Community Teams)** – The purpose of see and solve will be to address entrenched system barriers that get in the way of practitioners taking decisions which empower residents and build on their strengths. This work will focus most intensively on our learning disability services initially given the complexity of demand and the high costs of support and will align to our commissioning plan.

- 1.10. As part of phase 2 we are also developing a full Equalities Impact Assessment for the programme starting with understanding the equalities impacts for each workstream. This will give us insight into ensuring that our work supports our wider vision in health and social care to reduce health inequalities in the city.

- 1.11. Aligned to our work on Better Outcomes, Better Lives we will continuing to be focused on:

- Ensuring we have the **right internal capacity** to support all of our work including assessment capacity on a permanent basis (including qualified social workers) and project/programme management and change capacity
- Supporting hospital demand through the **MLCO Control Room and our discharge to assess work**, ensuring that we continue to see positive outcomes from the model on the number of people accessing long-term care following hospital discharge
- Strengthening our work to **safeguard adults**
- Reviewing our **in-house provider services** (primarily supporting people with learning disabilities), aligned to our strengthened approach to commissioning and work with LD assessment services as described above, ensuring that these services are supporting our demand management strategy and delivering the very best outcomes, including consideration of capital requirements
- Strengthening our **partnership arrangements with GMMH**
- Working with colleagues in Housing and other partners to ensure the right supply of **housing and accommodation for vulnerable adults** in the city
- Continuing to **support the care market intensively** (including homecare and care homes), particularly given significant recruitment and retention

challenges, aligned to our Commissioning Plan and performance and quality regime

- 1.12. In April 2022 Manchester Health and Care Commissioning (MHCC) – the CCG in Manchester, will cease to exist with responsibility for health commissioning moving to the newly formed Greater Manchester Integrated Care System (ICS). ASC within the MLCO will be working with colleagues to ensure that this change is beneficial for Manchester residents and that we are continuing to work to strengthen the MLCO and maximising opportunities for integration including in our collective commissioning of the external market.

## **2. Population Health**

- 2.1. The position in 2021/22 regarding the public health contracts with local authorities and the associated pay costs with the NHS pay rises is that the NHS providers have been given advice not to pass on this cost for this financial year. As per the NHS guidance for H2 21/22 “Funding will also be provided to systems to support the pay pressures on those parts of providers’ cost base which would usually be covered by local authority (LA) and Health Education England (HEE) income.” Therefore, there won’t be any additional funding to local government this year. The guidance is awaited regarding the funding of NHS pay awards in 2022/23. The Council will passport any additional funding received for the pay award.
- 2.2. As per the Spending Review, the public health grant will remain the same in real terms which will significantly undermine the ability of local systems to reduce health inequalities without further investment in prevention by the NHS.

### **Population Health Budget and Priorities**

- 2.3. The Manchester Population Health Team is responsible for commissioning Children’s Public Health (including Health Visiting and School Nursing Services), Wellbeing (addressing wider determinants such as housing and work alongside support to reduce smoking, reduce levels of obesity and increase physical activity), Sexual Health (treatment and prevention), and Drug and Alcohol (treatment and prevention) Services for the city. In addition, the Population Health Team leads the delivery of the city’s Age Friendly Manchester programme. The team is also responsible for leading and contributing to strategic partnership work to reduce inequalities in the city and leading the city’s Health Protection (infection control, immunisation programmes) and Health Intelligence (Joint Strategic Needs Assessment) functions.
- 2.4. The work of the Population Health Team is led by the Manchester Population Health Plan (2018-2027) that describes the city’s overarching plan for reducing health inequalities and improving health outcomes for Manchester residents. It sets out the ten-year vision for health and wellbeing, and the strategic priorities identified to support this vision which were informed by the 2010 Marmot Review “Fair society, healthy lives”.

2.5. The Population Health Plan strategic priorities are:

- Improving outcomes in the first 1,000 days of a child's life
- Strengthening the positive impact of work on health
- Supporting people, households, and communities to be socially connected and make changes that matter to them
- Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
- Acting on preventable early deaths

2.6. The key metrics for commissioned services include:

- Delivery of the National Healthy Child Programme- stages of development checks (Health Visiting) and the National Child Measurement Programme (NCMP)- years 1 and 6 (School Nursing)
- The Be Well Service measures outcomes for service users in terms of physical and mental health and wellbeing, work-related health and connection to community networks working with a target population of individuals from the most deprived areas within the city, and individuals from diverse backgrounds. Other wellbeing services measure smoking quitters, smoking in pregnancy, increase in physical activity and delivery of health checks in primary care.
- Rates of HIV, syphilis and gonorrhoea, and provision of long-acting reversible contraception (LARC) in primary care and sexual health service providers
- Successful drug and alcohol treatment completions, successful completed treatments in the latest 12-month period re-presenting within 6 months, and percentage of clients waiting over three weeks to start first intervention

2.7. The health of the people in Manchester has generally been worse than the England average across a range of outcome measures with a worsening of health outcomes in Manchester starting to become apparent in the years prior to the start of the Coronavirus (COVID-19) pandemic in 2020. The pandemic has had the effect of accelerating and strengthening that pre-existing trend. Recently published data on life expectancy at birth over time in Manchester compared with England shows that life expectancy has fallen (i.e., got worse) for both males and females in Manchester in the 3-year period 2018-20 compared with the previous period of 2017-19.

2.8. The priority for 2021-22 has been to support commissioned services in their recovery from the impact of the pandemic on their service delivery and their clients. In addition, we have begun to develop a Population Health Recovery Framework based on the following three pillars:

- Healthy People (recognises the impact of social disadvantage and socio-economic circumstances on health outcomes)

- Healthy Places (recognises the geographical inequalities within Manchester and between Manchester and other parts of the region and country)
- Health Equity (recognises the groups of people and communities that face additional multiple and compounding barriers, prejudice or discrimination owing to factors such as race, sexual orientation, disability, and migrant status)

A re-refresh of the Population Health Plan is also underway to reflect the impact of the pandemic on the city's health and wellbeing and the exacerbation of health inequalities for our residents.

2.9. The key actions in tackling diversity and inclusion will be led by the Manchester Population Health Recovery Framework which will support the delivery of the Population Health Plan with a focus on three pillars of work within the context of the COVID-19 pandemic. Each pillar has a “flagship” programme of activity to address the root causes and wider determinants of health inequalities alongside the broader partnership working to create the conditions for healthy lives.

2.10. The three “flagship” programmes are:

- Healthy People- Manchester's Wellbeing Model to improve the wellbeing of Manchester's residents based on the level of support people need to look after their own health and wellbeing
- Healthy Places- Winning Hearts and Minds to work in, and with, communities to improve heart and mental health across the city, with a particular focus on North Manchester
- Health Equity- COVID-19 Health Equity Manchester to address the disproportionate adverse impact of COVID-19 on specific communities in Manchester and ensure the legacy of COVID-19 is that lessons learned are implemented and improve the broader health outcomes of these communities

2.11. As the Committee is aware the Director of Public Health will build on this work and lead a Citywide Task Group to ensure the recommendations from the Marmot review: 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives' are implemented and the agreed Marmot Beacon Indicators are monitored by the relevant Scrutiny Committee.