

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 October 2018

Subject: Support at home: Update on equipment, adaptations and reablement services

Report of: The Executive Strategic Commissioning and Director of Adult Social Services

Summary

This report is intended to inform members of the Health Scrutiny Committee on the progress and development of a range of adult services including the equipment and adaptations services, reablement services; physiotherapy services and housing options for older people. It includes the progress made since the discussions at the last scrutiny meeting in December 2017.

Recommendation

To note progress of the Services.

Wards Affected: All

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1.0 Introduction

- 1.1 The report is intended to give members of the Health Scrutiny Committee an oversight of the progress of a range of services delivered to adults in the City including the equipment and adaptations services; Reablement services; physiotherapy services and the progress of the Housing Options for Older People. With the exception of the Housing Options for Older People, the staff delivering the services have been deployed into the MLCO from April 2018. It gives an overview of the ongoing efforts to work together in partnership across the City and the work which is underway to improve the service offer to the people across Manchester.
- 1.2 Members also requested information on fuel poverty in Manchester and the latest Joint Strategic Needs Assessment topic report on this issue is attached as Appendix 1. Work is currently underway to update this topic report in light of the new strategies and organisational changes that have taken place over the last year. Of particular relevance is the establishment of the Manchester Local Care Organisation and the approval of the Manchester Population Health Plan.

2.0 Background

Manchester's Service for Independent Living (MSIL) continues to operate as a city wide service providing a coordinated, comprehensive and streamlined service to disabled and older people to maximise independence, choice, safety and quality of life. The aim is to offer equipment at the early stage of people needing support to reduce reliance on care services, reduce and slow down admissions to nursing and residential accommodation and reduce falls requiring hospital admissions. Where possible supporting people to remain independent in their own homes for as long as they are able and where necessary work with partners to help them to move to a new home which better meets their needs. The service offer is delivered to both children and adults from birth through to death and includes complex assessments for the provision of equipment and major adaptations, they also carry out assessments for priority for rehousing to an adapted or adaptable property, mobility assessments for Blue Badges, and the provision of equipment, minors and major adaptations.

Referrals are made via the Contact Centre or from the Primary Assessment Team (PAT) following a low level assessment. MSIL also accept referrals from Children's Services, Manchester Learning Disability teams and the Mental Health Trust for people who have not had an initial PAT assessment and from some of the Registered Providers in relation to assessments for Decent Homes works. Referrals from the Clinical Commissioning Groups (CCGs) for Community Equipment are received directly onto the on-line ordering system (ELMS). When ordering, referrers are able to select a delivery date and determine the priority of their order. Complex NHS referrals are sent via the Community Equipment Store's sponsored NHS e-mail account. Approximately 70% of all referrals received for Community Equipment are made by staff within community health teams.

The service is made up of 4 distinct areas (complex assessment including the mobility assessments for Blue Badges, minor adaptations, major adaptations, and community equipment) and there are currently 51 FTE staff within the service (not including Business Support). This includes managers, occupational therapists, unqualified assessment staff, technical officers, mechanical and electrical surveyors, joiners and electricians.

3.0 Current Performance of Equipment and Adaptations Services

3.1. Performance September 2017- August 2018

- Assessment – carried out 3,956 assessments of which 927 were for Moving and Handling
- Equipment delivery – 25,597 items of equipment delivered, with 99% delivered within 7 days
- Minor Adaptations (MSIL/owner occupiers /private tenants data only)

Standard Minor Adaptations – 3627 minor adaptations installed, with an average delivery time of 3 days (e.g. grab rails, additional stair handrails)

Standard Electrical Minor Adaptations - 1059 minor adaptations installed (e.g.: intercom; loop system) with an average delivery time of 6 days

- Major Adaptations – please see table below detailing the number of major adaptations installed for the period April 2017 – March 2018

Area	Disabled Facilities Grant Adaptations	
	MSIL	Registered Providers
North	226	42
Central	250	126
South	230	259
Total	706	427
Public Sector Adaptations		
	MSIL	Northwards
North	46	114
Central	3	
South	0	
Total	49	114

** The figure for Northwards includes a very small number of PFI properties which may fall in central area but they are not reported split by area.*

- 3.2 Registered Providers (RPs) and Northwards Housing Trust/PFIs are Continuing to deliver and fund minor adaptations (works costing up to £1,000) to their own properties.

Major Adaptations Performance

Registered Providers and Northwards are delivering their own major adaptations across their properties and are funding 40% of the cost of those adaptations in line with the delivery model which became operational from April 2016. This is with the exception of electrical major adaptations such as stairlifts, through floor lifts and track hoists which continue to be delivered by MSIL. The delivery arrangements are supported by a service level agreement which prescribes the performance measures and outcomes required and includes a new uniform citizen satisfaction survey.

From referral to completion of works, most adaptations with a value of less than £5,000 are being delivered within 7 months. Many are being delivered within 6 months, which is the prescribed target, however the average is distorted by the challenges presented to One Manchester, as our delivery partner in East and Central Manchester. The lead providers, (RPs), have worked hard to develop relationships with other social housing providers in order to gain consent to carry out works to their stock. 50% of the jobs of One Manchester are on behalf of other registered provider landlords. This has presented challenges and engagement in the process has sometimes been problematic, especially in terms of consent for the works. Higher value and more complex jobs, such as ground floor alterations, through floor lifts, and bedroom/bathroom extensions can take up to between 9 to 19 months, from referral to works completion.

Major Adaptations Refused in Favour of Rehousing

It is the policy of the City Council, and has been since 1993, that the Equipment and Adaptations Service will, in the main, meet identified needs through the provision of equipment or rehousing to a more suitable property.

The rationale for introduction of this policy was to ensure that efficient use is made of social housing stock that was already adapted and to avoid having to rip out costly adaptations when a property became empty and there was no one in the housing waiting list who needed them. The overriding issue for both the City Council and Housing Associations is to make the best use of their stock within the resources available to them in very challenging times. For those cases where major adaptations are refused in favour of rehousing, we do award very high priority on the rehousing waiting list to ensure an early offer of accommodation.

For the period Dec 2017 ~ August 2018, of the 1262 cases considered at Panel for the provision of major adaptations, 185 were refused in favour of rehousing (14.6%).

Unfortunately, not many people choose to take up the rehousing option and for the same period, only 3 people have made contact with the Adapted Housing Team to register for rehousing.

3.3 Customer Satisfaction

Customer satisfaction is relatively high, at over 95% on average. The only area of concern appears to relate to the amount of time it takes to carry out the work, where satisfaction is 91%. The recruitment of additional OTs, will shorten the time it takes to assess the need of a disabled person. Addressing the shortage of technical staff is more of a challenge, particularly to shorten the feasibility and delivery of works. The social housing providers, (One Manchester, Wythenshawe Community Housing and Southway Housing), have collectively proposed additional recruitment of technical staff, to support the service. This could potentially be funded by the social housing providers' voluntary contribution towards the cost of the works. A more detailed proposal is due to be considered by the MSIL board, in due course. If practicable, this would help to address some unnecessary delays to the 2nd and 3rd stage of adaptation delivery.

3.4 Discretionary Assistance

The new flexibility in the use of Disabled Facilities Grant have enabled MCC to assist 67 vulnerable individuals, to date, since the policy was approved by the Executive Committee in July 2017. This has included emergency heating grants and addressing other disrepair to reduce the negative impact on the health of an individual and improve their ability to remain safe and warm in their home. Works have been delivered by MCC's Home Improvement Agency, Care & Repair, as part of the existing combined Health and Local Authority commission. The Equipment and Adaptations Team, within MSIL, are also offering a wider, more holistic, approach to their assessment of need. So, for example, defective, or inadequate heating will be addressed alongside traditional adaptations, such as a level access shower or stair-lift. MSIL have also been supporting our colleagues within Homelessness by adapting 15 flats used for temporary accommodation to have accessible bathrooms. This is an on-going project as we hope to provide wheelchair accessible temporary accommodation in a number of flats and there are also further schemes shortlisted for adaptations. This has addressed a serious gap in homelessness temporary accommodation provision.

3.5 Contractor Performance

There are many contractors providing delivery of major adaptations. Upholland Property Services are the contractor for MSIL and provide all non-electrical major adaptations/non-standard minor adaptations to owner occupiers and private tenants and their performance has been more than satisfactory with

excellent feedback received from people receiving an adaptation. For electrical adaptations there is a framework in place for provision across all tenures and orders are placed with one of four contractors depending on what adaptation is required. Again, performance is more than satisfactory and feedback very positive. We have received at least one letter/email of thanks and praise every month for the service and contractors involved as well as positive feedback comments provided on the completed customer satisfaction surveys. For the RPs, One Manchester use Mack 4 Builders as their subcontractor. Mack 4 have a very positive social value statement and have a satisfaction rating at 100%. Southway Housing have an in-house delivery team, they also have a robust social value statement and their satisfaction levels are at 100%. Both Northwards and Wythenshawe Community Housing use the Procure Plus framework contract. Northwards jobs have almost 100% satisfaction, but Wythenshawe's fall slightly short with just over 91%, for the first quarter of 2018/19. This represents 4 adaptations out of a total of 50 delivered to date, this year. The remaining 46 all scoring a 100% satisfaction. Overall, almost 98% of people are happy with the finished work providing major adaptations across all tenures.

3.6 Tenants of Private Landlords

Demand from tenants of private landlords is and has always been significantly lower than from other tenure. This is because in general, tenants of private landlords tend to be under the age of 65 (two thirds of our customer base are over this age) and working. In addition, a Disabled Facilities Grant (DFG) cannot be awarded unless there is an intention to reside for the grant period which is 5 years, so people living in property with 6 months assured shorthold tenancies would generally not qualify. However, the number of cases refused a DFG for this reason is very, very low. In 2017~18, we received 21 assessments of needs for tenants of private landlords out of a total of 1215 assessments of need (1.7%).

4.0 Housing Options for Older People

4.1 The Housing Options for Older People service (HOOP) has now completed 3 years of operation in north Manchester. The service was established in 2015 as a point of professional support for health and social care staff who may have a customer where a housing issue was exacerbating a medical condition. The service aims to assist in giving timely, professional and practical housing options advice at the point of need. Based on the success of the service in north Manchester, funded by the MHSCC the service has recently expanded across the City and now has complementary roles in the central and south area. This service is currently funded by Registered Providers however discussions are ongoing to find a suitable longer term solution. HOOP officers in central and south Manchester are now spending a day a week in hospital working more closely with discharge teams where it may be difficult for a person to return to their own home. The service aims to deal with approx. 250 referrals a year per officer. A referral may simply need a conversation with a HOOP officer to give straight forward advice and assistance or may result in a significant intervention, including help to move to

a new home. This activity also helps people who may need support to step down from neighbourhood apartments; inappropriate care settings and those at risk from falls.

- 4.2 The cost of the service per year is £40k. The following data summarises the work that took place and the outcomes achieved over the period for April 2017 – March 2018, with some cumulative 3 years data as well.

There were 271 cases referred in 2017/18. A total now of 778 over 3 years. As numerous couples are referred the number of individuals assisted is approx. 850. Referrals continue to be from a wide range of health and social care professionals including Social Workers; PAT managers; AGE UK; Citizens Advice; Mental Health Colleagues; Macmillan ;GPs; Carers Forum; CASS and Self and Family referrals.

Although many people are referred into the service for a variety of reasons the main reason for this is recorded and shown in the table below:

Reason for approach	Number	Percentage
Health issues – need more suitable accommodation	162	60%
Planning for the future	48	18%
Move closer to family	28	10%
Safeguarding/homelessness	7	3%
Hospital discharge	19	7%
Family breakdown	3	1%
Other	4	1%
Total	271	100%

49 of the 162 (30%) of those needing more suitable accommodation did move within the year and 12 (63%) of the hospital discharge cases has also moved or were on offer at the end of the year in 2017/18.

- 4.3 Between April 2017 and Sept 2018, 81 people have been assisted to move home. This takes the total to 242 over the 3 years. The team’s work isn’t just about moving home but about making sure that decisions can also be made in the future at the right time for an individual and the figures are reflective of advice given and a mix of different cases and circumstances.
- 4.4 For people who moved home between April 2017 and March 2018 then their destination is as follows:

Property Type	Number	% of movers
Extra Care Housing	6	7.5%
Sheltered/Retirement housing	41	51%
Age restricted general needs	16	20%
Adapted general needs	1	1%
Residential Care	6	7.5%
General needs	10	12.5%
Private rented	1	1%
Total	81	100%

5.0 Reablement Activity and Progress

5.1 Reablement is delivered across the City by Manchester City Council staff, is an evidence based approach to maximise people's ability to return to their optimum, stable level of independence, with the lowest appropriate level of ongoing support. Its main aims are:

- Prevent non elective admissions and readmissions to hospital
- Prevent admission into institutional care because of deteriorating health and care needs
- Improve the quality of life of people using the service.

5.2 The current Reablement activity to date:-

Service	Metrics	Jun-18	Jul-18	Aug-18
Reablement Core	Number of people referred	243	249	268
	Number of people accepted	136	105	146
	Number of unmet demand	78	102	91
	Period of Reablement per person (average Reablement days per customer)	26	31	24

	Number of people leaving the service	127	143	131
	% of people who required no package of care at end of reablement	48%	52%	58%
	% of people who required a reduced package of care at the end of reablement	15%	14%	19%

5.3 The current challenges within the service are to recruit the number of Reablement Support Workers to the amount of roles required. Extensive recruitment activity has taken place ranging from:

- Jobs Fairs have taken place for Manchester citizens wanting a career in social care
- Twitter, blogging campaigns etc. have been used as part of the recruitment process
- Over 250 applications have been received
- Over 40 days of interviews have taken place across the City
- All new starters will receive a full induction programme over a 4 week period which is adapted to level of expertise per individual
- Rolling recruitment continues with dates set-up to October 2018
- Working with VCSE sector to in reach with other voluntary groups i.e. Big life, Back on Track to improve citizens looking for permanent employment
- Commissioned DWP, The Growth Company and Employee Suite to undertake recruitment drive and provide support with job seekers allowance

The above recruitment process fits with the Our Manchester approach and a key objective is to target unemployed Manchester people into paid work then to follow a career pathway into the health and social care profession.

6.0 **Physiotherapy Services**

6.1 In North Manchester people can access physiotherapy services in the community by various routes depending on need.

Routine Physiotherapy and Falls

Community physiotherapists in the community rehabilitation service offer assessment and rehabilitation to the residents of North Manchester in their own homes including care homes. This includes people with a variety of clinical conditions including musculo-skeletal, respiratory, general mobility and falls problems. The team provide strength and balance falls classes, OTAGO self-management programme and home therapy. The team are setting up clinics in neighbourhood locations to increase capacity for the semi-mobile, and provide a pro-active monthly drop in to care homes with the most fallers in

North Manchester the assessment time is 1-3 weeks depending on need for as long as is required.

There has been an increase in referrals from 963 in 2015/16 to 1106 between Feb – Aug 2018 (7 months) which is putting increasing pressure on the service and will increase the waiting times if the capacity within the service is not increased.

Musculoskeletal Physiotherapy

North Manchester Care Organisation offers clinic based musculoskeletal physiotherapy at North Manchester General and at Cornerstones Health Centre. The service aims to see the majority of people within 6 weeks of referral.

Specialist Rehabilitation

People who require specialist multidisciplinary community stroke or neurological rehabilitation which includes physiotherapy are seen by our specialist community stroke and community neuro team based at Charlestown Health Centre.

Assessment time

Stroke patients - Average 2 days post discharge
Neuro patients as per customer choice and need for ranges from 2 days – 3 weeks as per GM model but average is 6 days for all patients currently
Currently the best performing specialist rehabilitation service in GM

Urgent Rehabilitation: Manchester Community Response

The Crisis team are a multidisciplinary team including physiotherapists who will assess within 2 hours for those at risk of admission and pass on to other rehabilitation services mentioned for continued rehabilitation. The team have been piloting a traumatic urgent back pain pathway taking referrals from A&E, NWS and primary care. The Home pathway provides rehabilitation including physiotherapy for up to 6 weeks including Reablement support for those people leaving hospital or in the community to support discharge from hospital and prevent admission. They will assess within 24 hours and provided 7 days a week.

6.2 Central Manchester

Access to community physiotherapy is through the following routes depending on need;

Tier II Musculoskeletal Physiotherapy

Central Manchester Community Services offers Tier II clinic based musculoskeletal physiotherapy across the central locality. The service is the

only community run MSK Service within Manchester and aims to undertake a comprehensive assessment, diagnostics review and treatment within the community and sees the majority of people within 6 - 8 weeks of referral and triage.

Routine Physiotherapy & Falls

Physiotherapists offer assessment and rehabilitation to citizens in their own homes, and clinics across central Manchester. This includes people with a variety of clinical conditions including musculo-skeletal, respiratory, general mobility and falls problems. The team provide mobility assessments, balance and strength exercise programs, OTAGO self-management programme and home therapy for people who are house-bound. Referrals are accepted for people registered with a central Manchester GP and age 18+

Intermediate Care

Offers short term community rehabilitation either bed based or in the person's own home. Step up and step down model for community in patient rehab and physiotherapists work across bed bases and community settings. People seen on the home pathway can receive input for up to 6 weeks

Assessment time – ICT home pathway

Urgent assessments are seen within 48 hours of receipt.
Non urgent referrals 48-72 hours of receipt

Therapy provision for Intermediate care is currently provided Monday to Friday, 8.00- 4.30.

Under current development: Urgent Rehabilitation- Manchester Community Response

Investment has been received in central Manchester to develop the Manchester Community Response (MCR) model, initially piloted in North Manchester. This includes the concepts of Crisis Response, Discharge to Assess, Intermediate Care and Reablement. This model will operate over 7 days, extended hours. This model is now in the process of being rolled out in central Manchester but is not yet fully operational.

Under current development: Stroke & Neuro Outreach Rehabilitation

The development of a community based Stroke and Neuro Outreach Team is currently under development within central Manchester. The first stage in this process involves the transfer of the acute outreach team into Community Services. The work that has been undertaken within North Manchester demonstrates the significant patient benefit to a fully resources outreach team and a business case is currently being developed to increase the offer of these services across the central locality.

6.3 South Manchester

People can access physiotherapy in the community via a number of routes depending of need as follows:

Integrated Community Rehabilitation Service (ICRS)

In South Manchester community therapy services come under the Integrated Community Rehabilitation Service. This comprises community physiotherapy, community occupational therapy, ESD Stroke, Community Falls and Intermediate Care. Staff work flexibly across the services which increases resilience in times of high demand.

Routine Physiotherapy & Falls

Physiotherapists offer assessment and rehabilitation to residents in their own homes, including care homes. This includes people with a variety of clinical conditions including musculo-skeletal, respiratory, general mobility and falls problems. Referrals for people with neurological conditions are accepted although at present there is no provision for Specialist Neurological Rehabilitation. The team provide mobility assessments, balance and strength exercise programmes, OTAGO self-management programme and home therapy for people who are house-bound. Referrals are accepted for people registered with a south Manchester GP and age 18 +

Assessment time

1 – 5 weeks depending on need for as long as needed.

There has been an increase in referrals. In 2015/16 – 1925 compared to 2163 between 2017/18 (of which 737 where referrals for routine physiotherapy). New investment was received for community falls service and this team became fully operational in April 2018. This has led to a significant increase in referrals this year and is putting increasing pressure on the service. Waiting times are increasing and will continue to do so if the capacity within the service is not increased.

Early Supported Discharge Stroke

Referrals are received from acute hospitals only for stroke patients who meet the ESD criteria. Physiotherapy offered for up to 6 weeks based on clinical need.

Referrals accepted for people registered with a South Manchester and South Trafford GP.

Assessment time

Seen within 72 hours of receipt of referral.

Intermediate Care

Offers short term community rehabilitation either bed based or in the person's own home. Step up and step down model for community in patient rehab and physiotherapists work across bed bases and community settings. Average length of stay in the bed bases is around 31 days. People seen on the home pathway can receive input for up to 6 weeks

Assessment time – ICT home pathway

Urgent assessments are seen within 48 hours of receipt.

Non urgent referrals 48-72 hours of receipt

Therapy provision for Intermediate care is currently provided Monday to Friday, 8.00- 4.30.

Under current development: Urgent Rehabilitation- Manchester Community Response

Investment has been received in south Manchester to develop the Manchester Community Response (MCR) model, initially piloted in North Manchester. This includes the concepts of Crisis Response, Discharge to Assess, Intermediate Care and Reablement. This model will operate over 7 days, extended hours. This model is now in the process of being rolled out in South Manchester but is not yet fully operational. Intermediate Care is currently part of ICRS but as the MCR model is developed Intermediate Care will be integrated into that service.

7.0 Summary

There has been significant efforts to manage the change and progress over the last year to improve the services to people and progress has been made. There is still much more to do and further challenges to address. We will continue to work with stakeholders across the City to develop services in terms of quality; responsiveness and value for money.