

Health Scrutiny Committee

Minutes of the meeting held on 9 October 2018

Present:

Councillor Farrell – in the Chair

Councillors Battle, Clay, Curley, Holt, Lynch, Mary Monaghan, Reeves, Wills and Wilson

Councillor Craig, Executive Member for Adults, Health and Wellbeing

Professor Michael McCourt, Chief Executive, Manchester Local Care Organisation
Katy Calvin-Thomas, Director of Strategy & Deputy Chief Executive, Manchester Local Care Organisation

Julia Stephens Row, Independent Chair of Manchester Safeguarding Children and Adults Boards

Apologies: Councillor Paul

HSC/18/39 Minutes

The minutes of the Health Scrutiny Committee meeting of 4 September 2018 were submitted for approval. Councillor Lynch requested that her attendance be recorded.

Decision

To approve the minutes of the meeting held on 4 September 2018 as a correct record subject to the above amendment.

HSC/18/40 Support at home: Update on equipment, adaptations and reablement services

The Committee considered the report of the Executive Strategic Commissioning and Director of Adult Social Services that informed Members on the progress and development of a range of adult services to support people at home including the equipment and adaptations services, reablement services, physiotherapy services and housing options for older people. It included the progress made since the discussions at the last scrutiny meeting in December 2017.

Officers referred to the main points of the report which were:-

- Describing the background and description of the Manchester's Service for Independent Living (MSIL) and how this service is accessed;
- Current performance data on the Equipment and Adaptations Services in relation to both major and minor adaptations;
- Customer satisfaction performance was reported, currently recorded as 95%;
- Data on the performance of contractors;
- Information and data on the Housing Options for Older People service (HOOP);

- Reablement activity and progress, noting that reablement being defined as 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;
- The current challenges to the reablement service and the response to these;
- A description of different types of physiotherapy services across the city and the associated referral data; and
- The Joint Strategic Needs Assessment regarding Fuel Poverty, noting that Manchester contained the highest number and proportion of fuel poor households of any local authority within Greater Manchester.

Members discussed the issue of fuel poverty and asked what was being done to tackle this, especially as the funding streams designed to address this had ceased. Members noted that a lot of older housing stock in the city were poorly insulated and private landlords needed to take more responsibility to ensure that the properties that they were renting out were of a decent standard. Members asked what standards were applied to privately rented properties and could conditions be attached as part of the landlord licensing scheme.

A Member commented that improving fuel poverty would realise savings to the NHS and reduce carbon emissions. The Chair commented that consideration needed to be given to how this was evidenced so as to make the case for additional funding to support schemes to address fuel poverty.

Members noted the reported levels of customer satisfaction with the adaptations service, however asked what lessons were learnt from those residents who were not satisfied.

Members asked a question about the challenges presented to One Manchester, as the Council's delivery partner to deliver major adaptations in East and Central Manchester.

Members sought clarification regarding the recruitment of staff to deliver reablement services, noting that a recruitment exercise was underway. Members asked for an update on this exercise.

The Director of Population Health and Wellbeing acknowledged that a significant amount of funding that had previously been available to address fuel poverty had now ceased nationally. He said that the Local Care Organisation (LCO) would develop responses and interventions to tackle the wider determinants of health by using Social Prescribing.

The Programme Lead Health and Social Care Integration informed the Committee that the delivery of services had now been transferred to the LCO. She said this was a positive development presenting an opportunity to build strong relationships between health professionals and establish joint working practices that would ultimately benefit the citizens of Manchester. She further described that funding had been secured to recruit an additional 62 reablement workers and 8 occupational therapists that would help improve referral rates and address the issues of capacity.

In response to the comments raised regarding those cases that were not satisfied with the service, the Programme Lead Health and Social Care Integration said that a complaint would always be fully investigated and responded to appropriately. She said that any lessons learnt would also be reviewed. She further clarified that a Minor Adaptation was classified as costing under £1000 and Major Adaptions as works costing above £1000, and this definition is prescribed nationally. She explained that Major works could sometimes take longer to deliver due to the complexity of each individual job.

The Programme Lead Health and Social Care Integration advised that for those cases where major adaptions were refused in favour of rehousing those decisions were reached following consideration by a Panel in full compliance with agreed Council Policy. She said that for those individuals/families affected social workers would intervene to support any vulnerable people and alternative sources of support would be accessed.

The Executive Member for Adults, Health and Wellbeing reported that a review of this policy would be undertaken and that she welcomed the views of Members on this issue.

The Head of Housing said that he acknowledged the comments made by Members in relation to the poor condition of properties in the Private Rented Sector. He informed the Committee that a strategy to look at this and other issues within the Private Rented Sector would be developed. He said that currently there was no funding to address fuel poverty, however there were limited grants and loans available that people could apply for. He commented that when a previous Right to Buy property became available to purchase the local Registered Provider would seek to buy back the property. He advised that he would refer the comments regarding property conditions contributing to fuel poverty being attached to licensing conditions to the appropriate team for consideration.

The Executive Member for Adults, Health and Wellbeing advised that standards within the Private Rented Sector was an issue that contributed to the health and wellbeing of residents. She said more needed to be done to ensure that those landlords who were making a profit from renting homes should be made more responsible and accountable for the condition of their properties.

The Housing Programme Manager said that Registered Housing Providers had agreed to contribute 40% of costs associated with adaptions. He explained that 50% of the adaptions delivered by One Manchester were to other Registered Housing Providers in the city. He said that challenges arose as they had to coordinate this activity with a number of different providers who had their own agreements and systems for approving works, however the system was working well with good relationships and cooperation established between housing providers.

Decision

The Committee notes the report.

HSC/18/41 Manchester Local Care Organisation

The Committee considered the report of the Chief Executive, Manchester Local Care Organisation (MLCO). The report was provided as an update to the report that had been considered by the Committee at their 19 June 2018 meeting (See minute ref: HSC/18/25.)

The Chief Executive, (MLCO) referred to the main points of the report which were:-

- Background on the development and establishment of MLCO through the signing of the Partnering Agreement;
- The long term vision of MLCO;
- Update on Neighbourhood working; and,
- Update on progress against MLCO priorities including New Care Models and MLCO work to support system resilience.

In addition to the report the Committee were shown a short video presentation that articulated the above.

Members asked how they as local elected representatives could engage with their respective Neighbourhood Team and if they would be consulted on the design on the 12 bespoke Neighbourhood Plans.

Members further enquired about the recruitment of the Neighbourhood Team Leaders and what backgrounds they would be drawn from and discussed the wider issue of recruitment and retention of staff, in particular reference to GPs and Social Workers.

Members sought an explanation as why the referral rates for the High Impact Primary Care programme were lower than had been expected and what was being done to address this.

A Member commented that whilst he fully supported the ambitions of the MLCO he asked the Chief Executive, (MLCO) how confident was he that the ambitions would be realised.

The Chief Executive, (MLCO) said that the role of Councillors, with their local knowledge and experience will be invaluable to the success of Neighbourhood Teams and he acknowledged the comment made regarding arranging engagement events with local teams for Members.

The Executive Member for Adults, Health and Wellbeing said that the Neighbourhood Team Leaders would be the main contact for Members in their wards and that the draft Neighbourhood Plans would be shared with Members so they could contribute and comment so Members were fully engaged with the shaping of these plans.

The Chief Executive, (MLCO) said that the recruitment of the Neighbourhood Team Leaders should be completed by the end of December and they would be drawn from a range of backgrounds with the correct skills set and that a briefing note would be provided to Members regarding the recruitment process to date. He also said that he

recognised the comments made regarding the recruitment and retention of GPs and Social Workers and said that the (MLCO) represented a new and exciting new model of working and delivering services that would become more attractive to staff.

The Director of Strategy and Deputy Chief Executive, (MLCO) informed the Committee that the High Impact Primary Care programme needed to increase the number of referrals and work was currently ongoing to review this programme, identify barriers and implement solutions with commissioners. She explained that one reason could be that it was a new scheme and work to address the culture amongst GPs needed to be addressed.

The Chief Executive, (MLCO) said that whilst it was a complex challenge he was confident that the ambitions of the MLCO would be realised. He advised that this was the first year of a ten year journey and the MLCO was a great foundation on which to progress. He explained that there was a genuine enthusiasm across all of the work force, recognising the benefits that could be achieved by co-locating staff into multidisciplinary teams under a single leadership to improve the health outcomes of Manchester citizens.

He described that previously Manchester health services had different providers and different commissioners and the MLCO would address the issue of variation of service across the city and deliver a standardised service. He informed Members that improvements had already been realised, making reference to improvements in the number of patients safely discharged from hospital. He described that working effectively, including the use of assistive technology in the future would also help achieve financial savings by reducing demand and made reference to similar models in New York and New Zealand where this had been implemented. He suggested that when future update reports were submitted to the Committee that they were thematic to describe how services were delivered.

The Executive Member for Adults, Health and Wellbeing said that the MLCO was a ten year project that demonstrated a commitment to deliver public services by the public sector.

Decision

The Committee notes the report.

HSC/18/42 Annual Report of Manchester Safeguarding Adults Board April 2017 – March 2018

The Committee considered the report of the Executive Strategic Commissioning and Director of Adult Social Services and the Independent Chair of Manchester Safeguarding Adults Board. This document reported on the work of the partnership and presented the Committee with the annual report.

The Independent Chair of Manchester Safeguarding Adults Board introduced the report.

Members asked what was being done to address the issue of modern day slavery, noting that Council had passed a motion at their July meeting supporting the Charter against modern slavery.

Members sought an assurance that the Serious Incident Review subgroups were fit for purpose.

Members commented that in a time of austerity and cuts to public service funding it was important that safeguarding was maintained.

The Independent Chair of Manchester Safeguarding Adults Board said that Modern Day Slavery was recognised by the Board as a serious safeguarding issue both for adults and children. She said awareness of this was raised amongst front line staff, community groups and the Voluntary and Community Sector and each partner had been tasked with embedding this in their culture and reporting.

In regard to the Learning from Reviews Subgroup the Independent Chair of Manchester Safeguarding Adults Board said that a new Chair had been appointed, clarity as to action plans sought and received and improvements are being made and the group is working much better.

In response to the impact of new safeguarding arrangements for children the Independent Chair of Manchester Safeguarding Adults Board advised that a future, interim report could be submitted to the Committee in the new financial year, however an assurance had been obtained from partners that safeguarding would be maintained and the Board would continue to monitor this.

In response to specific questions regarding the Multi Agency Safeguarding Hub (MASH) and safeguarding referrals to Adult Care the Independent Chair of Manchester Safeguarding Adults Board suggested that the Committee may wish to request a specific report on their activities for consideration from the Director of Adult Care.

Decisions

The Committee:

1. Notes the publication of the Manchester Safeguarding Adults Board (MSAB) annual report 2017/2018; and
2. Supports the promotion of the importance of adult safeguarding across all the partners and in the services they commission ensuring that safeguarding is at the heart of services going forward.

HSC/18/43 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.

A Member commented that the entry on the list of Care Quality Commission inspection report for Enterprise Care Group Ltd published 15 September 2018 was an overall rating of Requires Improvement and not Inadequate.

Decision

To note the report and approve the work programme.