

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 8 January 2019

**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. In October, the Executive also published its collective political priorities and those of individual Executive Members, all of which are aligned to the Our Manchester Strategy.

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 second 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;
- Learning Disabilities;
- 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

## **3.0 Progress and action update in the last 6 months**

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 visited staff and front line teams, taken 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 take this opportunity to thank all of our staff across health and adults services for the valuable jobs they do.

## 4.0 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. In 2010 the Council spent £188m on Adult Social Care, and in 2018 this figure is £192m, using a crude indication of inflation alone (before adding additional demographic growth and funding) the 2010 budget would have risen to over £240m. This is why the Council took the decision in 2017 to invest £35m over 3 years in the adult's budget.

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 and this will have significant political and senior oversight.

I am absolutely clear, adult's services are a core statutory and moral function of our role as a council, and people of Manchester should be entitled to high quality services, designed with them in mind, when they need them.

The 2018 Manifesto committed the following pledges, and these are covered in more detail in this report.

- 1. Real Living Wage for Homecare Workers: Delivered**
- 2. Employ more people to support vulnerable residents with the 1.5% increase in Council Tax: Delivered**
- 3. Start work on 200 Extra Care Homes: On track**
- 4. Invest and improve mental services: On track**

## 5.0 People

In the last 6 months we have seen the departure of Dr Carolyn Kus, the Strategic Commissioner for Health and Social Care. Bernie Enright our Director of Adult Services in the Local Care Organisation has been acting up as the Statutory Director of Adult Services with support from Craig Harris and MHCC colleagues. When Elected Members raise concerns, questions and casework Bernadette is the point of contact. We will be recruiting a replacement to the Strategic Director of Commissioning to focus on MHCC's relationship with the LCO.

Within the Local Care Organisation we have now strengthened the Senior Adults Management team, and welcome Paul Covell (Assistant Director for Integration/ PSU), Tracy Cullen (AD for Complex Lives), and after Christmas will welcome our new AD for Front Door/ hospital services, to sit alongside Karen Crier (Strategic Lead for Provider i.e. In-house Services).

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. The directorate does a lot

of work around engagement through traditional 'you said, we did' work but also through the likes of the Activators programmes and a regular programme of engagement. The Council does the Bheard survey annually and this year we have seen a massive boost in number of responses and positivity of responses from Adults Services- making us the second highest rated area of the Council. Thank you to all our staff.

## **6.0 Our Healthier Manchester Plan**

Good progress has been made on the integration of Health and Social Care and the following two pillars of the Locality Plan are particularly relevant to this agenda. Scrutiny will be familiar with the developments in line with the Locality Plan.

I have arranged 12 Neighbourhood briefings for elected members, led by the LCO and supported by commissioners to discuss what will be happening in their local area and what joint priorities look like.

### **6.1 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.

From April 2018 we have a pooled budget in place, which I have been leading on bringing the principle of this in to practice and meet frequently with officers around specific work areas. We are actively looking at how MHCC can help grow the LCO as part of a piece of work called Phase 2 where we try and break down unnecessary arbitrary NHS boundaries and make sure that the LCO has the right resources to take on new responsibilities and improve lives.

## **7.0 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 1<sup>st</sup> April 2018. Over the next 12 months we will see a phasing of our council staff moving in to the LCO (they remain employees of the council and keep their terms and conditions etc.). 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. We have seconded expertise from the VCSE into the LCO to help shape more engagement of communities and the VCSE sector in neighbourhood working.

## 7.1 Neighbourhood Teams and Working:

The key mission of the LCO is the integration of health and care services into 12 integrated Neighbourhood Teams. This is an enormous programme of change which impacts on front line staff in the council and we have made a strategic decision to do this over a longer period to ensure that staff are properly prepared.

The Neighbourhoods are led by Neighbourhood Team Managers, and a 'quintet' of professional leadership; a lead GP, lead Social Worker, Lead nurse and Lead Mental health worker. Recruitment to the Neighbourhood roles have been slower than I anticipated, but almost all of the Manager posts have been recruited, the 12 Lead GPs are in place and we are finalising the Lead Social worker posts.

There is a clear engagement timeline for elected members:

- January: I will email Councillors about the plans for Neighbourhood teams go-live dates (these are staggered for service sustainability)
- Early Feb: Drop in sessions for Cllrs to discuss neighbourhood teams/ LCO/ Process (this is aimed at elected members who perhaps don't have Health Scrutiny knowledge or are newer members)
- Throughout Feb/ early March: Wards will receive briefing packs on the health and care issues in their wards, will meet with Neighbourhood Managers/ Teams and will be involved in how the Neighbourhood health plans will be shaped.

## 7.2 Pledge: Employ more people to support vulnerable people in their homes using the 1.5% council tax increase for ASC:

The **reablement** service 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 is being expanded with additional funding for over 70 new staff.

Recruitment: 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. Learnings from this include that while this is absolutely the right thing to do, it does take longer and that more time needs to be built in to the process to allow this.

Success: Our new staff have supported almost 1000 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. To date the scheme is going well and we continue to expand.

**8.0 Pledge: Extra Care** is a key part of the housing and social care support offering of the city, with over 550 units to be built by 2020. After some problems with national funding, the programme is back up and running, with the aim of starting work on up to 200 units this year.

On top of the 7 existing schemes such as the flagship Wythenshawe Village 135 schemes, we are building over 400 extra-care homes for older people by 2021. We are on site for a number of these schemes with a target for over 200 social rent units to be finished by 2021. Work is already commencing on site for a number of these programmes.

We recently announced that subject to planning permission the LGBT Extra Care Scheme would be happening in Whalley Range. This ground-breaking scheme has received positive attention from across the country.

## **9.0 Learning Disabilities and Autism**

I am Chair of the Learning Disability Partnership Board which is led by input of adults with learning disabilities and supported by partners. 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. Manchester is leading on two pieces of work as part of our 100 Day Challenge initiative. The first is Homes for People; where we are expanding the Shared Lives Scheme and building 70 new homes for people with learning disabilities across the city.

Cllr Joanna Midgely as my Assistant Executive Member, deputises for me at the Partnership Board when necessary and is overseeing a piece of work on the transition for young people with learning disabilities about which we brought an introductory piece to Scrutiny last month.

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. Cllr Midgely will be chairing a working group on this and it will complement the recent GM Autism Strategy which is currently being developed.

A special mention should go to the Hall Lane Day Services who have recently installed solar panelling to the site, making it the first Daytime Support Hub to take all its external energy requirement away from the national grid. This has been made possible by the funding received from the Quality Action Group following a successful application for funding from the Airport Trust.

**Equipment, adaptations and Blue Badge Team:** Recruitment of the additional 6 occupational therapists and 2 blue badge assessors with estimated start dates of early February will increase the number of assessments completed each month and will also help to reduce the waiting times for complex assessments and Blue Badge Assessments.

## **10.0 Home care and Residential Care Improvements**

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 18 months has been to look specifically at how we deliver homecare in the city.

**10.1 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. I brought the transformation of Homecare to Scrutiny in the Autumn, and this has been a length piece of work.

Since then the procurement process has been underway and the results are proving positive. We chose to commission on a model of 50% Quality, 30% Social Value and 20% Cost. Commissioners are currently undergoing the due diligence process and there is a clear process in place for engaging and working with providers and citizens from January onwards. A note to members will be sent mid-January, with drop in sessions in early February about the implications of any changes so that Councillors are equipped to reassure any concerns residents might have.

There will be a proper mobilisation team with a Senior Responsible Officer in place to oversee the new process throughout the Spring and Summer. This is an area of complexity and risk, but to do nothing and simply allow the old model to continue does a disservice to the citizens of Manchester and the staff working in this industry.

**10.2 Residential and nursing care** remains under pressure, and in the way we approached homecare from an evidence based way- we are turning out attentions to this sector with a proper review. 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.

## **11.0 Improving Mental Health Services and Prevention of Mental Illness**

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. A report was recently received at health scrutiny.

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. This will see an investment of £800,000 for services that support people with mental health difficulties and local wellbeing groups. Following the ongoing issues being raised with scrutiny, issues were resolved and there have been no reported issues since. Construction work is still ongoing on the building but in the mean-time existing services and groups are

operating out of the Harpurhey Neighbourhood Project (with necessary rental being paid to HNP, helping with their sustainability).

There has been a specific piece of work to review of the transition between young peoples and adults services for mental health, with a number of recommendations that are being implemented.

I referenced at the last meeting that a large piece of work around Children and Young people's mental health services is ongoing, and was reported to Health Scrutiny Committee.

## **12.0 Population Health and Prevention of ill-health**

The Population Health and Wellbeing Directorate at Manchester Health and Care Commissioning (MHCC) have led the co-production of the Manchester Population Health Plan with a wide range of stakeholders. 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.

**12.1 The Be Well Social Prescribing Service** is now fully operational across the city with the south and central service commencing in November 2018. The 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. Following a referral from their GP, people will be offered one to one support tailored to their needs. The service is an integral part of the Prevention Programme, delivered through the Manchester Local Care Organisation and has a strong neighbourhood focus.

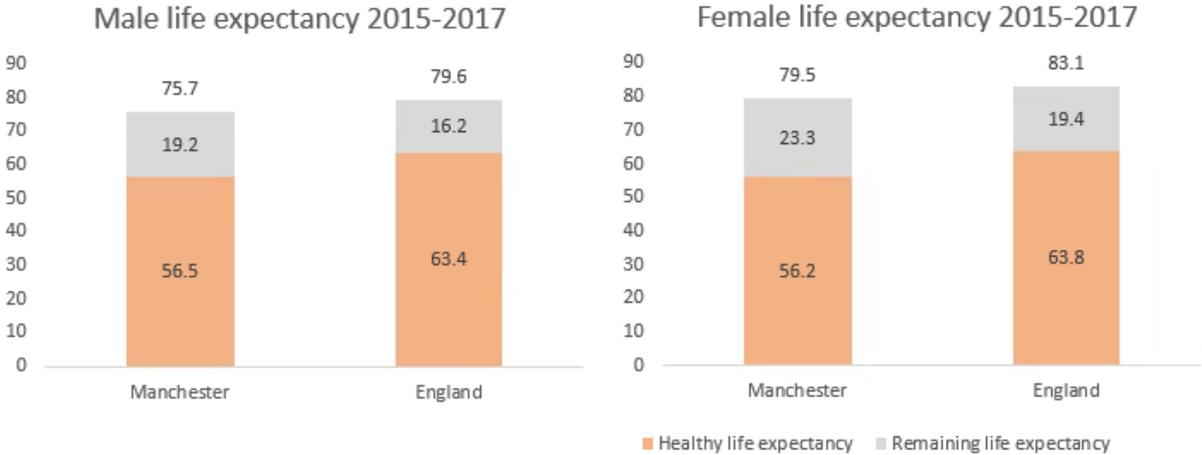
**12.2 Winning Hearts and Minds** is a programme of work to improve heart and mental health outcomes in the city, with an initial focus in north Manchester. In this part of the city, the rate of early deaths from heart disease is 96.2 deaths per 100,000 people compared to the England rate of only 40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

**12.3 Smoking Services** I have recently raised concerns 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. Funding has recently been approved for additional services, and I will bring a fuller update on this.

## **12.4 Achieving successful outcomes**

One of the main aims of the Population Health Plan is to increase the proportion of life years spent in good health. This measure is known as Healthy Life Expectancy. Manchester is well below the national average for both life expectancy

and health life expectancy. The latest figures released in December 2018, show a welcome increase in Healthy Life Expectancy for both Males and Females in Manchester, from 54.3 and 54.6 years respectively in 2014-2016 to 56.5 and 56.2 years in 2015-2017. This is a statistically significant increase of 2.2 years for Males and an increase of 1.6 years for Females, compared to an increase of 0.1 for Males and a decrease of 0.1 for Females in England. Although Healthy Life Expectancy in England is still higher, with a figure of 63.4 years for men and 63.8 years for women, the gap with England has been narrowed and this will really contribute to our efforts to reduce health inequalities (see graph below).



There is still an awful lot of work to be done, but Manchester is moving in the right direction and we need to make sure that despite ongoing government cuts, we focus on prevention and wellbeing.

**12.5 Sexual Health** Sexual health services in Manchester are under increasing pressure from a growing population and rising demand. I recently visited the leadership team of Northern Sexual Health Services at the Hathersage Centre in Central Manchester. We discussed a number of important issues, including some of the work they are doing to reduce queuing times for drop in services by allowing some advance bookings.

The issue of PrEP (a treatment aimed at preventing the contraction of HIV) has come up a number of times. As it stands the Government and NHS England are preventing wider access due to its restrictions around extended trials. The evidence base is now robust in terms of its clinical effectiveness (and cost effectiveness) and many, including myself see the current approach as simply the Government rationing health care access - which is unacceptable.

In the new year I will be working more on this, bringing together clinicians, the VCSE and politicians to discuss what more can be done. Manchester has signed up to be a Fast Track City to eradicate the new infections of HIV, and this is an important component of our success.

### **13.0 Unwaged Carers**

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. This will require significant investment of over £1million over 3 years. Since the report was brought in the Autumn we have been looking at getting the additional funded needed. This is an exciting development and can report we are now in an optimistic position and I will report back in detail to scrutiny in the Spring.

### **14.0 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. In December we had the first quarterly 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: Learning Disabilities; Autism; Population Health; Stopping Smoking and Acute Hospital Services. On the point of Acute Services I will be organising a briefing for elected Members with Jon Rouse and the Team at the GM Health and Social Care Partnership.

### **15.0 Asylum Seekers and Refugees**

This is an addition to my portfolio since late May 2018.

Initially I organised a round table of senior council officers to pull together a coherent approach to asylum seekers and refugees in the city which currently sits across a number of service areas in the council to develop a plan. I have also been out to visit a large number of excellent organisations who work with refugees and asylum seekers in the city, and am moved by the great work they do, often in difficult circumstances.

Politically I am not afraid to re-state that asylum seekers leave their homes and countries of origin due to often horrific circumstances and fear for their safety, often embarking on perilous journeys to reach a place of safety. The UK should be that, and the current Government outsourcing of support and housing, alongside the climate of hostility they create. In Manchester of a population of over 550,000 we have just over 1,000 asylum seekers in our city who the Government are failing, but our city tries it's best to support.

Health: Working with MHCC officers there is a piece of work to improve access to GP's and we are looking at creating new model focusing on 'inclusion health' potentially in areas where we know there are asylum seekers and refugees living. There is a lot of additional detail to this work I'm happy to discuss and it shows a new model of working with primary care and local services. This is an approach that also includes other vulnerable groups like homeless people and sex workers, and there is lots of good practice in the city.

## 16.0 Ongoing commitments

**Multi-Agency Adults Safeguarding Board:** I regularly attend the Manchester Safeguarding Adults Board last week and meet regularly with our Independent Chair Julia Stephens-Row. Nationally there are changes to how Children's Board work so we are reviewing our current structures to make sure they are in line with Children's developments and ensure that we have the most effective model to keep adults safe.

I continue to attend **Our Manchester Listening in Action Events** with staff, continue to be very impressed by the contributions and commitment of our staff.

**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.

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