
**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 25 June 2015

Subject: One Team – Place Based Care

Report of: Ed Dyson, Assistant Chief Officer, Central Manchester CCG,
Hazel Summers, Interim Strategic Director of Families, Health
and Wellbeing, Manchester City Council

Summary

Living Longer, Living Better (LLLb) is the City's strategy for community based care. This programme is led by the Citywide Leadership Group (CWLg). The 'One Team – Place Based Care' design is the model for service delivery of the LLLb strategy.

The Health and Wellbeing Board has approved the commissioning design for this model.

Recommendations

Health Scrutiny Committee is asked to:

- Note the attached 'One Team – Place Based Care' design document.
 - Note the invitation made to providers to respond to this design.
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Wards Affected: All

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Manchester Health and Wellbeing Strategy

Living Longer, Living Better strategy

Health and Wellbeing Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	One Team looks at care delivered in the community to the full population. Its outcome focuses on younger people links to the Early Years' model.
Educating, informing and involving the community in improving their own health and wellbeing	There is strong focus upon self care within the design as well as a stronger connection to communities.
Moving more health provision into the community	The key aim of the One Team design is to shift care to the community and the strengthening how community teams work.
Providing the best treatment we can to people in the right place at the right time	
Improving people's mental health and wellbeing	Community based mental health services are an integral part of the One Team model and seek to fully connect physical and mental health.
Bringing people into employment and leading productive lives	The model links delivery of health and social care to wider determinants of health such as employment, housing and education.
Enabling older people to keep well and live independently in their community	Closer multidisciplinary working between health and social care professionals which will benefit people with multiple health and social care needs.

1.0 Introduction

- 1.1 The Health and Wellbeing Board agreed the Living Longer, Living Better (LLLB) strategy to transform community based care in Manchester. The Citywide Leadership Group (CWLG) has been progressing this vision on behalf of the Board.
- 1.2 The Board supported an initial paper which described the One Team – Place Based Care approach for community based care as the means of delivery of the LLLB strategy.
- 1.3 Manchester City Council and the three Manchester CCGs, as commissioners of health and social care in the City, undertook to develop a design of how community based care would look by 2020 and the high level outcome measures we sought for the population.
- 1.4 The attached design document is a shared commissioning specification for community based care. This paper seeks approval of this by the Health and Wellbeing Board.

2.0 One Team – Place Based Care. The vision for community based care

- 2.1 The LLLB strategy seeks to “radically transform Manchester’s community care system by 2020 - supporting people to live longer, healthier lives”¹. The key strategic aims are:-
 - Empowering people
 - Improving service standards
 - Improving health and wellbeing outcomes
 - Financial sustainability
- 2.2 One Team – Place Based Care is the high level design for all services delivered in the community. This design should be in place by 2020 and fulfil the LLLB strategy. The design seeks to shift the focus of care from:-
 - Organisation to place
 - Disease to person
 - Service to system
 - Reactive to proactive care
 - An unaffordable system to progressive upstream investment

3.0 One Team – Place Based Care. The commissioning design

- 3.1 The design document has been written as a shared specification which Manchester City Council, North, Central and South Manchester CCGs will commission.

¹ LLLB Strategic Plan

Service model

- 3.2 The service model focuses upon people who deliver care, working as One Team, with a focus upon the place they serve and working to a shared set of goals.
- 3.3 It seeks a closer connection of the team to the communities they serve in terms of the makeup of the local community, understanding their health and care needs and working with local people and local assets.
- 3.4 It seeks to draw together the skills and resources within our system to provide high quality coordinated care for our population.
- 3.5 It seeks to shift care upstream to reduce the level of ill health within our population. This will enable a resource shift from hospital based services to take place.
- 3.6 It takes the learning from recent service redesigns and applies it to all care delivered out of hospital.

Local teams

- 3.7 The model proposes that twelve place based teams are established within Manchester. All services delivered in the community will be considered as part of this 'One Team' approach and all professionals will be part of that team.
- 3.8 This will bring together primary care, social care, community health services and community based mental health services. There will be stronger links to non-statutory services and unpaid carers.
- 3.9 These teams will be able to form strong working relationships, connect with their communities and provide the best care to their population.
- 3.10 Some services will not practically be delivered at a local level and will need to work at larger scale i.e. CCG or City level. However, this should be by exception.

Outcomes

- 3.11 Teams will work to a common set of outcome measures. Because the design includes all community based care and working with partnerships of providers it is possible to shift to outcome measures rather than more traditional output or process measures.
- 3.12 The outcomes are structured around five domains.
 - Population outcomes which are structured around the life course; from early years, adults of working age, older people and care at the end of life. It also includes standards of quality and safety specific to integrated working.

- Wider determinants of health such as the economy, employment, housing and education are important because of their contribution to population health and wellbeing. Teams can achieve improvements to population outcomes by contributing to these determinants.
- It is important that there is a focus on the person. This domain's measures have been developed through public engagement and described what people would want to say about their local services. It also has measures describing what residents can do to contribute towards their own health.
- There is strong evidence that shows effective team work, support and motivation supports high quality, safety and outcomes. Integrated care models elsewhere have been shown to succeed through effective team working and investment in skills as part of implementation.
- If teams keep people well, living in their community, this will reduce the need for reactive acute care and long term care packages. This resource shift is what will enable sustained increases in resource in the community. It will also contribute toward a sustainable health and care system overall.

Engagement

- 3.13 There is further engagement to do regarding the One Team model and this will take place over the summer and beyond. To date engagement has included:-
- Public engagement focussed upon the outcome domain for 'person'.
 - Presentations to CCG Public and Patient Advisory Groups.
 - A large stakeholder event for key health and social care providers and voluntary sector organisations.
 - Presentations by CCGs to GP locality/patch meetings (currently aligned to the 12 team areas).
 - A jointly hosted event by the three CCGs and Manchester Local Medical Committee for General Practice.
 - A seminar for commissioners from the three CCGs and Manchester City Council.
- 3.14 Engagement has demonstrated widespread support and enthusiasm towards implementing this model for community based care.
- 3.15 Primary care is key to the design and implementation phases and CCG GP clinical leads have been involved in developing the specification. It is important that general practice continues to have involvement in the design and implementation phases (see section 4.0). The CCGs have funded GP clinical lead roles, who will work with all practices and contribute towards the design and implementation process with other provider organisations.

4.0 Planning for implementation

The invitation to providers

- 4.1 Commissioners have asked providers to make a collective response to the specification. Providers were invited to respond collectively to say how they would:-

- Develop a more detailed design and implementation plan to demonstrate how they would put in place the One Team model and achieve the outcome measures. The first phase of implementation should be primary medical care, adult social care, adult community health services and community mental health services.
- Describe how they would organise themselves collectively to deliver the change.

4.2 Providers have undertaken to make this response and produce a paper to the Health and Wellbeing Board's July meeting.

Commissioning

4.3 A project team is being established with staff drawn from the three CCGs and Manchester City Council to undertake the more operational commissioning activities relating to the One Team model. It is envisaged that provider proposals can be used to develop revised contracts and performance frameworks from April 2016.

5.0 Recommendations

5.1 Health Scrutiny Committee is asked to:-

- Note the attached 'One Team – Place Based Care' design document.
- Note the invitation made to providers to respond to this design.