
**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 21 July 2016

Subject: Manchester’s Locality Plan – One Team care model

Report of: Gill Heaton, Deputy Chief Executive, Central Manchester University Hospitals NHS Foundation Trust (CMFT)

Summary

The Local Care Organisation will be a key part of Manchester’s health and care economy system architecture. It will hold neighbourhood teams to account for performance and delivery through new One Team models of care. To date, the One Team model of care has focussed on the integration of adult social care and community / district nursing. The further development of the One Team models of care will involve a wider group of professionals and focus on population cohorts who constitute high and rising risk patients and citizens.

Recommendations

The Health Scrutiny Committee is asked to:

- consider and comment on the progress made to date around the development of a Local Care Organisation and associated models of care;
 - consider and comment on the One Team care model development, in particular the priority population cohorts identified; and
 - note the high level milestones that have been identified for the development of the Local Care Organisation and associated models of care.
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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.

None

1.0 Introduction

- 1.1 The purpose of this report is to update the Health Scrutiny Committee on the progress to date in the developing a Local Care Organisation and the One Team model of care.

2.0 Background

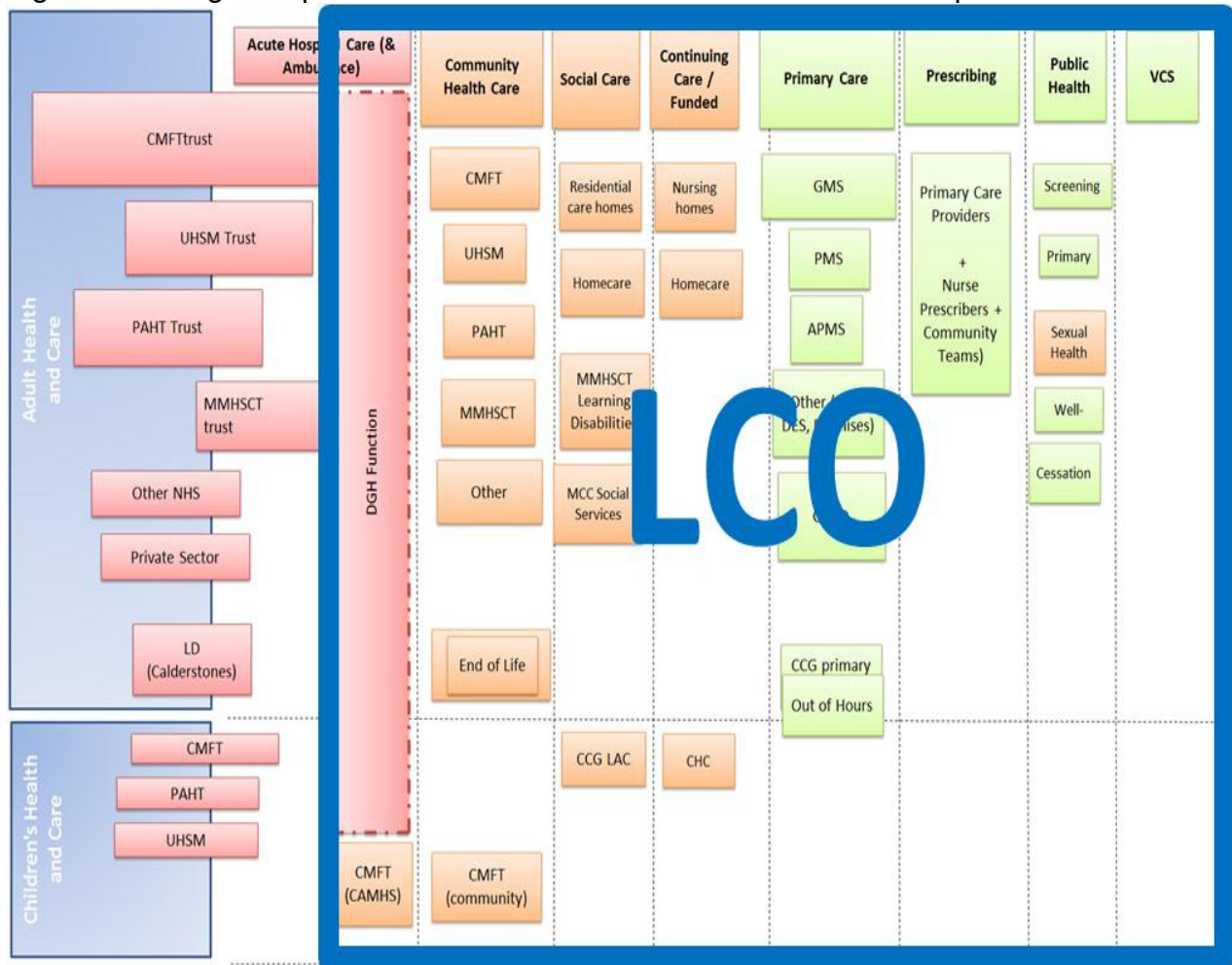
- 2.1 The Local Care Organisation is a continuation of the Living Longer, Living Better strategy. It will act as a key part of Manchester's health and care economy system architecture to enable the delivery of care in lower acuity settings and closer to people's homes. There will be a single Local Care Organisation for Manchester which will hold a single contract for out of hospital care. It will hold neighbourhood teams to account for performance and delivery through new One Team models of care.
- 2.2 The neighbourhood teams will serve local populations of between thirty and fifty thousand based on electoral wards, building upon the One Team models of care to:
- increase the quality and efficiency of delivery;
 - reorganise services to facilitate more community and home based care; and
 - reduce dependency on higher acuity care settings where appropriate.
- GPs will be central to coordination and delivery of care at a neighbourhood level.
- 2.3 The development of the Local Care Organisation, and the associated One Team models of care, are both commentary and integral to the development of the Single Hospital System.
- 2.4 The intention is to establish a Local Care Organisation which is capable of holding a single contract with commissioners for out of hospital care from April 2017. By September 2016 a Transformation Fund bid will be produced to support with the implementation of the Local Care Organisation and associated One Team models of care.

3.0 Progress to Date

- 3.1 There are broadly four key pieces of work that are required in order to be in a position to submit a proposal to the Transformation Fund in September 2016. These are:
- scope of the Local Care Organisation (3.2)
 - One Team care model development (3.3 to 3.6)
 - Local Care Organisational architecture (3.7 to 3.9)
 - business case development (3.10)
- 3.2 **Scope of the Local Care Organisation** - Figure 1 below illustrates the range of commissioned services that will sit within a single contract for out of hospital care. Joint working between commissioners and providers is taking place to quantify income and activity for each of the commissioned services below over the next five years. This will enable the development of a long term financial

model for the Local Care Organisation and an articulation of the scale of the transformational change required.

Figure 1 – budget map to illustrate commissioned services within scope of LCO



3.3 **One Team care model development** – To date the focus of the One Team model of care work has focussed exclusively on the integration of adult social care and community district nursing, including Social Care staff, District Nursing, Active Case Managers, Reablement, Intermediate Care and Primary Assessment Teams. This integration has begun in July 2016 and will be complete by March 2017 and result in integrated teams being managed by health professionals.

3.4 As a result of the creation of these integrated teams as the first step of the One Team care model the following core offer will be available to all citizens:

- Single Trusted Assessment;
- Person-Centred Approach, focusing on what each individual wants to achieve;
- Dedicated Lead Practitioner;
- Multi-specialty decision making via MDTs/huddles;
- Single Care Record – risks and decisions;
- Proactive Identification; and
- Auditable trail of patient referrals, case management and escalation .

- 3.5 As illustrated by figure 1 the scope of services that will sit within a Local Care Organisation is much broader than the focus of the One Team model of care work to date. Work has begun to build upon the establishment of the neighbourhood teams, specifically the integration of the adult social care and community district nursing. This will be a primary care led piece of work involving a wider range of stakeholders.
- 3.6 In order to deliver improvements in health care outcomes and to deliver financial savings, the focus of this next stage of work will be to develop One Team models of care around high and rising risk population cohorts who consume significant amounts of resource. A large amount of the health and care budget is spent on a disproportionately small segment of the population. The population cohorts are likely to include, but not be limited to:
- Frail older people;
 - Multiple Long Term conditions / end of life;
 - Mental Health, Learning Disabilities, Dementia;
 - Children with Long Term conditions; and
 - Complex lifestyles (e.g. homelessness, addiction).
- 3.7 **Define organisational architecture** - The development of the organisational architecture to create both a vehicle which is capable of holding a single contract for out of hospital services and an operating model which will effective interaction with and management of the neighbourhood teams is necessary. The Local Care Organisation will need to have the capability to manage a multi-year, capitated contract and be able to (re)allocate resources on the basis of need using risk stratification approach.
- 3.8 A key component of this work is engagement with primary care around the adoption of the new GP contract. The adoption of the new GP contract by practices will be the mechanism by which they will be contractually linked to the Local Care Organisation. NHS England has been working intensively with six areas nationally to complete the design of the new GP contract with the aim of going live, on a voluntary basis, in April 2017.
- 3.9 The new GP contract is a key enabler to the development of the Local Care Organisation model. Manchester is one of the six areas working with NHSEngland on this work. The NHSE New Care Models team are keen to work with Manchester as we develop the Local Care Organisation vehicle and model. The support that they will be able to offer will be primarily advice and helping to resolve policy issues that are identified on an ad hoc basis.
- 3.10 **Business case development** - The business case, or 'value proposition' as it is being referred to by other vanguard sites, will describe the case for change and will articulate:
- the strategic rationale and anticipated benefits of the Local Care Organisation;
 - the One Team models of care that will be delivered;
 - why the Local Care Organisation is the most appropriate solution to deliver the transformational change, and associated savings;

- how the Local Care Organisation will operate as a well-governed organisation and have the capability to deliver.
- This business case will inform the September Transformation proposal.

4.0 Going forward

- 4.1 A draft programme plan has been developed which identifies key milestones and activities from a national policy, commissioner and provider perspective. This level of detail is being developed beneath the high level milestones that were agreed by the Manchester Provider Board, with a finalised set of milestones by end June 2016.
- 4.2 The key high level milestones regarding the creation of a Local Care Organisation are by end August 2016 have determined organisational form of the Local Care Organisation developed ahead of establishment. From April 2017 to hold a single contract for out of hospital services, as determined by the phasing of services agreed.

5.0 Recommendation

- 5.1 The Health Scrutiny Committee is asked to:
- consider and comment on the progress made to date around the development of a Local Care Organisation and associated models of care;
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 - note the high level milestones that have been identified for the development of the Local Care Organisation and associated models of care.