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MANCHESTER CITY COUNCIL

North, Central and South Manchester Clinical Commissioning Groups

NHS

Prospectus

Manchester Local Care Organisation

April 2017- 2027

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Contents

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Foreword

Manchester's people are well known for their dynamic approach to life, which is key to making Manchester a leading modern city, a driving force in the Northern Powerhouse and a global city to contend with.

That spirit and sense of partnership working has been reflected in Manchester's health and social care system, where it has been recognised that connecting sectors of care and focussing on prevention are the key ways to improve health and the independence of the people who live here.

The role of health and social care also has wider, latent potential – which must now be realised – in helping people to get and keep better jobs, have better lifestyles and play a full role in their communities.

Having a healthier Manchester can boost the city in extraordinary ways – but it is not without its challenges. Making the system suitable, sustainable and affordable is set against a tough financial forecast. If we do not reform the way in which health and social care is provided we will face a £134m shortfall in funding levels and the cost of care by 2020/21.

Manchester has a relatively young population compared with other cities in England but we know that health and care outcomes among our older population are poorer than average and that people often have multiple health issues. We also have many areas of considerable deprivation within the city.

We need to meet the needs of today's Manchester with new, innovative ways of working. We can no longer follow historic approaches, which were often reactive. We need to shift the entire system, to one that utilises people's strengths and local assets to build independence, where prevention becomes a priority, and more care is moved into the community and out of hospital where possible.

The commitment to Manchester must override any organisational barriers as we concentrate on bringing more care closer to people and the areas where they live, so that being and staying healthy is a normal part of daily life.

This vision for more joined up services is reflected in the city's plan for health and social care over the next five years (its locality plan), where neighbourhood teams of health, primary care and social care professionals work together as a single local care organisation (LCO). These teams will work collaboratively with voluntary and community groups to empower people to increasingly self-care and improve wellbeing.

This vision also complements the Greater Manchester ambitions brought about by devolution. In effect, the Manchester LCO represents devolution in action: the people of Manchester taking control of the way their own health and care services can best meet their needs.

To achieve our ambitions, we are now ready to commission a transformed system that is able to deliver care to support people to live more healthy lives, understands the needs of our population and is able to deliver new models of care. This will also deliver financial savings – £49m in the first five years.

To help with this challenge we have recently applied for GM Devolution Transformation funding.

Introduction

This prospectus signals the intention to commission a Local Care Organisation (LCO) for the population of Manchester, with the aim of bringing together a range of health, social care and public health services to be delivered in the community. This will support the city's ambition to transform services to meet the needs of the local population and see a measurable improvement in outcomes. We are using the term 'Local Care Organisation' to describe key aspects as:

- Local - designed specifically to meet the diverse needs of our city and its people
- Care – covering care in its broadest sense, from self-care and prevention through to highly complex care within the community
- Organisation – the LCO should become more than a loose alignment of providers. To truly integrate care and be accountable, the LCO must integrate the provision of care in a new organisational form.

The Local Care Organisation (LCO) will have a clear focus on:

- People, place and communities
- Strength based approaches that empower people to self-care and access community assets that enable them to retain their place in the community
- Prevention and helping people to stay well
- Caring for those who are at risk of requiring higher cost services
- Delivering care at a neighbourhood level, at home or a community setting
- Delivering integrated community services in local places with a clear focus on prevention
- Aligning hospital and community based services, so they are integrated and accessible
- Creating local innovation hubs, that connect people, communities and local care teams
- Working effectively with partners in tackling the wider determinants of health – i.e. housing, education, leisure etc.

The benefits of delivering new models of care through the LCO are expected to be:

- Improved health outcomes
- Improving peoples experience of care
- Local people being independent and able to self-care
- Better integrated care
- Better use of our resources

- Fewer permanent admissions into residential/nursing care
- Fewer people needing hospital based care

The LCO cannot operate in isolation – it also needs to operate within national aims, regional ambitions linked to devolution and also the Manchester context, which are outlined below.

Strategic Context

National Policy

The Five Year Forward View described a set of principles to support the delivery of new care models and enable a necessary shift in care. These include a focus on prevention and public health, people in control of their own care and breaking down the barriers in how care is provided locally.

The Five Year Forward View introduced Multi-specialty Community Providers (MCPs) as a new type of integrated place based provider serving the whole population, whose defining feature is the registered list of the participating GP's. The MCP will need to be a formal legal entity that is capable of bearing and managing financial risk and which has clear governance and accountability arrangements in place for both quality and finance.

Greater Manchester Devolution

Devolution provides the opportunity to remove barriers to reform. It allows Greater Manchester to be innovative in using public sector finances to best effect. The Greater Manchester Commissioning for Reform Strategy identifies the need to move to an investment led approach to commissioning, whereby shifting activity must lead to resources being freed up in one part of the public service economy to be reinvested in another part.

The Greater Manchester Strategic Plan: Taking Charge of Health and Social Care in Greater Manchester, sets out the collective ambition for the region. It describes how aligning health and social care reform is a fundamental change in the way people and communities take charge of – and responsibility for – managing their own health and wellbeing.

Our Manchester

In March (2016), the Manchester Strategy, developed with local people, businesses, volunteers and community organisations, was launched by Manchester City Council. This describes the vision for the city up to 2025 and was based upon a consultation with residents, businesses, staff and partners to describe what

their dream Manchester would be by 2025. The strategy also makes a commitment to improving the health and wellbeing of everyone who lives here, as well as having more active children and adults.

The consultation response was enthusiastic, as it revealed that people want Manchester to be:

- Thriving – creating great jobs and healthy businesses;
- Talented - Filled with home-grown talent and attracting the world's best;
- Fair – with equal chances for all to unlock their potential;
- A great place to live – with lots of things to do;
- Connected – from world class transport to ultra-broadband

The Manchester Strategy sets out what we all want Manchester to be. We now need to work out how we all deliver that and that's where 'Our Manchester' comes in as no one person or organisation can do this alone and we all need to make a radical change to the way we all work together.

Instead of reacting and focussing straight away on what's wrong and what's needed in an individual's life, family, street, 'Our Manchester' becomes:

- A way people can develop into happier, healthier and wealthier people making a good life for themselves and their family with the support of the people around them.
- Proactive, pre-emptive and creative, focussing on a people or community's strengths and opportunities. It asks: how can you make things different and what could you do to make things better?
- A partnership of local people and organisations developing new answers, some as yet unthought-of and different to business-as-usual public services.

The strategy can be read here: The Manchester Strategy | Manchester City Council

Manchester's Locality Plan

This is the commissioning plan that describes the future of health and social care in the city over the next five years. The plan describes ambitions where Manchester people will benefit from a transformed, integrated health and social care system- which is affordable and sustainable.

The Locality Plan supports the Greater Manchester Sustainability and Transformation Plan – a requirement of NHS England under the GM Devolution Agreement (and Five Year Forward View).
In essence, the Locality Plan is the commissioning plan for joining up – or integrating - health and social care services in Manchester.

Setting out the transformation priorities for the city, the Plan also describes the creation of new architecture for the Manchester health and social care economy comprising three interlinked 'pillars' that will drive transformation and achieve improved outcomes and quality, whilst ensuring financial sustainability.

These pillars are:

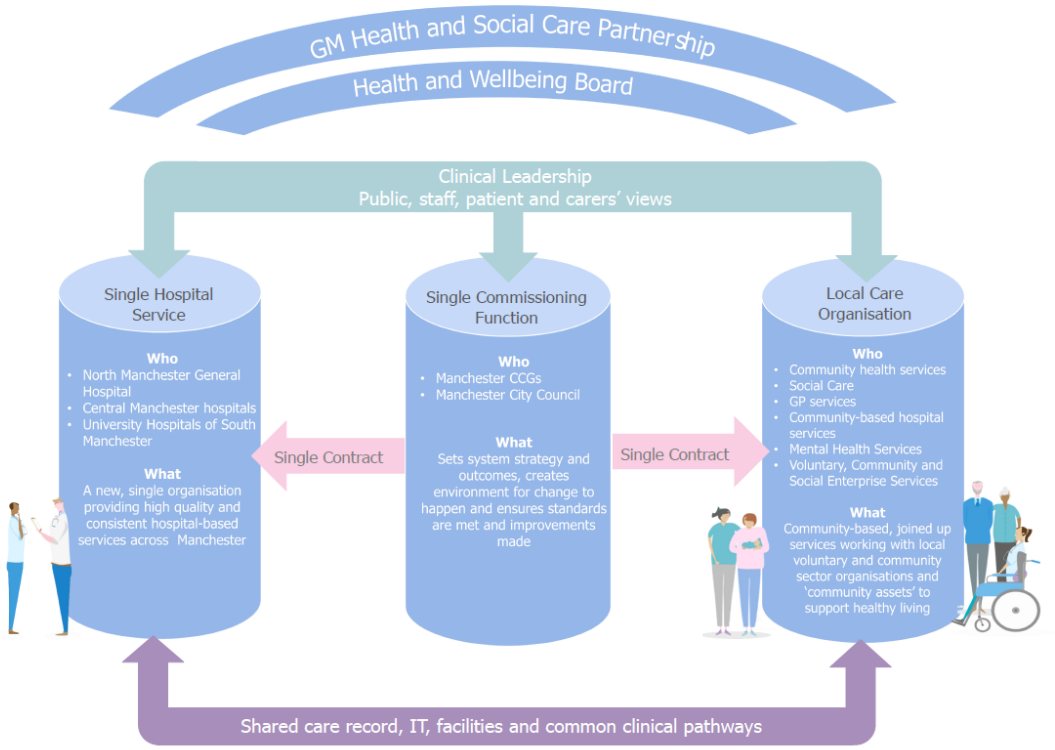
- Single Commissioning System - to ensure the efficient commissioning of health and social care services on a citywide basis

- Local Care Organisation - holding a single contract for the provision of out of hospital, medical and urgent care services in Manchester, the LCO will deliver neighbourhood based integrated health and social care, adopting a strength based approach, empowering people to increasingly take responsibility for their health and wellbeing.
  This new approach to delivering care is described as 'One Team'. A key objective of this pillar will be to support a shift in care from hospital to the community and reinvesting some of the resulting savings in more affordable and sustainable alternatives. Through the LCO we will see the range of provider organisations, community health, social care, GP services, mental health and VCS sector over time working in partnership delivering new models of care.

- Single Hospital Service – the city's three hospitals are working to form a new hospitals Trust for Manchester under a two stage programme, from 2017/18. It will deliver strengthened clinical services; bringing greater consistency in standards, while removing duplication.

This pillar links strongly with the LCO objective to shift targeted hospital activity to community settings.

The alignment of the three pillars, underpinned by a sound financial model that demonstrates increased value, productivity and efficiency, will enable the necessary shift of resources from the acute sector into a strengthened model of health and care within the community.



Case for change: Population

Manchester is a vibrant city with a growing population. The city has world class commercial, cultural, sporting and academic assets as well as internationally renowned healthcare research and provision.

Over the last decade Manchester has been the fastest growing city in the UK, and Office for National Statistics (ONS) projections suggest that the population will continue to grow over the next ten years, albeit at a slower pace.

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Despite the city's economic growth over the past decade, Manchester continues to suffer from significant levels of deprivation which, in turn, contributes to the scale of health inequalities within the city and between Manchester and other parts of England. People are living for longer, and often they are living with several complex conditions that require regular interventions from health and care services.

The gap in health outcomes between Manchester and the rest of the UK has not narrowed to the degree that we would have liked. Manchester's population is developing life threatening conditions such as diabetes, vascular, heart and respiratory disease, in their fifties, not sixties – a whole decade before peer groups in other parts of the UK.

For the younger population there are some key issues to address:

- One in four children in reception class are overweight or obese
- 6.0% of 16-18 year olds in Manchester are not in education, employment or training (NEET), one of the highest figures in Greater Manchester and above the overall North West average of 4.8%
- The number of Looked after Children is still too high at over 1,200 (as at September 2016).

The statistics below provide a snapshot of some of the issues that Manchester faces:

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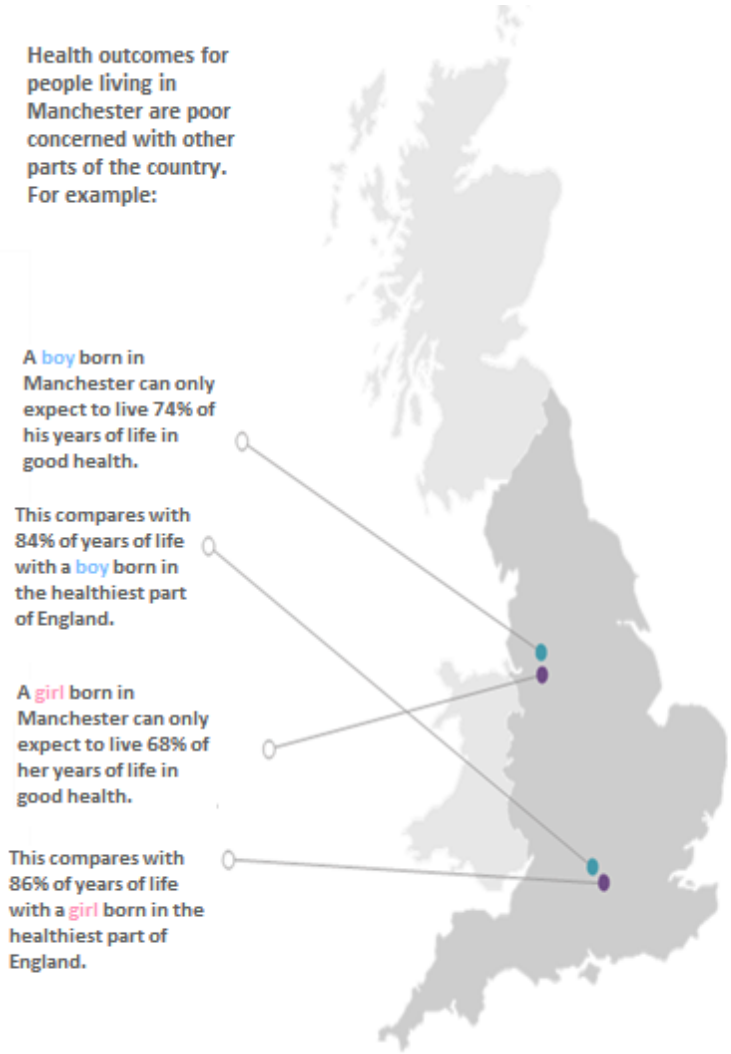
Health outcomes for people living in Manchester are poor concerned with other parts of the country. For example:



A boy born in Manchester can only expect to live 74% of his years of life in good health.

This compares with 84% of years of life with a boy born in the healthiest part of England.

A girl born in Manchester can only expect to live 68% of her years of life in good health.

This compares with 86% of years of life with a girl born in the healthiest part of England.

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27,000

Nearly 27,000 people in Manchester are recorded as having type 1 or 2 **diabetes**. This is 5.9% of the Manchester population.

Manchester has the highest rate of **early death from respiratory (breathing) diseases** in England. More than 64% of these deaths are considered to be preventable.

We have the highest number of smoking-related deaths in the country. Each year there are some 735 deaths and 4,760 hospital admissions due to smoking

Manchester has one of the highest rates of **child poverty** in the country; with just over 32% of children aged under 16 living in poverty, and many live in homes where no-one is employed.

In August 2016, there were 2894 patients in Manchester diagnosed with **dementia**. The vast majority (95%) of these are aged 65 and over.

Some 350 people under the age of 75 die from **cardiovascular (heart) disease** in Manchester each year.

The following link provides further information: JSNA Website

Case for change: Quality and experience

Services need to be transformed to meet the population needs of the 21st century. Local people have told us that they value:

- Being able to access services when they need them
- Care that is delivered in a co-ordinated way
- Being involved in decisions about their care
- Being able to access information about local services

A key objective of the LCO will be to promote independence, reducing the reliance on health and social care provision as people are equipped to safely take more personal responsibility for their own health and wellbeing.

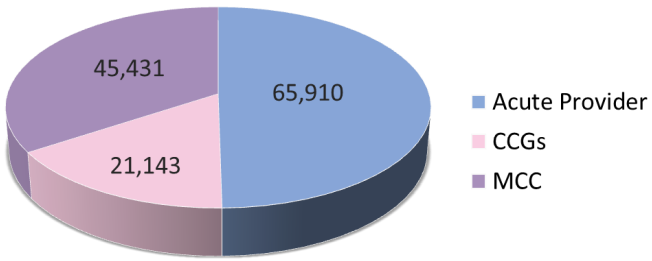
While we have been working better together for several years, the majority of current services still work independently from one another in different organisations and are often reactive.
This leads to inconsistencies in quality, fragmented patient care, duplication and people being passive recipients of care, which in turn leads to poorer outcomes.

Case for change: Financial Challenge

Manchester faces a funding gap for health and care services of £134m by 2020/21. This is the difference between the expected level of government and other funding and the predicted costs of the city's care (including for example, the impact of the rising population and cost inflation).

A summary of the pressures across the health and social care partners is shown below.

**Financial Gap 2016/17 to 2020/21 -
Manchester Locality £'000**



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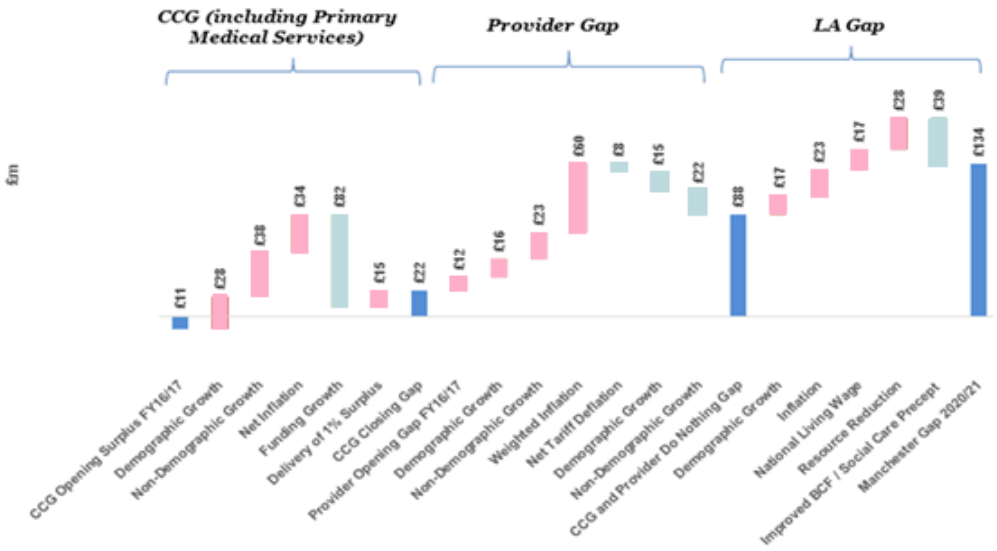
The main factors contributing to the gap are analysed in the following diagram:



This Prospectus sets the framework within which the LCO will be expected to operate sustainably; by setting targets to deliver reductions in hospital activity and prescribing costs, to generate savings towards the locality pressures as well as the on-going costs of out of hospital alternatives.

The LCO's estimated 'share' of the total gap is £49m, based upon the projected difference between the costs of health and care budgets most likely to be either directly managed, or outsourced, by the LCO upon formation, and the likely levels of funding to 2020/21.

Overview of the LCO

Over time, the LCO will be a Multi-specialty Community Provider (MCP) incorporating community health, social care, mental health and primary care services for adults and children. It will adopt a 'strengths based' approach and providing holistic, whole person services to local people, which consider the physical health, mental health and social needs of local people, with a strong focus on prevention.

The LCO will be required to develop new care models that:

- Improve outcomes for local people, addressing variation in the outcomes across the city through neighbourhood targeted initiatives;
- Ensure that people are able to gain timely access to high quality services when and where they need them;
- Adopt a holistic, whole person approach that recognises individual's context, health. care and social needs
- Organise services that balance the requirement for local delivery with the benefits and opportunities of delivery at scale;
- Adopt a strengths based approach that starts with what people are able to do and connects them into community assets;
- Exploit opportunities for improved quality and efficiency of services through the innovative use of technology;
- Support carers to perform their role effectively, recognising the vital role carers play within the system;
- Focus on primary and secondary prevention, with a strong emphasis on education, information and self-care;
- Operate as part of a wider system, recognising the interdependency between the LCO, single hospital service, other services and community assets
- Achieve significant reductions for higher cost activity

The LCO will deliver the benefits of working at scale for patients and the public, including:

- A consistent and standardised offer of care for the population; while retaining excellence, innovation and continuity of care
- Working across boundaries to ensure care is joined up and integrated; including working to maximise the assets which exist within communities, and deliver more proactive and preventative care
- Delivering a shared workforce strategy to improve recruitment, retention, training and skill mix
- Sharing records and integrating information management and technology
- Developing opportunities to co-locate teams, and share premises and estates (e.g. Children and Family Hubs are already in place)
- Working together to deliver efficiencies and economies of scale; in areas such as working practices and back office functions.

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Core Operational Commissioning

A developing function of the LCO over time will be core operational commissioning. This will be intrinsically linked to how services will be commissioned, co-designed and delivered at a neighbourhood level, including the commissioning of key service provision for example residential, nursing and home care currently undertaken through sub-contracting arrangements.

The intention is that physical and mental health will be provided in an integrated way, recognising the relationship between physical and mental health and wellbeing and to ensure parity of esteem, with much more delivery of mental health interventions through acute and general healthcare services.

Workforce working as "One Team"

The LCO will manage and coordinate care through 12 integrated neighbourhood teams, to improve outcomes and experience recognising the unique characteristics of the 12 neighbourhoods in Manchester.
We know people who live here value their care being delivered in the community closer to their homes and this should be reflected by the LCO.
With highly skilled staff and technology, services can be provided in the community in ways that are easier for patients to access and be supported holistically.
However for this to reduce demand on acute hospital services, health and social care teams need to be much better co-ordinated to ensure that the right care is offered at the right time, in the right place and by the most appropriate person.

Front line staff, with carers, should see themselves as 'One Team' working for their population. Professional identity or employing organisation should not act as a barrier to integrated working. Teams' focus should be on the 'place' they serve. Place is defined geographically and the intention is to have local teams within the city delivered at such a local level.

A workforce and organisational development strategy is being developed led by HR/OD leads across all of the statutory health and care organisations. The intention is for MCC and CCG staff to retain their current employment status and Terms and Conditions. Working arrangements will be agreed with the LCO at the appropriate time. So for example, staff may be seconded into the LCO.

How the LCO will work

Neighbourhoods and communities

The LCO will be expected to show strong links back to local communities and work effectively and collaboratively with the voluntary and community sector ensuring there is parity of esteem between traditional health and care services. The LCO will recognise the power that a strong community can have in co-designing and co-delivering services, working together with other providers to improve health outcomes.

Most of the LCO services should be delivered at a place based neighbourhood level (12) unless they require economies of scale at a specialist local level (3), or a single citywide level (1). Services should be provided at the most local level possible. Where they are delivered at scale they should be established in way which works into local team arrangements.

Placed Based Delivery

The LCO will adopt an 'asset-based' approach, which focus on communities' skills and capacities and the voluntary sector, to help people to improve their resilience, independence and wellbeing.

There is emerging evidence that such an approach changes the balance of demand for formal care provision while strengthening communities and offering highly personal support related to people's ambitions.

Typically it will mean investing in community based services as well as tackling the wider issues that can affect health, ranging from alcohol and diet, to poverty, housing quality, leisure services or employment.
Stable employment and housing are both factors contributing to someone being able to maintain good mental and physical health.

The establishment of an LCO will bring together a range of community based health, care and prevention services organised around general practice into a single organisation with 12 neighbourhoods, so they can focus on the local population and individual patient needs more effectively.

In order to support the development of place based care, neighbourhood profiles have been developed which will help the LCO to determine the priorities and outcomes it wants to achieve and to think through the 'how, what and where' of service delivery.

Empowering communities within wards, framing issues at a neighbourhood level and building community confidence will be an essential requirement to reduce the gap in health inequalities

LCO will be expected to create services in partnership with citizens and communities in the following ways:

- Strengthening communities - building on community capacities to take action together on health and the social and community determinants of health and adopting the Community Based Care Quality Standards
- Volunteer and peer roles - enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities
- Collaborations and partnerships – involving communities at all stages of the planning cycle, from identifying needs through to implementation and evaluation
- Access to community resources - connecting people to community resources.
- Work with schools in supporting children to increase their life chances, and supporting their future independence

The LCO will be expected to work with partners in other sectors, to begin to design a different approach to how they deliver services across the city.

We anticipate the LCO will work with current health and social care providers, the voluntary sector and the independent sector to provide the best possible flexible and person-centred care. The LCO will deliver community based integrated health, social care and public health through integrated delivery and co-ordinated care through a case management approach.

The LCO will work effectively with families and their carers, the voluntary sector and the education sector including universities, housing and other primary care providers such as pharmacy, optometry and dentistry as vital parts of creating a place based way of delivering care. The way forward will be one of 'connecting care' across the different sectors including primary care and hospitals, physical and mental health and health and social care.

Children, Young People and Families - Early Help

Manchester's Early Help Strategy seeks to promote the wellbeing and resilience of families, and to ensure that children and young people are safe, healthy, aspiring and achieving. It aims to achieve this by offering Early Help as soon as possible to families who need support to and through:

- Supporting families to connect to community networks and assets
- Identifying children and young people who need extra support at the earliest opportunity
- Working together to deliver an effective local offer of support
- Delivering a whole-family approach

It is supported by a new Early Help Assessment and toolkit, which empowers practitioners to have holistic, strengths-based conversations with families.

Improving mental health and wellbeing in our communities

Physical and mental health will be provided in an integrated way, recognising the relationship between physical and mental health and wellbeing and to ensure parity of esteem, with much more delivery of mental health interventions through acute and general healthcare services. Commissioners are currently completing a transaction process for Manchester's mental health services, and expect to discuss and formalise arrangements in relation to those services and the LCO with the new provider.

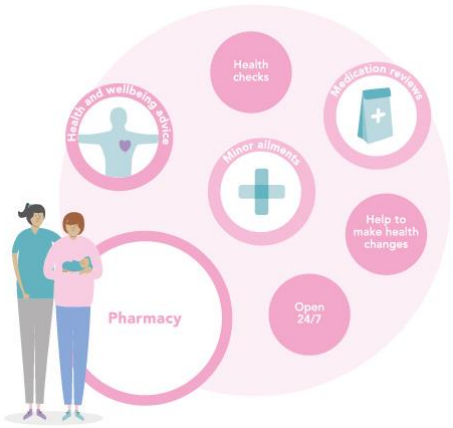
Commissioners will require the LCO to have neighbourhood teams which:

- Offer pro-active and needs based support for people recovering from severe and enduring mental health problems (SMI) to help people remain in stable housing, employment or occupation, be part of /engaged in their communities
- Offers access to low and high intensity psychological therapies for people with common mental health problems (commonly referred to as Improving Access to Psychological Therapies, IAPT).
- Provides MH training and awareness to all neighbourhood teams and community services (such as libraries, leisure services etc.) to ensure the chance of stigma is reduced. Stigma can contribute to social isolation and contribute to poor mental health.

Some mental health services will be delivered at a specialist (3) or citywide (1) level and will include:

- Community services which offer diagnosis and need based, evidenced based interventions, case management, social and employment support, rehabilitation from psychotic illness, and longer term care, Severe mental health problems with substance misuse, Dementia, Maternal mental health, Community-based forensic mental health services, Mental health services for people with a learning disability, Autism and ADHD in adults and children, Psychosexual services, dementia pathways.
- MH care to be offered on a citywide basis, such as Community-based forensic mental health services; mental health services for people with a learning disability; Autism and ADHD in adults and children; psychosexual and services which can offer more intensive community based support for mental health crises.

Primary Care



While General Practice will be at the heart of the LCO, there are opportunities to improve service delivery and patient care, and ensure a whole population offer in other Primary Care services – such as pharmacy, community, optometry, and dentistry.

Through the development of new federated provider models and organisations, all primary care services are now able to play a more proactive role in areas including:

- Early intervention and prevention
- Management of long term conditions; including more proactive support for all frail older people
- Urgent care
- Support for people with complex lifestyles.

In the first phase in particular, we recognise **community pharmacy** as being the service most readily accessed by the public to have a key role within the neighbourhood service offer. Community pharmacy has the potential to have a more proactive role in care provision; supporting the move towards prevention and self-care.

From 2017/18, primary medical practices will be partially integrated within the LCO, based upon Version 2 of the MCP contract model framework.

In the short term, Manchester's 90 general practices will continue to contract for the general provision of primary medical services with the Manchester CCGs under their current core contractual terms. The new contract can support General Practice to work together more collegiately making it easier to work at scale and the opportunity to share staff, back office functions, and make the most of skills and experience of practitioners across localities.

In line with the national GP five year forward view, this will mean that General Practice will work in a more integrated way in neighbourhoods to meet the needs of and improve outcomes for the whole population; whilst retaining the benefits of the existing model of provision, such as supporting local flexibility and innovation; and maintaining as core principles continuity of care and the relationship with patients.

Commissioners will include as part of the LCO's first contract year, a range of primary medical services currently offered on an optional basis to individual practices, but which would be more effectively and consistently commissioned across Manchester through the LCO, in order to meet the needs of the whole population of the City.

This means that we will aim to:

- Commission all primary medical 'Locally Commissioned Services' (e.g. such as Enhanced Standards and local engagement schemes) through the LCO, and the LCO can agree locally how those services can best be delivered to meet the needs of the whole population.
- Commission primary care to continue to operate to agreed standards of care in areas such as access, and proactive care for people with long term needs; although the method of delivery will be assisted by a more joined up approach through the LCO working in neighbourhoods as well as individual practices.
- Where possible increase investment in primary medical and other primary care from 2017/18. This will, in part, be achieved through more efficient use of existing primary medical services resources.
- It will also be through targeted investment to improve the population offer and patient outcomes in other areas including mental health, cancer and end of life care, with the LCO ensuring delivery of the population offer at the level of the practice and neighbourhood.

- By agreement with Practices we will look, through the LCO, to ensure that patients receive National Enhanced Services at the level of the neighbourhood; in areas including
    - Services to avoid unplanned admissions
    - Services to people with learning disabilities
    - Vaccinations and Immunisations

- Integrate urgent primary care services such as extended seven day access services, extended hours same day, urgent and out of hour's medical services within the LCO offer. This will include the requirement to improve efficiency across all budgets (for example, by removing duplication in operating hours).

Given the potential for general practices and community based services to work in a more integrated way across Manchester, we consider that by developing our local approach to admissions avoidance and extended access, we can improve how care is delivered to Manchester patients, and ensure better impacts and outcomes.

During 2017/18 we will also consider the benefits and feasibility of extending the scope of primary care within the LCO from 2018/19 and beyond, in the following areas:

- Investigating with the full involvement of General Practice, the potential to develop local arrangements to replace the nationally set Quality and Outcomes Framework (QOF); seeking to reduce some of the bureaucratic burden on practices, whilst retaining the focus on proactive care and improving patient outcomes.
- In agreement with General Practices, we will move to integrated MCP model; i.e. the whole population budget for primary medical care and community services, including core GMS/PMS services.
- The LCO potentially could be the accountable body for some or all of primary medical care; with a responsibility to ensure quality across all the practices.
- Developing new approaches to provider payments to create the environmental incentives to ensure that activity is delivered in the community at more cost-effective levels.
- It also provides the vehicle for more integrated working across General practice to support the resilience and sustainability of General Practice in the longer term.

- Looking to develop our approach to capitated budgets across settings, potential primary care 'opt-outs' (e.g. to redirect resources towards the care of more complex patients, similar to the out of hours 'opt-out'), and expanding outcomes based payments. The chosen financial model must be underpinned by the needs of the whole Manchester population and supported by General Practice.

Integrating care – in neighbourhoods, and patients at risk

GPs will have a key role in leading the coordination of care in particular:

- Leading the assessment of need and co-ordination of services for the 12 local neighbourhood areas
- Working together and with partners through One Team to provide a system of care and a whole population offer;
- Sharing records, building on developments through the Manchester Care Record system;
- Leading and taking part in multi-disciplinary teams for vulnerable and high risk patients - as described in the MCP framework.

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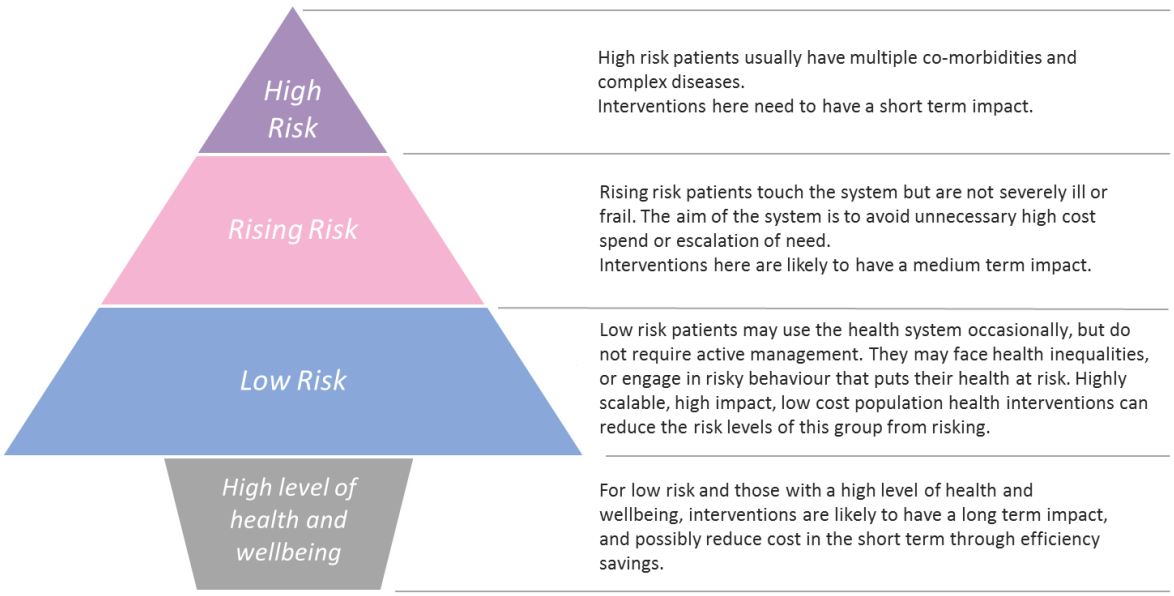
Targeting Risk Groups

Given the growing number of patients with complex and chronic needs - which might include a combination of physical and mental health conditions and high social care needs - there is a need to identify and target risk factors that lead to multiple conditions.

This requires a proactive focus beyond just high risk patients. Currently around 5% of Manchester's patient's account for approximately 40% of Manchester's secondary care spend – and each year a significant number of rising risk patients will escalate to become high risk. (See below diagram).



Care models need to focus on preventing rising risk patients from escalating over time. This applies equally to adults and children.

Those individuals with complex needs - who are not yet severely ill – will need to be carefully managed to avoid them becoming high risk. The LCO will need to identify high risk patients and ensure comprehensive care plans are in place to meet their needs.

For low risk patients – which includes those facing health inequalities and may well include people engaging in high risk activities – the LCO must ensure services are provided which support people to better manage their own health and to live healthy lifestyles.

These interventions might be digitally enabled and would involve changes in how care is delivered; whether it be better use of pharmacists and nurses, or whether people can get treatment for self-limiting illnesses virtually over the phone or online.

Enabling self-care will be a key requirement of the LCO. Prevention is no longer an optional 'add-on'. It is an essential lever to improving people's health and experience of care. People remain ultimately responsible for their own health and wellbeing.

However, to support people to make informed and appropriate choices to manage their condition, the LCO will be expected to offer guidance on self-management and make sure the patient is part of any decision making, as part of a more holistic and forward looking package of care.

Manchester's Urgent Care First Response

Urgent care First Response (UCFR) is the city's principal urgent care transformation programme designed to reform services at the "front end" of the urgent care system.

The programme has four workstreams;

- first contact, the integrated virtual entry point to the urgent care system
- urgent primary care, reforming the urgent primary care offer in the community and having an integrated urgent primary care offer in front of the city's A&E departments;
- community urgent care, increasing and ensuring a consistent offer for urgent community service offer across the city;
- ambulatory care, maximising the number of patients who can receive urgent day care access for specialist opinion, diagnostics and treatment and ensuring a consistent approach across the city. Urgent primary care, community urgent care and ambulatory care will be within the scope of the LCO.

The first contact work streams have two key objectives which are to maximise the benefits of the 111 non-emergency telephone numbers, particularly by ensuring accurate and effective profiling of services on the 111 directory of service (DOS) to ensure appropriate disposition from 111, and the development of the Integrated Virtual Clinical Hub (IVCH). However, the LCO will need to ensure it supports the delivery of the work stream objectives to support national and local policy on delivering integrated urgent care.

This will include ensuring services provided by the LCO are profiled on the 111 DOS and by supporting the implementation of the IVCH and developing pathways between the IVCH and LCO services to maximise the number of patients accessing advice, treatment and care through the IVCH. Commissioners will need to work with the LCO to ensure new care models support the ongoing development of 111 and the IVCH.

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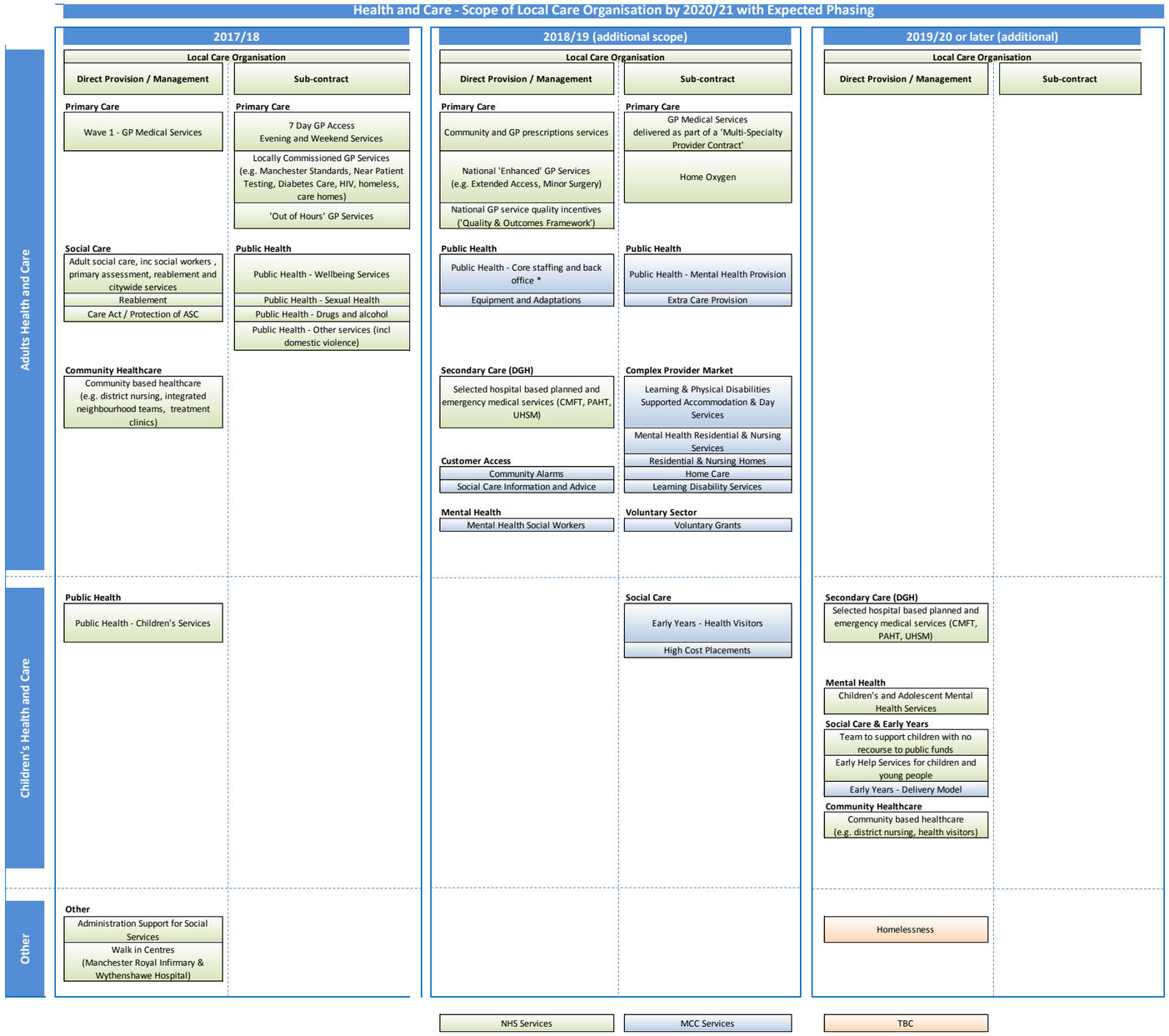
Services to be delivered by the LCO

Detailed below are the services in scope for the LCO. Where possible the scopes of services have been phased.



The budgets associated with each of the services listed above are currently under review.

The LCO will provide a range of services for both adults and children throughout the duration of the contract. The ambition is for the LCO to be as inclusive as possible. Commissioners will seek to work with the LCO during the contract period to agree the inclusion of further services beyond 2017/18 – either directly provided or subcontracted by the LCO. Notwithstanding this, the LCO will be required to collaborate across the whole system irrespective of whether services are directly provided, sub-contracted or otherwise.

Measuring Success

In order to enable commissioners and the LCO to understand whether the LCO is delivering the transformational change required, a number of key success criteria have been identified which will form the basis of an Outcomes/ Performance Framework. This framework will comprise the following measures:

Population Health Outcome Measures

The 'Taking Charge of our Health and Social Care in Greater Manchester' plan for health and social care sets out the collective ambition for the region over the next five years, setting out our direction of travel, and establishing population health improvement objectives.

Manchester, along with the other parts of the region, is required to deliver their proportion of those population health improvements, which for Manchester are:

Outcome	2021 Local Aspiration
More children will reach a good level of development (GLD) cognitively, socially and emotionally.	916 more children starting school in the City ready to learn, ultimately leading to better educational attainment by 2021.
Fewer babies will have a low birth weight resulting in better outcomes for the baby and less cost to the health system.	76 fewer very small babies (under 2500g) being born by 2021.
More families will be economically active and family incomes will increase.	4,558 fewer GM children living in poverty by 2021.
Fewer people will die early from Cardio-vascular disease (CVD).	174 fewer early deaths from CVD by 2021.
Fewer people will die early from Cancer.	383 fewer early deaths from cancer by 2021.
Fewer people will die early from Respiratory Disease.	168 fewer early deaths from Respiratory Disease by 2021.
More people will be supported to stay well and live at home for as long as possible,	653 fewer people over 65 being admitted to hospital due to a serious fall

N.B. these are cumulative reductions over the 5 year period to 2021. For example, the figure for early deaths from respiratory diseases represents 11 fewer early deaths in year one, rising to 56 early deaths in year 5.

To promote improved parity of esteem between mental and physical health, the LCO Performance Framework will include outcomes for mental health in line with the above and with the national mental health indicators within the CCG, social care and public health outcome frameworks.

Achievement of these improvements in health outcomes will be via improved prevention and strength based approaches to health and wellbeing, early detection and better condition management delivered through the LCO.

Activity reduction and efficiency measures

The Cost Benefit Analysis work undertaken to support Manchester's bid to the Greater Manchester Transformation Fund, included the following target reductions to be delivered by the LCO:

Outcome	Unit	Activity Shift 2020/21
Reducing A&E Activity	Attendances	19,587
Reducing Acute Length of Stay	Per Bed Day	5,742
Reducing Aviodable GP Visits	Per hour	55,503
Reducing Avoidable Prescribing	Per consultation	53,447
Reducing Elective Admissions	Per episode	2,287
Reducing Non-Elective Admissions	Per episode	2,330
Reducting Outpatient Attendances	Per admission	69,215
Reducing the cost of Care Packages	Per week	19,680
Reducing Avoidance Contacts & Referrals	Per ASC Assessment	1,142
ESA claimants	Per claimant per year	128
School readiness	Per SEN	130
OVERALL		**229,192**

Experience measures

Local people told us that they value:

- Being able to access services when they need them
- Care is delivered in a co-ordinated way
- Being involved in decisions about their care
- Being able to access information about local services

The Outcomes Framework will monitor and measure the extent to which local people feel these have been met. In the first instance this will use existing measures contained in social care, public health and NHS outcome frameworks or National Voices 'I statements' as relevant. Potential measures include my support is co-ordinated, co-operative and works well together and I know who to contact to get things changed. Specific measures, baselines and performance targets will be agreed between the LCO and commissioners for 2017/18 as part of mobilisation planning.

Person level outcome measures

The strategic ambition is for local people to attain better health and wellbeing and achieve greater independence. The Outcomes Framework will monitor and measure the extent to which local people feel these have been met.

In the first instance this will use existing measures contained in social care, public health and NHS outcome frameworks as relevant. Potential measures include health related quality of life for people with long term conditions and employment of people with long terms conditions – difference in rate between population and those with a long term condition.

Specific measures, baselines and performance targets will be agreed between the LCO and commissioners for 2017/18 as part of mobilisation planning.

Neighbourhood level outcomes

There is variation in the outcomes for people depending upon where they live in the city.

The LCO will be required to propose to commissioners a small number of measures to address local variation and improvement priorities that support the wider LCO Outcomes Framework indicators. Measures proposed will need to be considered for agreement / amendment by the Single Commissioning Function.

Performance management framework

In addition to these Outcomes Framework measures, the LCO will be required to report against NHS and local government mandated performance measure, e.g. NHS Constitutional standards and Adult Social Care Outcomes Framework indicators.

The LCO and commissioners will also agree a suite of measures to monitor and manage the quality of service deliver. Measures will include complaints, serious incident reports, harm free care and other relevant measures.

Furthermore, a full suite of LCO specific activity, input and output measures will be developed in conjunction with the LCO in order to enable the commissioner to monitor and manage LCO performance against the contract.

During the course of the contract awarded, commissioners will expect to see a demonstrable improvement in the following five 'Outcome Domains':

Domain 1 - Population Health

For a boy born in Manchester we expect to see an increase from 74% of his years of life in good health moving closer to the 84% for boys in the healthiest part of the country.

For a girl born in Manchester we expect to see an increase from 68% of her years of life in good health moving closer to the 86% for girls in the healthiest part of the country.

Domain 2 - Determinants of health

The LCO connecting with individuals, communities and other partners, working together as One Team. Identifying people at risk of ill health and working as a team with individuals, families and carers to improve the health and well-being of all people in Manchester.

Domain 3 - Person Centred

The LCO will be required to co-produce and redesign services with people, families and carers. Focusing on promoting good health and well-being, and self-care.

Domain 4 - Team

The LCO organising services and teams to connect with individuals and communities at a neighbourhood level. Using their collective range of skills, knowledge and expertise to achieve the improved outcomes for people in the city.

Domain 5 resources

The LCO will be expected to provide services that offer good value for money. Along with demonstrating the shift of resources from high cost and hospital based provision to prevention and community based support.

Commissioners believe that there are **2** immediate priorities for the Manchester system.

The first is the need to focus on people at risk of admission to hospital and the systematic management of delayed transfer of care.
These are likely to be older people and people with multiple long term conditions. Commissioners will want the LCO to deliver services that bring together GP practices, community health and care teams and specialist clinics working as an integrated multi-disciplinary system.

A centralised and seamless system with a focus on avoiding admissions and timely arrangements for the transfer of care from an acute setting would be an essential as there are approximately 22,000 people who would benefit from a more integrated offer of care.

The second priority being the proactive management of high risk older people and people with LTCs. Commissioners will want the LCO to have a real sense of place provision of care. A proactive case management approach, early help and an understanding of what matters to individuals, carers and families. Proactive management of care delivered within neighbourhoods will need to be paramount**.**
Shared decision making, self-care and prevention being a key feature of how teams work in partnership with individuals, carers, families within communities and local neighbourhoods.

New care models

The LCO will be required to develop new care models which will deliver much greater integration between primary and acute care; physical and mental health, and health and social care.

This will deliver tangible and quantifiable results by reducing bed-days, emergency admissions and costs per capita, while maintaining or improving the outcomes and quality of reported patient experience.
Informed by risk stratification tools, commissioners have identified the following population cohorts as priorities for the development of new care models:

- Frail older people
- Children and young people
- Adults with Complex lives
- Long term conditions / End of life
- Mental health, dementia and learning disability

Our approach is to see services placed into the LCO if they should be provided in a community setting, and organised around general practice. The LCO should aim to keep people healthy in their own home and prevent them going into hospital unnecessarily.
Whilst there is a specific priority for people with mental health issues, dementia or learning disabilities, it is crucial that the LCO understands the expected mental health presentation or need for both adults and children within the other care model cohorts, to truly aid the offer of an integrated mental health and physical health and social care support offer which ensures access to NICE or other evidence based care and parity of esteem.

LCO Finance

Greater Manchester Transformation Fund

As part of the Devolution Agreement with the Treasury, Greater Manchester has agreed the establishment of a 'Transformation Fund', to drive reform in health and social care services.

This fund must be invested in change programmes across Greater Manchester that demonstrate they make a significant contribution to achieving the goal of clinical and financial sustainability, in line with five key programmes and funding criteria..

Manchester has submitted a bid for transformation funding to reflect the city's Locality Plan aspirations, specifically the three pillars and their intended outcomes.

As part of this, the Greater Manchester Health and Social Care Partnership Board will require an 'Investment Agreement' to be signed prior to granting any funding. This will be available to enable or drive transformational change in the LCO. It is expected that many of the measures included in this Prospectus will be part of the Investment Agreement.

As highlighted in the *Case for Change: Finance* section above, the LCO will be expected to contribute £49m to the efficiency savings required in Manchester's health and social care system over the next five years.
The table below indicates the gap, value of LCO savings targets to date, and remaining pressures to 2020/21:

	Local Care Organisation
Summary of locality plan five year gap to 20/21	**£'000**
Gap	**49,439**
Business as usual assumed benefits	-19,689
Transformation fund savings	-11,395
Remaining gap	**18,355**

The key ways that the LCO will be challenged to deliver the targeted savings are:

- Delivering 2% per annum of required savings on the portfolio of hospital based and care services considered within the scope of the LCO to 2020/21, amounting to £19.7 million.

- Cost Benefit Analysis work undertaken as part of Manchester's bid to the Greater Manchester Transformation Fund suggests that the following transformation saving targets are achievable and attributable to the LCO:

Cash Released by Benefit Type	2017/18	2018/19	2019/20	2020/21	Cumulative
Cost Benefit Analysis Targets	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Accident & Emergency attendances	0	0	0	0	**0**
Outpatient appointments	819	852	701	730	**3,103**
Elective admissions	630	655	539	561	**2,386**
Elective Length of Stay	592	616	507	527	**2,242**
Non Elective admissions	816	849	699	727	**3,092**
Non Elective Length of Stay	1,258	1,308	1,077	1,121	**4,764**
Primary care prescribing	1,761	1,832	1,508	1,569	**6,670**
Social care	141	146	121	125	**533**
LCO total gross savings	**6,018**	**6,259**	**5,152**	**5,361**	**22,790**
Reinvestment at 50%	-3,009	-3,130	-2,576	-2,680	-11,395
Net total savings	**3,009**	**3,130**	**2,576**	**2,680**	**11,395**

The table above includes the following targets:

- To reduce hospital activity by £15.6 million by 2020/21;
- To achieve £6.7 million of savings through reduced prescriptions expenditure - the LCO will ensure that all prescriptions are cost-effective and minimise waste (e.g. through better management of repeat prescriptions and use of generic drugs).
- To save £0.5 million associated with social care assessments.
- To reinvest 50% of savings, a total of £11.4 million, in more affordable sustainable services over the period.

The LCO will be required to develop further efficiency plans to address estimated remaining gap of £18.4 million, after accounting for the above. Benchmarking indicates that substantial savings could be achieved if Manchester's expenditure in the following areas could be similar to that of the other parts of the country:

  - £34 million of hospital based care, i.e. a further £18 million in addition to the £15.6 million already in the targets above); and
  - £10 million of prescribing, i.e. a further £3.7m of savings in addition to the £6.7 million in the targets above).

The future success and sustainability of Manchester's health and care sector depends upon close collaboration, shared principles and goals, and system-based leadership and behaviours. The LCO will be fulfilling a key role within this context and be expected to mitigate financial risks and share potential benefits, in partnership with the Single Commissioning Function and Single Hospital Service.

The 'Accountability Board' will oversee the impact of the city's reforms, including the use of investment funding, delivery of associated efficiencies and financial risk management.

The LCO will be expected to consider other ways to move towards benchmarked performance to improve its contribution towards its total savings gap of £49 million by 2020/21.

Contract and Performance

The LCO will be commissioned by the CCGs and Manchester City Council through a single contract, based upon a 'whole budget' for the city's population.

Commissioners will work with the LCO to incorporate core contractual components, including:

- Key quality and performance indicators and standards
- Budgets for services inclusive of city-wide savings targets
- Consistent and fair approach to calculating financial settlements
- Service specifications
- Outcomes framework and payment arrangements (e.g. CQUIN and other incentive schemes)
- Relevant Greater Manchester Investment Agreement targets, funding and monitoring requirements

It is proposed that the contract arrangement with the LCO will be up to 10 years with close and regular discussions to refine and update. Commissioners will work with the LCO to monitor and track implementation and its impact on outcomes and spending. Progress will need to be regularly reported upon, both for assurance about local spending, as well delivery against the Greater Manchester Investment Agreement outcomes.

Commissioners will need to know the extent to which the LCO is achieving the shift of resources from acute and residential care to integrated out of hospital services.

The LCO will receive a 'capitated budget', meaning that a fixed amount of resource will be allocated to the new organisation to meet the needs of the population for which it will provide care.

While the Manchester commissioners will develop the capitated funding model from the autumn of 2016 to ensure that funding is set to reflect the various groups and needs of the population in line with best practice, current projections outlined above already assume a share of known resources and cost pressures, driving the £49 million gap between funding and costs of care to 2020/21.

There are no additional sources of funding and the LCO will be required to deliver its share of the city's total pressures of £134 million.

The LCO contract will define the nature of the relationship between commissioners and other providers involved in caring for the population of Manchester.

The MCP contract outlines the move towards payments to providers based upon agreed outcomes.

The longer term nature of outcomes means that interim measures will also be agreed to continue to demonstrate activity flows across all care settings in line with current arrangements.
Commissioners will work with the LCO and the Single Hospital Service to align incentives and payment structures over the short to long term, whilst enabling provision of assurance against the Greater Manchester Investment Agreement and wider NHS Constitution requirements.

Governance and accountability

The LCO will:

- Assume appropriate financial risk and ultimately be able to bear wider hospital utilisation risk through a gain/risk share agreement with secondary care to ensure that spending across the LCO and 'Single Hospital Service' remains within allocated budgets.
- Ensure appropriate financial and wider risk management controls and processes are in place to identify and manage strategic, clinical safety, financial, operational and reputational risks. These will be mitigated through early identification and action.
- Ensure and demonstrate effective and responsive performance measurement, analysis, reporting and improvement process across all partners
- Ensure clear processes are in place, enabling co-ordinated service delivery and alignment across partner organisations delivering health and care services

In determining the governance arrangements for the LCO it must be recognised that to ensure the necessary innovation/ transformation to take place, that any changes to current structures must ensure form follows function. The LCO will have in place a clear and robust governance structure, with its own organisational capability.

Relationships with the Local system

The Clinical Commissioning Groups (CCGs)

The CCGs' statutory responsibilities will not form part of the LCO; however, the LCO will be expected to plan prudently and responsibly in the context of managing public resources.

The Manchester commissioners (CCGs and Manchester City Council) are in the process of agreeing a single integrated commissioning function and will then hold a single contract with the newly and legally formed LCO.

The contract will be for an expected term of up to 10 years, with close and regular engagement to refine and update.

The LCO will be held to account for the delivery of the outcomes set out in the contract through appropriate contractual management mechanisms, supported by interim performance measures aligned to local priorities and NHS Constitution requirements.

Manchester City Council (MCC)

The LCO's relationship with the City council will operate on three main levels:

1. The Council is a commissioner of the LCO and the LCO will be accountable to the Council for delivery of commissioned services via the Single Commissioning Function;
2. Where the LCO is commissioned to deliver services that undertake any of the Council's statutory functions, it will be required to provide assurance that it is delivering the Council's statutory functions through its delivery, including co-operation and engagement in any audit, review, assessment or similar processes;
3. The LCO will need to work collaboratively with other Council services to ensure improvement in the outcomes and experience of local people to tackle the wider determinants of health; health inequalities; and build community capacity and resilience.

Single Hospital Service

Due to the interdependencies between the three pillars of Manchester's Locality Plan there is a need to ensure that the progress and implementation of each happens in tandem. Preparation for commissioning of the Single Hospital Service will be closely aligned with the development of the LCO.

Other Providers

In some instances, the LCO will have sub-contract arrangements in place with other providers. The LCO contract will define the nature of the relationship the LCO will have for the other providers delivering services to the population of Manchester. The LCO will need to have arrangements in place to contract with private sector providers for home care, residential and nursing care services and to ensure that their staff and their delivery system and processes are part of the integrated service offer. The exact timing of these changes is still to be agreed. However, at this stage, the budget is not expected to transfer to the LCO through the capitated approach.

In line with 'Our Manchester', commissioners expect the LCO to actively engage and support the growth and development of the voluntary/ third sector to achieve improved population outcomes.

Timetable

It is the intention of commissioners (subject to governance approvals) to aim for a full contract award from April 2018.

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Summary

The LCO will be expected to:

- Rebalance the system by focusing care at home, in the community or in primary care unless there is a good reason why this is not the case
- Demonstrate a shift in resources from Acute to Out of Hospital Care
- Provide one system of community based services which interface with all secondary physical and mental health services in order to ensure flows across the system are effective
- A sustainable system bringing improved productivity through shared resources, reduced duplication, simplified navigation processes, single customer access points enabling better joint working and creating cost efficiencies
- Have clear accountability to the public for the delivery of high quality care within the resources available
- Have emphasis on co-production of care and maximising the potential of the individual
- Promote responsibility for individuals to manage their own health and wellbeing and to access services appropriately
- Enable and support the Manchester population to live well and stay well through a stronger approach to community resilience
- Work effectively with other partners to tackle the wider determinants of ill health
- Enable primary care to deliver consistent quality care for the whole population with a stronger emphasis on prevention and self-care
- Enable the shift in emphasis from reactive to proactive care across the city
- Enable those high risk patients to access more proactive integrated care, available in the local communities
- Enable the integration of services ensuring that people receive the right care or support at the right time in the right place reducing duplication and costs.
- Lower costs in the system to save at least £49m over the initial five years, thus delivering its share of the Manchester gap of £134m
- Have a transparent 'Open Book' approach

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Supporting Information

This prospectus should be read in conjunction with a number of other supporting documents as follows:

- The GM Strategic plan: Taking Charge of Health and Social Care in Greater Manchester
- Our Manchester Strategy
- The Manchester Locality Plan
- Manchester's Children and Young People's Plan (2016-2020)

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Appendix

Glossary of Terms

These definitions describe various terms used in this document. This glossary is a developing document and we will be working with partners to refine, update, and develop.

Term	Definition
Asset-based	An approach which looks at what resources already exist within communities and considers how we can work with them to help support our aim of creating healthier residents and neighbourhoods. Resources may include community groups, leisure centres or green spaces such as parks.
Carer	Someone who provides unpaid support to family or friends who cannot manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.
Clinical Commissioning Groups	NHS organisations made up of GPs and other healthcare professionals who are responsible for planning, funding, arranging and monitoring the majority of health care services.
Delayed transfers of care	A 'delayed transfer of care' occurs when an adult patient is in hospital, and no longer requires hospital care, but cannot leave for some reason. This is often due to a lack of available support outside of the hospital setting.
DOS	Directory of Services
Integrated care	Health and care services working together in a co-ordinated and joined up way.
IVCH	Integrated Virtual Clinical Hub
Localities	In order to help with the planning of health and

	care services, Manchester has been split up into 12 localities, each containing 2 or 3 council wards. The population coverage of 30,000 – 50,000
Long-term conditions (LTCs)	Long term or chronic conditions are illnesses that people live with for a long time and that cannot currently be cured. Diabetes, heart disease, dementia, asthma and some mental health problems are examples of LTCs.
MCP (Multi-specialty Community Provider)	A new type of health and care organisation, or partnership, which brings together primary care, community health services and social care services. It supports GP practices to work at scale and plan services along with other health and care providers.
National Voices	A coalition of health and social care charities in England.
Neighbourhood teams	Neighbourhood Teams are teams of health and social care professionals working together in a joined up way to meet the health and care needs of their local population
Outcomes framework	Details of what benefits are expected from a particular programme of work, or service, and how they will be measured.
Parity of esteem	The principle that mental health care should be considered on an equal footing with physical health care when it comes to developing, and investing in, health and care services.
Patient	Someone who is receiving medical care or treatment. This is sometimes used interchangeably with 'service user', which is generally the preferred term in the social care

	sector.
Patient Experience	A term used for individual and collective experiences of a particular service, treatment, health/social care professional or organisation. This information is used to improve current services and inform the planning and development of new services.
PIN (Prior Information Notice)	This is a document, written by commissioners, which forms part of a formal procurement process. It provides potential providers with information about the content of, and plans for a future procurement exercise. Mostly used by contracting authorities to provide suppliers with information that they are planning a procurement process within the next 12 month.
Primary care	Primary care services are those provided by GPs, Pharmacist, Dentists and Optometrists.
Procurement	The formal process commissioners use to acquire goods and services. It can take many forms dependent on what is being procured and its cost.
QIPP (Quality, Innovation, Productivity and Prevention)	A NHS programme of work which aims to improve the efficiency and effectiveness of health services so health outcomes for people are improved and best value is gained from the money invested in services.
Risk-stratification tool	This is a way in which doctors can identify which patients are most likely to need significant health and social care support as a result of the conditions they suffer from.
Self-management	The way people take charge of their own care, monitoring their health and dealing with any

	long term conditions they may have. Self-management can include finding out more about your condition; learning new skills and tools to help you manage your health; working in partnership with health care professionals; choosing what is right for you; and getting support from other people in a similar situation.
Service user	Someone who uses health or, more usually, care services. Different people choose to use a range of terms including 'client', 'patient', 'customer' or 'consumer'.
Strengths-based	An approach to care which looks first at what people and communities **can** do with their skills and resources rather than focusing on the challenges and limitations they face. It recognises that people are experts in what they need and in charge of their own lives.
Voluntary and Community Sector (VCS)	VCS is a common umbrella term for organisations known variously as charities, third sector organisations, not-for-profit organisations, community groups, social enterprises, civil society organisations and non-governmental organisations.
Workforce	People working in health and social care organisations.
111	The non-emergency number in England for people who have health concerns.