



Health Scrutiny Committee

Date: Tuesday, 4 February 2020

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Access to the Council Antechamber

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Nasrin Ali, Clay, Curley, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Supplementary Agenda

5. The Councils Updated Financial Strategy and Budget Reports 2020/21 5 - 18

The Chief Executive and the Deputy Chief Executive and City Treasurer

This report provides an update on the Council's overall financial position and sets out the next steps in the budget process, including scrutiny of the budget proposals and budget report by this Committee.

Each Scrutiny Committee will receive a budget report aligned to its remit, showing the main changes proposed to delivery and funding. The services to be considered by each scrutiny committee are shown at table five. The report also outlines the proposals for how the Council could deliver a balanced budget for 2020/21, the details of which will be discussed at the relevant scrutiny committees.

5a Adult Social Care and Population Health Budget 2020/21 19 - 70
Report of Executive Director of Adult Social Care

The proposed 2020/21 budget for Adult Social Care and Population Health (ASC & PH) as part of the Manchester Health and Care Commissioning (MHCC) pooled budget was reported to Health Scrutiny in January 2020. This report provides the final budget proposals following the contents of the provisional Local Government Settlement received late December 2019 and feedback from public consultation and scrutiny committees during January 2020.

9. Update on the work of the Health and Social Care staff in the Neighbourhood Teams 71 - 98

Report of the Executive Director of Adult Services and the Chief Operating Officer, Manchester Local Care Organisation

This paper updates the Health Scrutiny Committee on the work of health and social care staff in the Manchester Integrated Neighbourhood Teams (INTs).

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Friday, 31 January 2020** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

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**Manchester City Council
Report for Resolution**

Report to: Resources and Governance Scrutiny Committee - 4 February 2020
Health Scrutiny Committee - 4 February 2020
Children and Young People Scrutiny Committee - 5 February 2020
Neighbourhoods and Environment Scrutiny Committee - 5 February 2020
Economy Scrutiny Committee - 6 February 2020
Communities and Equalities Scrutiny Committee - 6 February 2020

Subject: Updated Financial Strategy and Budget Reports 2020/21

Report of: The Chief Executive and the Deputy Chief Executive and City Treasurer

Summary

This report provides an update on the Council's overall financial position and sets out the next steps in the budget process, including scrutiny of the budget proposals and budget report by this Committee.

Each Scrutiny Committee will receive a budget report aligned to its remit, showing the main changes proposed to delivery and funding. The services to be considered by each scrutiny committee are shown at table five. The report also outlines the proposals for how the Council could deliver a balanced budget for 2020/21, the details of which will be discussed at the relevant scrutiny committees.

Recommendations

The Committee is asked to consider and make recommendations to the Executive on the budget proposals which are within the remit of this Committee and to comment on initial Budget Reports which have been designed to ensure the Council invests in the services that are valued by its residents achieving both high quality services and outcomes for residents, as well as a balanced budget.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

The proposed 2020/21 budget will reflect the fact the Council has declared a climate emergency by making carbon reduction a key consideration in the Council's planning and budget proposals.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This report provides an update on the Council's overall financial position for 2020/21 which will underpin all of the Council's priorities as determined through the Our Manchester Strategy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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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.

- Suite of budget reports to Executive, 13 February 2019

- Spending Round Announcement 2019 report to Resources and Governance Scrutiny Committee – 8 October 2019
- Updated Financial Strategy and Budget Reports 2020/21 to Resources and Governance Scrutiny Committee 7 January 2020
- Provisional local government finance settlement: England, 2020 to 2021, 20 December 2019
- Budget Update report to Executive 15 January 2020

1. Introduction and Approach

- 1.1. This report updates on the overarching revenue budget for 2020/21. The direction for the budget is underpinned by the Our Manchester Strategy for the City, with the Council's updated Corporate Plan setting out the priorities for the Council. The Locality Plan 'Our Healthier Manchester' is also set within the context of the Our Manchester Strategy.
- 1.2. The full suite of budget reports to be presented to February Executive and Resources and Governance Budget Scrutiny will include:
- the Budget 2020/21 Covering Report;
 - the Revenue Budget 2020/21;
 - the Directorate Business Plans;
 - the Housing Revenue Account;
 - the Dedicated Schools Grant;
 - the Capital Strategy and Budget; and
 - the Treasury Management Strategy and Borrowing Limits and Annual Investment Strategy.

These reports together underpin the detailed financial spend of the Council for the coming year and provide a framework for Revenue and Capital planning from 2020/21. A Single Council Business Plan has also been developed, which replaces the individual directorate business plans produced previously. This will also be considered by the Executive in February.

- 1.3. At its meeting on 13 February 2019 Executive agreed to the 2019/20 budget, which was the final year in the three year budget strategy for 2017-20. At this point it was expected that there would be a spending review in 2019, resulting in a new multi-year settlement from 2020/21. However, the review did not take place and a one year Spending Round was announced on 4 September 2019. Following this the Provisional Local Government Finance Settlement 2020/21 was released on 20 December 2019.
- 1.4. The budget proposals for 2020/21 will continue to reflect the priorities identified in the three-year budget strategy and as set out in the Corporate Plan. These have been updated to include action required to address the climate emergency declared by the Council. The priorities are:
- Zero carbon Manchester - Lead delivery of the target for Manchester to become a zero carbon city by 2038 at the latest, with the city's future emissions limited to 15 million tonnes of carbon dioxide.
 - Young People - From day one, support Manchester's children to be safe, happy, healthy and successful, fulfil their potential, and make sure they attend a school graded 'good' or better.
 - Healthy, cared-for people - Work with partners to enable people to be healthy and well. Support those who need it most, working with them to improve their lives.
 - Housing - Ensure delivery of the right mix of good-quality housing so that Mancunians have a good chance of quality homes.

- Neighbourhoods - Work with our city's communities to create and maintain clean and vibrant neighbourhoods that Mancunians can be proud of.
 - Connections - Connect Manchester people and places through good-quality roads, sustainable transport and better digital networks.
 - Growth that benefits everyone - Boost the city's productivity and create a more inclusive economy that all residents can participate in and benefit from, and contributing to reductions in family poverty, as set out in the Our Manchester Industrial Strategy.
 - Well-managed Council - Support our people to be the best and make the most of our resources.
- 1.5. Due to the announcement of a one year Spending Round by government the Council will publish a single year budget for 2020/21, however, it will continue to plan for a three year position based on the best information available. This is critical to demonstrate forward planning and support resilience, ensuring the Council is in the best position to respond to the national funding changes. Work has begun on the budget requirements for 2021/22 and beyond in the context of considerable changes to Local Government funding including the outcome of the Spending Review, changes to how local government funding is distributed, changes to the Business Rates Retention scheme, and the future of Adult Social Care funding.
- 1.6. This report will provide an update on:
- the position reported to January Scrutiny Committees including the proposed savings and efficiencies
 - Council Business Plan feedback and updates
 - changes since the January Scrutiny meetings and further updates on funding
 - the budget setting process and next steps

2. Position reported to January Scrutiny Committees

- 2.1. As set out in the budget strategy report to the January Scrutiny Committees the forecast 2020/21 budget position was a small surplus of £256k. This was based on the best information available to date, including:
- Government funding announcements in the September Spending Round and the technical provisional settlement consultation released early October.
 - Forecast changes to spend including the impact of expected increases to the National Living Wage, pension contribution costs, the waste levy and other pressures outlined in the scrutiny budget reports.
 - Identification of savings and/or efficiencies to support the overall financial position including meeting current budget pressures through the realignment of budgets.
- 2.2. Savings totalling a net £2.837m, once cost pressures have been met, have been identified in Corporate Core, Neighbourhood Services and Growth and Development Directorates. These are being found through a combination of

efficiencies, income generation and innovation and should not impact on frontline services to residents. In recognition of the challenges faced by Adults and Children's Social Care and the Homelessness Service, any efficiencies identified in these areas will be used to help achieve a balanced budget in 2020/21, with a focus on stabilising the position and preparing for possible changes from 2021/22 onwards.

- 2.3. With regard to homelessness, the service has identified a potential increase in income of £1m in 2020/21 relating to Housing Benefit for temporary accommodation which will be available from DWP based on a small scale transfer of existing properties to be managed by Registered Providers (RPs) by end of March 2020 and increasing incrementally throughout 2020/21, this will reduce the net cost to the Council. The option under consideration would target a transfer of properties outside of the city boundaries and the approach has been agreed in principle with registered providers. The financial due diligence is being undertaken to achieve the first transfer of 100 properties by the end of March 2020.
- 2.4. All proposals were presented to the relevant Scrutiny Committees in January for comment and the table below summarises these by Directorate.

Table One: Net Savings Options 2020/21

	2020/21 Savings/ Income Options Identified	2020/21 Pressures/ Priorities Identified	Net savings options supporting budget
	£'000	£'000	£'000
Homelessness	(1,000)	1,000	0
Corporate Core	(3,449)	2,872	(577)
Neighbourhood Services	(2,324)	754	(1,570)
Growth and Development	(690)	0	(690)
Total Savings Options	(7,463)	4,626	(2,837)

3. Council Business Plan Feedback and Updates

- 3.1. Our Council Business Plan replaces individual directorate business plans produced in previous years. The plan is structured around the eight priority themes of our corporate plan and has been produced following the development of 41 service plans which describe in more detail the achievements, priorities and activities of the 41 services which collectively make up Manchester Council.

- 3.2. Each priority theme section describes:
- The priority theme, including key strategies and plans which are helping to drive delivery
 - Key achievements driving delivery of this priority theme in the last year
 - Planned activities and initiatives across council services which will drive delivery of the priority theme in 2020-21
 - The key measures which will determine whether the activities have been successful
- 3.3. The full draft document was presented to all Scrutiny Committees for comment and feedback in January. A number of minor changes have been made to the document following the meetings, many of which were as a result of the queries and feedback which focused on:
- areas requiring clarification/further detail
 - specific comments on a number of the metrics included in the document, and
 - queries relating to the approach to Equalities, Diversity and Inclusion.
- 3.4. The Equalities, Diversity and Inclusion section in the Council Business Plan includes detail of the approach taken to meeting the Council's obligations under the Public Sector Equality Duty, building on successes at fostering good relations between Manchester's communities of identity and maintaining fair and equal access to Council functions.
- 3.5. The changes made to the plan are as follows:
- In the 'measures of success' section in each priority section, the illustrative outturn figures from 2017/18 and 2018/19 have been removed to enable focus on future performance.
 - Some wording updates have been made to the Young People and Neighbourhoods sections to ensure accurate read-across and reference to other strategies and plans.
 - Notes and changes have been added to some of the metrics to clarify the availability of data, to better articulate trends in the narrative, and for metrics which were previously described as only a 'rate per 1,000' the actual number is now also referred to.
 - The 'Healthy, Cared for People' section now includes reference to a number of metrics and has been restructured to more clearly align to the wider health and social care partnership planning arrangements.
- 3.6. The final document will be presented to the meeting of the Executive on 12th February.
- 4. Changes to budget position from the January Scrutiny meetings to the current date**
- 4.1. The position shared with Scrutiny Committees in early January was an expected 2020/21 budget surplus of £256k. A balanced budget is now

proposed and the changes are shown in the table below. The details will be set out in the February reports to individual Scrutiny Committees, the Executive and Resources and Governance Budget Scrutiny Committee.

Table Two: Impact of changes since January scrutiny meetings

	2020/21 £000
Estimated Surplus (reported to Scrutiny Committees early January)	(256)
Additional New Homes Bonus Grant	(662)
Revised Inflation on Settlement Funding Assessment	165
Revised Inflation on Public Health Funding	36
Updated Statutory National Living Wage from 1 April 2020	550
Increase to Waste budget to reflect reduction in trade waste disposed through the Levy	283
Application of waste contingency	(134)
Reduction in Council Tax Support Admin Subsidy	18
Additional pressure - Children's Services	1,701
Increase in Business Rates income - final NNDR	(3,780)
Contribution to Business Rates Reserve	2,079
Net Budget	0

Local Government Provisional Finance Settlement

4.2. The 2020/21 Local Government Provisional Finance Settlement was announced on 20 December 2019, delayed from the expected date of 5 December due to the December general election. With the delay in both the Fair Funding Review and reform of business rates, combined with a one-year spending round, the 2020/21 funding is largely a roll-over settlement with some inflationary increases and specific increases for Social Care as announced in the Spending Round. The provisional settlement confirmed all announcements in the 2020/21 Spending Round including:

- Increasing Settlement Funding Assessment (SFA)¹ in line with inflation from £14.6bn to £14.8bn
- Confirming the proposals for Council Tax referendum limits for 2020/21

¹ Settlement Funding Assessment (SFA) consists of: local share of retained business rates, plus Revenue Support Grant plus top-up or less tariff.

- An additional £1 billion Social Care Grant for both adult and children's services and maintaining improved Better Care funding at 2019/20 levels
 - £900m top slice to pay for New Homes Bonus in 2020/21 and maintaining the growth threshold at 0.4%
- 4.3. New Homes Bonus (NHB) will continue for another year, however the government intends to phase it out by 2023/24. There is no change in the operation of the scheme in 2020/21 and the threshold has been retained at 0.4%.
- 4.4. The impact of the announcements on the Council's budget position are:
- New Homes Bonus is £0.662m higher than budgeted following the baseline threshold remaining at 0.4%.
 - Settlement Funding Assessment is £165k less because Government have inflated by 1.63% rather than 1.7% originally assumed as per the CPI announcement
 - Public health (CPI + 1%) has not yet been confirmed within the figures, however, bearing in mind the level of inflation used above, it is considered prudent to include an increase of 2.63% (rather than 2.7%) which is £36k lower than originally assumed. For the Council Public Health expenditure is not currently grant funded but is now met from retained business rates. The Council's business rates tariff payment to the government should be reduced accordingly. The funding announcements made assume that the Council will fund this out of the devolved budget, which is a council decision.
- 4.5. The Council has submitted a response to the settlement consultation which was published alongside the settlement, and closed on 17 January 2020.

Statutory National Living Wage

- 4.6. On 31 December 2019, the Government announced the new statutory National Living Wage of £8.72 per hour to apply from April 2020. This was slightly higher than the original hourly rate assumptions within the budget and resulted in a further budget requirement of £0.550m.

Council Tax referendum principles

- 4.7. The budget assumes that the Council will increase the council tax precept by 3.99%, made up of a general precept element of 1.99% and the specific social care precept element of 2%. The Council is consulting on the 2% Adult Social Care precept increase.
- 4.8. The overall council tax increase to Manchester residents may be higher as the total council tax payable will also include changes to the Greater Manchester Mayoral precept and the Police precept. No referendum limit is proposed for Mayoral Combined Authorities in 2020/21.

Council Tax Base

- 4.9. It is to be noted that the Deputy Chief Executive and City Treasurer, in consultation with the Executive Member for Finance and Human Resources, has agreed under her delegated powers to set the tax base for Council tax setting purposes in accordance with the Local Authorities (Calculation of Council Tax Base) (England) Regulations 2012.
- 4.10. This calculation has to be based on data available on 30 November 2019 and the decision must be made between 1 December 2019 and 31 January 2020. The Council has to notify the precepting authorities of its calculation for 2020/21 by 31 January 2020. The tax base for tax setting purposes for the year 2020/21 was agreed on 8 January 2020 at 118,864.8. This is in line with the existing assumption.

Decisions for Council Tax Surplus and Business Rates Surplus

- 4.11. The Council Tax surplus of £5.988m for 2019/20 has been declared, of which Manchester will retain £5.028m. The Business Rates surplus is £12.202m and Manchester will retain £12.080m. These are reflected in the budget as set out in table three below. All budget changes will be detailed in the reports to the Executive and Resources and Governance Budget Scrutiny Committee later in February.

5. Revised budget position 2020/21

- 5.1. The changes outlined above would enable a balanced budget to be achieved for 2020/21 as shown in the table below. As requested by Resources and Governance Scrutiny Committee both the original and revised budget for 2019/20 are shown.
- 5.2. The provisional cash limit budget for each directorate is shown in the table below

Table Three: Budget Position 2019/20 (Latest) and 2020/21 (Proposed)

	2019/20 Original	2019/20 Revised	2020/21 Proposed
	£000	£000	£000
Resources Available:			
Business Rates Related Funding	314,653	314,653	339,547
Council Tax	166,507	166,507	174,465
Other non-ring fenced Grants	54,426	65,752	66,717
Dividends and Use of Airport Reserve	62,390	62,390	62,890
Use of other Reserves	12,859	12,859	21,481
Total Resources Available	610,835	622,161	665,100
Resources Required			
Corporate Costs:			

Levies/Statutory Charge	69,990	69,990	71,327
Contingency	1,600	850	860
Capital Financing	44,507	44,507	44,507
Transfer to Reserves	7,067	18,393	18,338
Subtotal Corporate Costs	123,164	133,740	135,032
Directorate Costs:			
Additional Allowances and other pension costs	10,030	10,030	9,580
Insurance Costs	2,004	2,004	2,004
Inflationary Pressures and budgets to be allocated	9,945	1,764	10,271
Directorate Budgets	465,692	474,623	508,213
Total Directorate Costs	487,671	488,421	530,068
Total Resources Required	610,835	622,161	665,100
Shortfall / (surplus)	0	0	0

- 5.3. The provisional cash limit budget for each directorate is shown in the table below:

Table Four: Cash Limit budgets 2019-21

	Original Budget 2019/20	Revised Budget 2019/20	Proposed Budget 2020/21
	£'000	£'000	£'000
Children's and Education	120,434	120,432	130,320
MHCC Pooled Budget	194,050	193,604	216,864
Adult Social Care - Services out of scope of Pooled Budget	4,213	4,303	4,389
Homelessness	13,375	13,933	15,285
Corporate Core	67,838	69,554	69,960
Neighbourhoods	60,267	66,981	63,751
Growth and Development	5,515	5,816	7,644
Total	465,692	474,623	508,213

6. Other budget Issues

- 6.1. There remains some potential movement in the 2020/21 position and further changes are anticipated following the publication of the Final Local Government Finance Settlement expected in February and other funding announcements, these include:

- Confirmation of the redistribution of the surplus held in the national levy account in 2019/20, which should be confirmed in the final settlement
- Confirmation of the allocations for the remainder of the government funding for homelessness support
- Public Health allocations are yet to be confirmed. The Spending Round announced a real terms increase to the Public Health Grant budget, expected to be 2.63%, an increase of £1.328m.
- The Spending Round announced an additional £40m funding for Discretionary Housing Payments to tackle affordability pressures in the private rented sector in England and Wales. The authority level allocations are yet to be announced. The Council currently receives £2.2m in Discretionary Housing Payments Grant.
- The Conservative Party manifesto announced £500m funding for a Potholes Fund. Local Authority level allocations have not yet been published.

7. Scrutiny of the Draft Budget Proposals and Budget reports

- 7.1. The service budget reports and Council Business Plan are attached for the Committee's consideration. These reports contain details of how services will support the delivery of the Council's priorities as set out in the Corporate Plan. The reports have been tailored to the remit of each scrutiny as shown in the table below.
- 7.2. The Committee is invited to consider the options which are within its remit, alongside the draft business plan and to make recommendations to the Executive before it agrees the final budget proposals.

Table Five: Scrutiny Reports

Date	Meeting	Budget Paper
4 February	Resources and Governance Scrutiny Committee	Report covering the Corporate Core and the relevant parts of Growth and Development Directorate (Operational and Investment estate and facilities management) Housing Revenue Account
4 February	Health Scrutiny Committee	Adult Social Care and Population Health This is supplemented by: <ul style="list-style-type: none"> • Draft MHCC Plan on Page, Joint Budget Report 2020/21 and refreshed Manchester Locality Plan
5 February	Children and Young People Scrutiny Committee	Children and Education Services Dedicated Schools Grant

5 February	Neighbourhoods and Environment Scrutiny Committee	Report covering Neighbourhoods and Relevant services from Growth and Development (Housing and Residential growth)
		Homelessness report
6 February	Economy Scrutiny Committee	Report covering Growth and Development and the relevant parts of Neighbourhoods (Business Units) and Housing and Residential growth
6 February	Communities and Equalities Scrutiny Committee	Report covering Neighbourhoods

8. Next Steps

- 8.1. Recommendations from the February Scrutiny Committees will be considered by the Executive at its meeting 12 February 2020 where it will agree its final budget recommendations. These recommendations will be considered by the Resources and Governance Scrutiny Committee at its special budget meeting on 24 February. Chairs of the other five Scrutiny Committees will be invited to attend this meeting to articulate the views of their Committee regarding the proposals. The Council will then make its final decisions and will set the budget on 6 March 2020.
- 8.2. The timeline is detailed below.

Table Six: Remaining Budget Timeline

Date	Event
4 - 6 February 2020	Scrutiny Committees receive budget reports and associated savings proposals
12 February 2020	Executive - proposes budget - suite of budget reports (revenue and capital) Final Corporate Plan
24 February 2020	Budget Resources and Governance Scrutiny - Revenue and Capital
6 March 2020	Budget Council

9. Budget Position from 2021/22

- 9.1. Work is ongoing to establish the budget requirements for 2021/22 and beyond. This is in the context of considerable changes to Local Government Funding including the outcome of the Spending Review, a review of local authorities relative needs and resources (also known as the Fair Funding Review) which will consider how local government funding is distributed, reform of the Business Rates Retention scheme, and the government proposals on the future of Adult Social Care funding and interaction with the NHS 10-year long term plan. The government is expected to make a budget announcement on 11 March 2020 which may give some clarity on the direction of funding for Local Government.
- 9.2. With regard to the Fair Funding review, little detail is, as yet, available on the potential impact. However, on 24 January 2020 the Local Government Association released an exemplification for adult social care funding based on research by the Personal Social Services Research Unit (PSSRU); and which is expected to inform the individual Local Authority allocations. This calculation has been widely reported and shows a potential reduction in funding of c14% overall for Manchester. At 2018/19 national spend levels (on which the exemplification is based) this would equate to a cut of around £22m, though it is noted the weighting of Adults in the 2021/22 formula is yet to be determined. It is recognised that this is just one element of the overall funding envelope for Local Government, but nevertheless is very concerning for Manchester. It is expected that there will be time limited transition funding. However, at this stage, the Government is yet to announce its formal funding proposals.

10. Conclusions

- 10.1. The Council remains committed to the priorities within the Our Manchester strategy and the Council's revised corporate plan. The proposed 2020/21 budget reflects changes arising from the Spending Round announcements, the Provisional Local Government Finance Settlement 2020/2, forecast pay awards, notifications from GMCA and a robust review of all council service spend to realign budgets and identify savings options.
- 10.2. The draft budget is based on the best information available to date, however there will be potential changes arising from the outcome of the Final Local Government Finance Settlement and other government funding announcements.

11. Recommendations

- 11.1. The recommendations appear at the front of this report.

**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 4 February 2020
Executive – 12 February 2020

Subject: Adult Social Care and Population Health Budget 2020/21

Report of: Executive Director of Adult Social Care

Summary

The proposed 2020/21 budget for Adult Social Care and Population Health (ASC & PH) as part of the Manchester Health and Care Commissioning (MHCC) pooled budget was reported to Health Scrutiny in January 2020. This report provides the final budget proposals following the contents of the provisional Local Government Settlement received late December 2019 and feedback from public consultation and scrutiny committees during January 2020.

A change to the proposed budget is an increase to the ASC & PH cashlimit budget of £0.550m to reflect the increase to the national living wage from 1st April 2020 from the estimated £8.66 per hour to a confirmed rate of £8.72 per hour.

The MHCC health and care provisional budget for 2020/21 was provided to January Health Scrutiny as Annex 1 of the 2020/21 Adult Social Care and Population Health budget report. The budget will be finalised during February to reflect funding for the NHS Long Term Plan targeted and fair share allocations to Clinical Commissioning Groups to be announced as part of the operational plan guidance in late January 2020. A final Pooled budget report will be provided to Health Scrutiny in line with the final NHS planning guidance.

The approach to developing the Manchester Local Care Organisation (MLCO) Operational Plan was provided to January Health Scrutiny as Annex 2 of the 2020/21 Adult Social Care and Population Health budget report.

The Operational Plan is currently being developed across the service teams in MLCO and with key partners across the system. It will outline the key priorities and programmes that MLCO will deliver, how that will be measured and reported during 2020/21. The final MLCO Operational plan will be published in March 2020 following agreement through the MLCO Partnership Board and it will take account of any changes as a result of the publication of the health allocations for 2020/21, which at the time of writing have not been published. Therefore, the MLCO Operational Plan Annex has been removed.

This report summarises the final budget proposals made to determine the Council's contribution to the MHCC pooled budget for 2020/21 for approval by the Executive in February 2020 ahead of the Council's budget meeting in March 2020. This includes continuation of the Better Care Fund grants which include the £2.667m ASC Winter

Pressures grant and the £4.555m Social Care grant announced in December 2018. The additional Social Care grant funding (£1billion nationally), proposed 2% ASC Council Tax Precept and additional funding for Public Health in 2020/21

In aggregate the proposals reflect additional investment for Adult Social Care and Population Health of £23.3m to sustain services at the same levels as 2019/20, support the statutory functions of the Council, deliver the Corporate priorities and to continue to support the integration of health and social care to improve outcomes for citizens. This would bring the total 2020/21 budget for ASC and Population Health to £221.3m and the contribution to the MHCC Pooled Budget from the City Council to £216.9m.

Recommendations

The Committee and the Executive are each invited to review and comment on the directorate budget report.

Wards Affected: All

Manchester Strategy Outcomes	Summary of the Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the City in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs
A highly skilled city: world class and home grown talent sustaining the city's economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to

	locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	Aligns to inclusive growth priority by supporting more residents to become independent and resilient, and better connected to the assets and networks in places and communities.

Full details are in the body of the report, along with implications for:

- Equal Opportunities
- Risk Management
- Legal Considerations

Financial Consequences for the Capital and Revenue Budgets

The proposals set out in this report forms part of the preparation of the Council's draft revenue and capital budget for 2020/21 and revenue contribution to the Manchester Health and Care Commissioning Pooled Budget for Adult Social Care for approval by the Executive in February 2020.

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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 Care Commissioning - Adult Social Care Business Plan 2019/20, Executive 13th February 2019

Adult Social Care and Population Health Budget 2020/21, Health Scrutiny 7th January 2020

1. Introduction and background

- 1.1 A key priority of the Our Manchester Strategy is to radically improve health and care outcomes in the city. Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city.
- 1.2 The Locality Plan, 'Our Healthier Manchester', represents the first five years of ambitious, transformational change needed to deliver this vision. The Locality Plan is fully aligned with the Our Manchester approach. This will mean supporting more residents to become independent and resilient, and better connected to the assets and networks in places and communities. Services will be reformed so that they are built around citizens and communities, rather than organisational silos. The Locality Plan is aligned to the Council's Corporate Plan priority - 'Healthy, Cared for People'.
- 1.3 Manchester Health and Care Commissioning (MHCC), a partnership between Manchester City Council and Manchester Clinical Commissioning Group, was formed as the single commissioner for health, public health and adult social care in April 2017. MHCC has operated a single pooled budget, planning, delivery and assurance process since April 2018. This has overseen all of MHCC's commissioning responsibilities and includes single pooled budget arrangements.
- 1.4 It is now moving into the second phase of its development, focusing on its role as a strategic commissioner, working with key system delivery partners: MLCO as an integrated provider of out of hospital care; MFT; federated models of primary care and more latterly Primary Care Networks; and Greater Manchester Mental Health Foundation Trust (GMMH) as the mental health provider for the City.
- 1.5 For 2020/21 the business and budget plan for Adult Social Care and Population Health will be part of the MHCC Plan which reflects the refreshed Manchester Locality Plan and is supported by the Manchester Local Care Organisation (MLCO) Operational Plan for 2020/21. Summary draft reports are provided for Health Scrutiny Committee for information and comment. Whilst the Council determines the scale of its contribution into the pooled budget, to reflect the partnership arrangements in place with partners, this has been developed with the Chief Finance Officer MHCC and the Director of Finance MLCO.
- 1.6 This paper describes the arrangements that are in place to deliver on these ambitions and improve outcomes for our residents. This includes the proposed resources that are required to ensure that the work to improve adult social care services can continue, as part of the delivery of new models of care and the development of the Integrated Neighbourhood Teams.
- 1.7 Ultimately, the proposed investment and the plans associated with that investment will ensure continuation of the important work to support our most vulnerable residents. From the perspective of Adult Social Care in particular

this will be both through delivering our statutory duties safely and effectively, and through working effectively with the wider care market to ensure a sustainable local offer is in place.

- 1.8 The proposed 2020/21 budget for Adult Social Care and Population Health (ASC & PH) as part of the Manchester Health and Care Commissioning (MHCC) pooled budget was reported to Health Scrutiny in January 2020. This report provides the final budget proposals following the contents of the provisional Local Government Settlement received late December 2019 and feedback from public consultation and scrutiny committees during January 2020.
- 1.10 A change to the proposed budget is an increase to the ASC & PH cashlimit budget of £0.550m to reflect the increase to the national living wage from 1st April 2020 from the estimated £8.66 per hour and confirmed rate of £8.72 per hour. Further detail is provided at para 3.10.
- 1.11 The MHCC health and care provisional budget for 2020/21 was provided to January Health Scrutiny as Annex 1 of the 2020/21 Adult Social Care and Population Health budget report. The budget will be finalised during February to reflect funding for the NHS Long Term Plan targeted and fair share allocations to Clinical Commissioning Groups to be announced as part of the operational plan guidance in late January 2020. Annex 1 details a provisional pooled budget for 2020/21 totalling £1.230 billion. A final Pooled budget report will be provided to Health Scrutiny in line with the final NHS planning guidance.
- 1.12 The approach to developing the Manchester Local Care Organisation (MLCO) Operational Plan was provided to January Health Scrutiny as Annex 2 of the 2020/21 Adult Social Care and Population Health budget report. The Operational plan is currently being developed across the service teams in MLCO and with key partners across the system. It will outline the key priorities and programmes that MLCO will deliver, how that will be measured and reported during 2020/21. The final MLCO Operational plan will be published in March 2020 following agreement through the MLCO Partnership Board and it will take account of any changes as a result of the publication of the health allocations for 2020/21, which at the time of writing have not been published. Therefore, the MLCO Operational Plan Annex has been removed.
- 1.13 The proposals in this report will seek approval from Council's Executive in February 2020 to:
- Continue the permanent improvement plan and system resilience funding agreed by the Executive in February 2019 which includes further £1.366m for 2020/21 (para 3.5);
 - Make permanent further £1.210m resilience funding for ASC following confirmation of the ASC Winter Pressures grant for 10.3582020/21 (para 3.8);
 - Allocate further investment for pay and prices, National Living Wage and increased need of £10.358m (paras 3.10 / 3.11);

- Approve further funding proposals following the Spending Round to sustain services at the same levels as 2019/20 and new investment for Extra Care schemes and Population Health priorities in 2020/21 (paras 3.13 - 3.26):
 - Additional social care grant allocation of £7m
 - Estimated additional Public Health grant funding of £1.363m
 - Consultation on 2% Adult Social Care precept estimated to generate additional £3.259m of resources
- Contribute a non-recurrent £1m towards MLCO overheads from Adult Social Care reserve in 2020/21.

1.14 For 2020/21 the majority of the ASC and PH budget within the remit of the MHCC Pooled Budget will be managed by MLCO and will form part of its integrated budget and business plan. MLCO will work closely with MHCC to ensure continued alignment to delivery of the Manchester Locality Plan and MHCC Operational Plan priorities

1.15 This report is supplemented by Annex 1 – Draft MHCC Budget Report 2020/21 for the MHCC Pooled Budget including MHCC Operational Plan on Page and Refreshed Manchester Locality Plan

2. Budget priorities

2.1 The Adult Social Care and Population Health budget priorities relate to the Corporate Plan priority theme of 'Healthy, Cared for People'. This is to work with partners to enable people to be healthy and well and support those who need it most, working with them to improve their lives:

- Support Mancunians to be healthy, well and safe
- Improve health and reduce demand by integrating neighbourhood teams, that are connected to other services and assets locally, delivering new models of care
- Reduce the number of people becoming homeless, and enable better housing and better outcomes for those who are homeless

2.2 The Council's work to ensure our people are healthy and cared for is primarily delivered through MHCC and MLCO. Population Health services form part of MHCC, whilst the delivery and commissioning of adult social care services is managed by MLCO. Adult social care services play a key role in Integrated Neighbourhood Teams (INTs) and are part of the delivery of new models of care (NCMs).

2.3 Manchester's Adult Social Care Improvement Programme is driving significant change and longer term sustainability through investment in workforce, a shift of focus to 'our people in place' via the mobilisation of INTs and transformation to new ways of working underpinned by 'our culture' and the Our Manchester strategy. Significant investment has been made within the programme to deliver safe, effective and sustainable services that take a 'strengths based' approach to assessment and care and support planning. Mobilised INTs are beginning to realise tangible outcomes relating to joint visits with improved communication between health and social care (i.e. district nurses, social workers, GPs, care navigators, community mental health teams), streamlined

referral processes and multi-agency meetings.

- 2.4 The programme will also transform how services are delivered at our 'Front Door' by supporting integrated responses, access to a wider range of system informatics and linking our people to innovation in care and support through a mainstreamed Technology Enabled Care offer.
- 2.5 The Homecare market has been re-procured and is being mobilised to integrate at place level with INTs and to better collaborate in care and support to enable better outcomes. Investment has been made in new and existing care models for example, the expansion of the Reablement Service to reach more people and to better support timely hospital discharge pressures alongside the development of a new Complex Reablement Service to support people who require a specialised, longer term approach to enablement. Plans around housing support options continue to mature with new capacity of Extra Care accommodation from 2020/21. These housing options create longer term sustainable responses to care and support, reduce pressures and cost in the system and improve personal choice and independence.
- 2.6 The Care Market is a vital component of the Adult Social Care system supporting Manchester to meet statutory responsibilities and supporting manunians to live as independently as possible. Focussed work during 2020/21 will evaluate our current and future needs and the capacity, quality and sustainability of our independent care market. There is potentially a need for capital investment to allow market intervention, enabling a response should market failure occur to ensure continuity of service. This may be short-term in nature, but could be of vital importance to limit the impact of such market issues on residents. Linked to collaboration work with partners, investment may also be needed to build capacity, and in particular creating capacity for specific care needs to ensure that there is appropriate provision for vulnerable residents. This may require new build facilities, or the acquisition of existing buildings which can be tailored to care models.
- 2.7 The 2020/21 budget plan reflects that progress is being made to implement integrated health and social care that improves outcomes for residents. The new ways of working in the INTs are starting to deliver changes and the new care models are starting to demonstrate improvements in outcomes and reductions in demand for acute or long term care. The budget proposals reflect the need for investment to stabilise and sustain the service and continue the investment to support the integration of health and care.
- 2.8 The framework for how the Council supports its workforce is set out in the People Strategy. This is currently being updated and the revised version will form part of the suite of budget reports. Building on the budget plan for 2019/20, the proposals in this report have put in place further funding to enable greater permanent capacity to support system resilience and integration as a result of the improvement plan, new models of care and the number of additional posts being created.

3. 2020/21 Budget Proposals

3.1 The Adult Social Care net budget in 2019/20 is £197.907m of which £193.6m is in the scope of the MHCC Pooled Budget. Table 1 below provides a breakdown of how the budget is allocated both within and outside of the Pooled Budget.

Table 1: 2019/20 Base budget

Adult Social Care and Population Health	2019/20 Net (Original) Budget	2019/20 Gross (Revised) Budget	2019/20 Net (Revised) Budget	2019/20 Budgeted Posts (FTE)
Service Area	£'000	£'000	£'000	£'000
Localities including social work	6,343	10,938	7,979	313.1
Reablement	4,688	8,742	4,820	269.2
Learning Disability including social work	51,994	62,696	56,551	530.8
Mental Health including social work	23,463	25,853	23,650	7.0
Other Care – Homecare, Res & Nursing	41,176	66,470	42,737	101.5
Public Health	37,400	39,633	37,452	47.4
Commissioning	9,421	10,405	9,808	39.2
Back Office	10,609	10,515	5,078	106.5
Inflation & National Living Wage	8,514	8,172	5,172	0.0
Demography	0	356	356	0.0
MHCC Pooled Budget	193,608	243,780	193,604	1,414.7
Asylum	57	2,911	57	6.0
Voluntary & Community Sector (Adults)	2,261	2,080	2,080	0.0
Safeguarding	2,337	2,166	2,166	46.5
ASC Services Out of Scope	4,655	7,157	4,303	52.5
Total	198,263	250,937	197,907	1,467.2

3.2 The Adult Social Care net budget has reduced by £356k between the original net budget approved by the Executive in February 2019 of £198.263m and the current budget of £197.907m. This relates mainly to two budget transfers out of ASC totalling £335k as follows:

- £279k winter pressures allocation to Homelessness; and
- £56k in relation to transfer of a post from ASC

- 3.3 There has also been changes to individual budget lines in relation to in-year allocations of funding from within the approved budget. This includes Winter Pressures grant funding of £3.2m and demographic growth funding of £2.4m which were held within the Back Office budget line in the original budget. The use of the Winter Pressures grant was agreed with partners during 2019/20 and reported to the Health and Wellbeing Board on 31st October as part of the report on the use of the Better Care Fund. The application of demographic growth funding is reported as part of the Global Revenue Monitoring reports to the Executive. Funding for the National Living Wage and inflation was also held on separate budget line in the original budget and has been allocated in year in line with the fee uplifts to care providers. There remains £3.8m inflation which will be allocated and where appropriate back-dated to care providers before the end of 2019/20.
- 3.4 The 2020/21 proposed ASC budget, the majority of which will be the contribution to the MHCC pooled budget, reflects a continuation of the 2019/20 net budget of **£197.907m**. This includes continuation of existing Social Care Grants of £35m, including improved Better Care Fund (iBCF), additional iBCF, ASC Winter Pressures grant and share of 2019/20 Social Care grant.

Adult Social Care Improvement Plan

- 3.5 The 2020/21 proposed pooled budget contribution includes continuation of the investment for the ASC Improvement Programme agreed by the Executive in February 2019. This has enabled the recruitment to c50 FTE additional posts. For 2020/21 the ASC improvement investment has increased by an additional **£1.366m** to reflect the full year effect of the programme. This also included funding of £490k for nine social work managers for the INTs funded from GMTF in 2019/20 and 2020/21 with future funding to be reflected within the new INT structures.
- 3.6 The key deliverables for the ASC Improvement Programme in 2020/21 include:
- Full recruitment of social work and other workforce capacity provided as part of the investment;
 - Assessment and support planning standards embedded with a significant reduction in waiting lists and return to business as usual;
 - Liquid Logic phase one fully implemented;
 - Full implementation of Strengths-Based Development Programme and quality assurance framework;
 - Full mobilisation of Integrated Neighbourhood Teams including realisation of benefits of integration;
 - Roll-out of all new Homecare contracts;
 - Full mobilisation of all new care models with assessment of scope for further expansion for schemes such as technology enabled care and extra care accommodation;
 - Progressing a detailed programme on the integration of Learning Disability Services;

- Procurement completed for priority contracts;
- Market demand and capacity assessment to support the development of a sufficiency and stabilisation plan.

System resilience to support transfers of care

- 3.7 The 2020/21 budget reflects continuation of the £2.667m ASC Winter Pressures grant. For 2019/20 the Executive approved £1.456m of funding from the grant on a permanent basis which provided funding for 35 fte additional posts. In addition, funding of £0.7m was provided by the CCG to make permanent 18 fte social workers posts specifically for social work capacity in hospitals. The £1.456m was part of a wider permanent investment of £4.225m for adult social care to support improvement and resilience.
- 3.8 In 2019/20 the balance of the ASC Winter Pressures grant of £1.210m was made available for non-recurrent workforce and other schemes, the use of which was reported to Health and Wellbeing Board in October 2019. The budget proposals for 2020/21 includes permanent commitment to the £1.210m which will be used to:
- Continue with the expansion of the Complex Reablement service (14 ftes);
 - Provide additional capacity for assessments of people leaving the Reablement service (6 ftes);
 - Provide greater capacity in Manchester Supported Independent Living service for supporting people with complex needs (5 ftes) and
 - Provide winter planning and urgent care capacity for mental health (8.6 ftes).
- 3.9 The Executive Director of Adult Social Care is the MLCO executive lead for the safe and effective discharge of people from hospital. The CCG, Manchester Foundation Trust and MCC have each agreed £0.5m towards the cost of an Integrated Discharge Team to relieve system pressures resulting from delayed transfers of care. For MCC this is being funded from an increase in 2019/20 of the CCG contribution to the Better Care Fund for ASC of £896k, with £396k being applied to support the expansion of Extra Care schemes in 2020/21.

Demographic and inflationary increases

- 3.10 The ASC proposed cashlimit budget includes an allocation for pay and price inflation of **£8.343m**. To allocate as part of the upfront budget is a different approach to the other Directorate cashlimit budgets, which reflects the pooled budget arrangements with Health. This allocation is made up of:
- £1.530m - pay award for ASC staff employed by MCC of just over 3%. This reflects Council budget assumptions to be in line with potential increase to £10.50 by 2024/25 using Local Government pay scale, subject to confirmation on timing by Government.
 - £4.400m increase to reflect National Living Wage assumptions for ASC for external providers, this has increased by £550k since the report in January to reflect the confirmation of the living wage being £8.72 per hour from 1st

April 2020. To uplift NLW to reflect a move to £10.50 by 2024/25 would be a further cost of £275k in 2020/21.

- £2.413m price inflation uplift to support contract uplifts including the capacity to support a move towards the Real Living Wage in the care market in the longer term.
- 3.11 In order to set a sustainable budget for Adult Social Care resources are required to meet an assessment of prediction of future increase in needs based on population modelling. There is **£2.015m** projected for increased need during 2020/21 which will be included in the pooled budget to be allocated during the year.
- 3.12 It is proposed that for 2020/21 there will no longer be a requirement by MLCO to revert back to MCC for decisions on draw down of pay and price inflation and demographic growth shown. The additional funding must be used as intended to reflect a change to the budget baselines for unit prices and activity levels (to be provided separately). Proposed changes to the planned use of this funding will need to be reported to MLCO Partnership Board, which has representation from all key partners, to be agreed along with identifying whether any more formal approvals are required in line with the Council's key decision thresholds.

Outcome of Spending Round

- 3.13 Following the Spending Round the 2020/21 budget reflects further proposals to increase the ASC budget by **£11.6m** which includes:
- Share of the additional social care grant announced as part of the Spending Round of £7m
 - Additional 2% Adult Social Care precept estimated to generate additional £3.259m of resources
 - Estimated additional Public Health funding of £1.363m
- 3.14 The following paragraphs set out the proposed use of the additional resources of which £8.8m is to sustain services at the same levels as 2019/20 and £2.8m is new investment for Extra Care schemes and Population Health priorities.

New Care Models

- 3.15 MLCO has developed a number of new care models (NCMs) focused on preventing admission to acute settings, improving support for hospital discharge, providing improved community based support and supporting prevention and independence. Time limited investment funding has been made available from the Greater Manchester Transformation Fund (GMTF), adult social care grants and MHCC investment resources. NCMs are fundamental to the system based approach to enable the benefits to be realised and shared across the wider health and care system.
- 3.16 There is emerging evidence of reduced demand in high cost services, evaluations to date have shown:

- Manchester Case Management (previously known as High Impact Primary Care) has shown, through a quantitative analysis of hospital activity, a statistically significant reduction in Accident and Emergency attendances post service start
 - Reablement has shown that for the cohort of people who have had Reablement service during 2018/19 financial year and went on to have a home care package after leaving Reablement had, on average, 26% fewer homecare visits and 22% fewer homecare hours during the 6 months post reablement
 - ExtraCare has shown that neighbourhood apartments have likely necessitated upto 1,200 fewer days of residential / nursing care to the wider health and care system
- 3.17 For 2020/21 the schemes remain as planned but the delivery of benefits have changed to reflect phasing and mobilisation of models during 2019/20. This has resulted in original planned savings from new care models reducing by **£1.925m** (42%). This would result in savings being delivered in 2020/21 of £500k in respect of Reablement.
- 3.18 Investment is required for the ongoing costs of neighbourhood apartments and to expand the Extra Care programme to deliver an additional four schemes in 2020/21. This is £132k for 20 neighbourhood apartments and £1.232m for the care costs for 223 new Extra Care apartments. Of this £396k will be funded from 2019/20 additional BCF (para 3.9), £200k from GMTF and **£767k** required as new investment.
- 3.19 Non-recurrent resource ends in 2020/21 for the ongoing costs of Core and Complex Reablement of £0.8m. It is proposed this will be funded from the estimated Additional Better Care Fund contribution towards from the CCG for 2020/21. The budget also includes continued funding for the Council to meet ongoing cost of existing new care models Discharge to Assess of £0.706m and Crisis Response of £88k which the CCG have committed to fund in 2020/21.
- 3.20 Funding for NHS long term planning priorities and commitments for 2020 - 2025 have not yet been allocated by NHS England to Greater Manchester or CCGs. Once this is confirmed there is a need to review impact and evidence from evaluation of all NCMs and determine longer term costs and benefits. This will need to be reflected in the medium term financial planning assumptions for the Manchester Locality Plan and risk share arrangements between partners for 2020-2025.

Integration of Learning Disability Services

- 3.21 Adults with Learning Disabilities (LD) are now more likely to enjoy longer, better quality lives. This is positive progress but the pressure on local authority and health services has increased in terms of support based on a combination of increasing demand, a growing and ageing population with greater complexity of conditions and the cost implications of national living wage. In order to meet increased need and complexity of citizens with LD, additional

budget of £5.034m is needed in the following areas of ASC LD services. Of this **£4.545m** from Council and estimated £489k from CCG for additional Continuing Healthcare needs:

- The most significant area of increased need is for the in-house Learning Disability Supported Accommodation (LDSA) budget in relation to the workforce requirements to meet the needs of people being supported by the service. Whilst the c140 people supported by the service is relatively static, their needs are increasing with age and it has been determined that there is an additional resource requirement of £3,450m. The service has taken action to put in place a dedicated team of social workers to assess needs and develop improved rota management practice. The CCG has committed to assess the impact of people meeting the continuing health care eligibility, where it is estimated that £0.5m of the rising costs are care relate to this which would reduce the additional resource requirement to **£2.950m**.
- The transitional costs of moving residents from LDSA to new build accommodation between October 2019 and July 2020 will be met from the Adult Social Care reserve with any ongoing additional costs to be met from within the service budget.
- Care for people with Learning Disabilities which is externally commissioned has increased by 41 people (3.5%) during this year for which 2019/20 demographic growth funding has been applied of £1.416m. Further increases in the cost of care have also arisen from greater complexity of need of **£685k**.
- The Shared Lives service has expanded in 2019/20 following recruitment of additional adult carers. This service delivers better outcomes and is more cost effective than external placements. Whilst it was expected that the cost of this could be met from a reduction in demand for other LD services, this has not been possible due to rising numbers of people requiring support and **£360k** of funding is required for the Shared Lives service.
- The in-house service which provides short breaks support for people with LD and their families is also experiencing increased need with additional resource requirements of **£550k**.

3.22 One of the key priorities for MLCO in 2020/21 will be the integration of Learning Disabilities. To inform the medium term financial plan this will include:

- Understanding need and provision requirements over a medium term period and reflecting this in a system based commissioning strategy with a much stronger approach to market management at a Locality and GM level;
- Fully implementing a strength based approach into LD arrangements;
- Integration arrangements between health and social care including the locality arrangements in respect of citizens under the arrangements for the NHS Transforming Care Programme;

- Striking the right balance between in-house provision within MLCO and commissioned provision; and
- Ensuring successful schemes within Shared Lives continue to grow.

Population Health

- 3.23 The Spending Round in September indicated a real terms increase to the Public Health Grant to ensure local authorities can continue to provide prevention and public health interventions. It has been estimated that the public health grant will be 'flat real' increase of £1.363m in line with inflation. It is expected that the cost of the Agenda for Change uplift met by Department of Health in 2019/20 (funded directly to NHS providers) and new burdens for drug costs relating to Pre-exposure prophylaxis (PrEP) HIV trial will be met separately by the NHS.
- 3.24 The Population Health services were all redesigned and recommissioned in 2014/15. The redesigned services have delivered better outcomes and real value for money and Manchester is no longer an outlier in relation to spend per head on these services. The Population Health budget has not overspent in any of the past five years and for 2019/20 is projected to breakeven. However during 2019/20 providers have highlighted pressures in delivering the services contracted within the current contract price. The proposed budget for 2020/21 includes additional budget of **£2.005m** as follows:
- Sexual Health services increased capacity for tests, screening and appointments;
 - Drug and Alcohol services relating to homelessness outreach, Youth Justice service engagement, dispensing costs and detox capacity;
 - Children's Population Health increased capacity for school nursing and child weight management programme to reflect increase in number of schools. The funding for a further ten funding trainee Health Visitor places in addition to the places provided by Health Education England;
 - Continuation of the Population Health partial contribution towards the Adverse Childhood Experience programme;
 - Inflationary uplift on NHS and non-NHS contracts.

Other budget requirements

- 3.25 There are other budget proposals to provide a sustainable budget relating to the following areas of the ASC service within the pooled budget which total **£1.830m**:
- The number of people requiring mental health services remains fairly consistent but it has not been possible to achieve expected reductions following a recent focus on reviews of care packages. This is due to new demand for care and the need for available suitable provision for changes in care. As such there is a requirement for additional budget of **£330k**.
 - Homecare savings of **£377k** (50%) are not yet delivered due to the revised timescales to implement the move to the new homecare contracts, including recommissioning of some contracts which means savings for 2020/21 are at risk.

- Shortfall on a savings target of **£500k** relating to expected contract related efficiencies which it has not been possible to realise following re-commissioning.
- Strengths based support planning for other Adult Social Care savings of **£198k** (40%) are not yet delivered. The changes to practice and training are now being rolled out but there is likely delay in full implementation in 2020/21.
- The cost of the community alarms service is £950k. When people are unable to contribute towards the cost of the monitoring and response service, the cost to the Council cannot be reduced to reflect this. There is a shortfall of income to cover the cost of the service by **£150k**
- To provide an uplift for NLW for external providers to reflect a move to £10.50 by 2024/25 would be a further cost of **£275k** in 2020/21.

Manchester Local Care Organisation

- 3.26 Continuation in 2020/21 of programme management transformation capacity to support MLCO of **£0.550m**. It is also proposed that continued non-recurrent funding will be made available in 2020/21 of up to £1m towards the overhead costs of MLCO from the remaining balance within Adult Social Care reserve

Summary

- 3.27 The proposals above would lead to an increased ASC budget requirement of £11.6m which together with pay and price inflation of £8.343m, demographic funding of £2.015m and full year effect of ASC Improvement investment of £1.366m would bring the proposed increase to the ASC and Population Budget in 2020/21 to £23.3m. This is a total ASC and Population Health budget of £221.3m of which £216.9m is part of the MHCC Pooled Budget broken down as follows:

Table 2: 2020/21 proposed changes and revised budget

Service Area	2019/20 Net Budget	Investment and other changes	2020/21 Net Budget
	£'000	£'000	£'000
Localities	7,979	1,585	9,564
Reablement	4,820	480	5,299
Learning Disability	56,551	4,060	60,611
Mental Health	23,650	677	24,327
Other Care	42,737	3,535	46,271
Public Health	37,452	2,205	39,656
Commissioning	9,808	1,499	11,307
Back Office	5,078	-1,325	3,753
Inflation & National Living Wage	5,172	8,530	13,702
Demography	356	2,015	2,371
Pooled Budget	193,604	23,261	216,864
Asylum	57	0	57
Voluntary & Community Sector (Adults)	2,080	42	2,122
Safeguarding	2,166	43	2,209
Other ASC	4,303	85	4,389
Total	197,907	23,346	221,253

4. Governance of the MHCC Pooled Budget

- 4.1 The partnership agreement between the CCG and the Council is supported through a section 75 partnership arrangement (S75), an established Integrated Care Budget (ICB) including the pooled budget and with an underpinning financial framework to support the financial governance arrangements. Manchester CCG host the ICB and the MHCC Chief Finance Officer is the pooled fund manager with specific responsibilities as set down in the Financial Framework including: monitoring of expenditure; audit of accounts; maintaining a risk register; submitting appropriate reports to MHCC Board and in relation to the Better Care Fund and Greater Manchester Transformation Fund.
- 4.2 There are responsibilities under the Partnership Agreement and Financial Framework for the MHCC Board to monitor the budget and deliver a balanced position. The MHCC Finance Committee provides an assurance role on behalf of the MHCC Board and City Council. This allows Lay Members for the CCG

and Council Executive Members to review the overall financial position, delivery of savings plans as well as systems of internal control. However, both the CCG and Council are still responsible for their own financial position within the pool, the arrangements are designed to give flexibility for partners to ensure total resources are available to support priorities.

- 4.3 Whilst the statutory duties of the Council's Deputy Chief Executive & City Treasurer, under Section 151 of the Local Government Act 1972, remain, as do the decision making responsibilities for Council statutory functions and financial delegation that are with the Executive Director of Adult Social Services and DASS, these will be exercised via line of accountability from the pooled fund manager. Arrangements are intended to allow as much flexibility as possible to support partnership decision making and maximise use of resources across the pool. As such, the Deputy City Treasurer has a key Council assurance role on MHCC Finance Committee, the Deputy Chief Executive & City Treasurer on MLCO Board and through the DASS role on both MLCO and MHCC Boards. Key decisions which are not in the delegated authority of Council officers, will continue to require the approval of the Council's Executive.
- 4.4 For 2020/21 the majority of the ASC and PH budget within the remit of the MHCC Pooled Budget will be managed by MLCO and will form part of its integrated budget and business plan. The MLCO Executive and in particular, the Director of Finance therefore has an enhanced responsibility for the overall budget and requirement to provide significant additional support to the Executive Director of Adult Social Services and Director of Population Health and Wellbeing.

5. Conclusion

- 5.1 This report provides the proposed Council contribution to the MHCC Pooled Budget in respect of Adult Social Care and Population Health for 2020/21 of £221.3m, of which £216.9m is within the MHCC Pooled Budget. This provides additional investment of £23.3m to sustain services at the same levels as 2019/20 to support the statutory functions of the Council, deliver the Corporate priorities and to continue to support the integration of health and social to improve outcomes for citizens.
- 5.2 The proposals reflect that 2020/21 is a one year budget reflecting the commitments made in the Spending Round, reflecting that the Fair Funding review and Business Rates reform and reset has been delayed to 2021/22. Whilst the Council is publishing a one year budget in line with the one year Spending Review there is a need to plan for a three year position. The indicative planning assumptions for 2021/22 and 2022/23 are contained within the single health and care budget reports.

6. Recommendations

- 6.1 The recommendations appear at the front of this report.

Annex 1 Manchester Health and Care Commissioning Budget Report 2020/21

1.0 Introduction

- 1.1 This paper is presented to update on the draft joint financial plan for the pooled budget of MHCC, comprising both Health and Adult Social Care and Population Health (PH) budgets. The proposed Council contribution to the MHCC pooled budget for ASC and PH budget in 2020/21 is £216.9m, which includes proposed additional resources of £23.3m to sustain services at current levels and provide investment for four new Extra Care Population Health scheme priorities.
- 1.2 The paper includes respective organisational assumptions and provides an over-view of the pooled budget.
- 1.3 The numbers represent draft planning assumptions at this stage as the total allocations / funding settlements for both organisations are outstanding at the time of writing this paper. Further information and more detailed health planning guidance is expected during December 2019, the impact of which will be assessed and incorporated into final budgets and contracts during January to March 2020.
- 1.4 The Council's budget proposals for 2020/21 will be subject to further refinement following feedback from public consultation and scrutiny committees. The figures may be subject to change following the contents of the provisional Local Government Finance Settlement.
- 1.5 It was agreed that MHCC would take a refreshed joint budget position to the Health Scrutiny Committee in January and February 2020, to incrementally take account of Members' feedback and ongoing contract negotiations to inform the normal suite of Council budget papers in March.
- 1.6 The health planning assumptions for health budgets originate from the month 5 financial position, with ASC based on the month 7 position.
- 1.7 This paper reflects the agreements made in the Manchester Partnership agreement and the Manchester Investment Agreement and supports the delivery of the Manchester Locality Agreement.
- 1.8 The paper reflects the significant additional financial contributions made by Manchester City Council and the Health System to Adult Social Care which mean that a solid foundation of services is being delivered which enable

transformation and integration of care and health services in the City for the future.

- 1.9 These suite of papers have been produced by planning and finance staff working across the Partnership in collaboration, and to tight timetables given the lack of national guidance and their significant contribution is recognised.

2.0 MHCC Plan On a Page

- 2.1 Both the Plan on a Page (attached in Appendix A) and the full Operational Plan are being revised within 2020/21 to reflect the shift of MHCC into a strategic commissioner, exemplified by the time span moving from one to five years. The strategic aims and priorities are consistent with the Locality Plan (attached in Appendix B) and the MHCC Operational Plan, with a change in emphasis to describe the impacts on our population over the next five years.
- 2.2 The MHCC programmes through which delivery will be focused in 2020/21 are shown, including the 'catalyst' programmes, which will significantly transform the relevant part of the health and care system in the long term.
- 2.3 The operational planning process is currently in progress, with the final plan to take account of the planning guidance for 2020/21 and subject to the funding associated with the NHS Long Term Plan. The guidance from NHS England is due to be published in late December / early January.
- 2.4 Work has been ongoing over the past months with the Director of Adult Social Care, Chief Finance Officer MHCC and the Director of Finance MLCO with regard to the development of the operational plan for ASC and the associated budget. This has taken regard of the budget setting principles issued by the MCC Treasurer. An update on the development of the MLCO Operational Plan 2020/21 and a summary financial plan for the MLCO in 2020/21 is attached as Appendix C. This document provides context for the MLCO, describes the overarching priorities for the organisation in 2020/21, the process to develop and a proposed structure for the Operating Plan, along with a summary financial plan for the MLCO.

3.0 Health - High Level Assumptions

- 3.1 High level health five year financial plans were submitted to the Greater Manchester (GM) Health & Social Care Partnership (GMHSCP) in November 2019. All health bodies will be unable to formally publish any financial plans pending receipt of further national and GM guidance, expected from December 2019. The five year plans will likely require a refresh, and will eventually form part of the revised Manchester Locality Plan to 2023/24.
- 3.2 Health allocations reflect the five year allocations published in January 2019. Within these, three years are confirmed allocations, with the last two years (2022/23 and 2023/24) indicative.

- 3.3 The allocations exclude the financial impact of the Long Term Plan Implementation guidance, which will be funded through Targeted and Fair Shares funding; the values of which have been shared nationally, but not at an individual CCG level.
- 3.4 Table 1 highlights the level of recurrent allocation growth between 2019/20 and 2020/21.

Table 1: Allocation Growth

Allocation	2019/20 £000s	2020/21 £000s	Recurrent Increase £000s
Programme	863,762	904,555	40,793
Primary Medical	94,150	98,655	4,505
Running Costs	12,275	10,829	(1,446)
Recurrent Allocation	970,187	1,014,039	43,852
Non Recurrent	30,257		
Total Allocations	1,000,444	1,014,039	43,852

*** 2019/20 allocation is the total allocation at Month 5 included for completeness*

- 3.5 In terms of expenditure, the health budgets use forecast expenditure as reported to NHSE at Month Five (31 August), which is adjusted for non-recurrent allocations, expenditure and benefits. This gives a recurrent opening budgetary position for 2020/21.
- 3.6 A number of growth assumptions have been applied to the recurrent 2019/20 expenditure position in line with national guidance and local knowledge. Some specific examples are outlined below for illustrative purposes :
- national price increases (inflation);
 - national requirement i.e. Clinical Negligence Scheme (insurance contributions); and
 - recurrent local pressures i.e. primary care list size growth, activity growth, prescribing

The detailed expenditure growth assumptions applied per each key budget area is included in Appendix D.

- 3.7 Table 2 summarises the application of the additional allocation based on planning assumptions either defined nationally within the planning guidance or agreed with local providers as part of the five year plan submission to NHS England. These include the ring-fenced allocation growth for mental health services (Mental Health Investment Standard) and primary care etc.

Table 2: Application of Growth

	2020/21 £000s
Allocation Growth	43,852
Utilised on:	
Planning Assumptions	
Gross Provider	
Efficiency	(6,623)
Inflation	22,032
Net Tariff	15,409
Cost Pressures	
Acute	5,060
Mental Health	4,372
Community	2,216
Primary Care	4,505
Reserves	12,290
Total Funding	43,852

- 3.8 The required 'NHS Business Rules' have been reflected in the plan, which are to:
- Maintain a 1% historic surplus (i.e. 1% of allocations remain unspent in each of the five years);
 - Maintain a 0.5% contingency; and
 - Ensure that investment in mental health services is equivalent to investment in physical health, which means that expenditure increases in line with or above allocation growth (i.e. 6.1% for 2020/21 and reducing over the 5 year period).
- 3.9 In order to deliver a balanced financial plan, Health will need to deliver £15m of Financial Sustainability Plans in 2020/21. These plans are currently in development but include prescribing savings and transformational savings from the new care models.

4.0 High Level Adult Social Care Assumptions

- 4.1 The Council budget proposals will be reported to the Council's Executive Committee for approval in February 2020, in order to set a budget by early March, on which the Council Tax will be based. The Council's budget proposals for 2020/21 will be subject to further refinement following feedback from public consultation and scrutiny committees. The figures may be subject to change following the contents of the provisional Local Government Financial Settlement, which has been delayed from 5th December as a result of the decision to call a General Election.
- 4.2 The proposals reflect that 2020/21 is a one year budget reflecting the commitments made in the Spending Round, reflecting that the Fair Funding review and Business Rates reform and reset has been delayed to 2021/22.

Whilst it is a one year budget, there is a need to plan for a three year position and planning assumptions for 2021/22 and 2022/23 are contained within the MLCO Operational Plan (Annex C).

- 4.3 The plan for ASC is to sustain current services with a focus on stabilisation and improvement, ensuring a strong foundation for the service moving forward, which will enable wider integration and transformation. The ASC pooled budget reflects the following proposals to the Council' Executive to:
- Continue the permanent improvement plan and system resilience funding agreed by the Executive in February 2019, which includes £1.366m for 2020/21;
 - Make permanent a further £1.210m resilience funding for ASC following confirmation of the ASC Winter Pressures grant for 2020/21;
 - Allocate further investment for pay and prices, National Living Wage and increased need of £10.272m;
 - Approve further funding proposals following the Spending Round to sustain services at the same levels as 2019/20 and the new investment for Extra Care schemes and Population Health priorities in 2020/21
 - Additional social care grant allocation of £7m
 - Estimated additional Public Health grant funding of £1.363m
 - Consultation on 2% Adult Social Care precept, estimated to generate additional £3.259m of resources
 - Contribute a non-recurrent £1m towards MLCO overheads from Adult Social Care reserve in 2020/21
- 4.4 The proposed Council pooled budget contribution for ASC and PH is £216.9m, of which £204.9m will be aligned to the MLCO Community Health and Care budget. The source and applications for the ASC and PH element of the pooled budget is included in Table 3, which provides information on proposed additional resources into the pool.

Table 3: Adult Social Care and Population Health Source & Application of Funds 2020/21.

	MLCO Aligned Budget	MHCC Retained Budget	2020/21 Proposed Pool Budget
	£000	£000	£000
Source of Funds			
Base Budget	178,507	15,097	193,603
Inflation (Pay, Price, National Living Wage)	8,108	149	8,257
Demography	2,015		2,015
ASC Improvement Plan	1,366		1,366
Share of additional social care grant	6,300	700	7,000
Estimated additional Public Health Funding	1,363		1,363
2% Adult Social Care Precept (subject to consultation)	3,259		3,259
Total Cash limit Funds	200,918	15,946	216,863
ASC Reserve: MLCO Corporate Costs	1,000		1,000
MCCG: Better Care Fund - ASC Contribution	1,696		1,696
MCCG: funding for New Care Models	794		794
MCCG: Additional CHC Contribution	489		489
Total Funds	204,897	15,946	220,842
Application of Funds			
Base Budget 2019/20	178,507	15,097	193,603
Inflation (Pay, Price, National Living Wage) 2020/21	8,108	149	8,257
Demography 2020/21	2,015		2,015
ASC Improvement Plan increase for 2020/21	1,366		1,366
System Resilience	500		500
MLCO corporate costs contribution	1,000		1,000
New Care Models : Reduction in savings	1,925		1,925
New Care Models : Crisis, Reablement & D2A	1,594		1,594
Extra Care Expansion	1,163		1,163
Learning Disabilities	5,034		5,034
Population Health	2,004		2,005
Other Budget Requirements	1,681	700	2,380
Total Application	204,897	15,946	220,842

4.6 The MHCC plan for ASC and PH, as part of the pooled budget proposed, includes the following:

- Inflationary increase of **£8.257m** relating to pay award, price inflation and national living wage assumptions;
- Estimated **£2.015m** for increased need during 2020/21;
- **£1.366m** Full year effect of the ASC improvement plan;
- New investment to sustain services at current levels, including:
 - ASC one third share of System Resilience capacity agreed in 2019/20 of **£0.5m**;
 - New Care Models:
 - Reablement schemes of **£0.8m**;
 - Crisis and Discharge to Assess **£0.794m**; and
 - Rephased New Care Model savings **£1.925m**.
- Continued non-recurrent funding will be made available in 2020/21 of up to **£1m** towards the overhead costs of MLCO from the remaining balance within Adult Social Care reserve.

- Neighbourhood apartments and expansion of the Extra Care programme to deliver an additional four schemes in 2020/21. This provides 20 neighbourhood apartments and 223 new Extra Care apartments, with a cost of **£1.163m**. This will be funded by £0.4m from 2019/20 additional BCF funding and £0.8m required as new investment.
- Learning disabilities of **£5.034m**, which relate to:
 - In house supported accommodation budget in relation to the workforce requirement to meet the needs of people being supported of £2.95m plus £0.5m, which is estimated to be continuing healthcare;
 - £0.7m for care for people which is externally commissioned due to a greater complexity of need;
 - £0.4m shared lives service; and
 - £0.55m for increased need for short breaks support for people and families.
- Population Health priorities of **£2.005m** for inflation and activity increases across the services provided, including sexual health services, drug and alcohol services, increased capacity for school nursing and children's weight management, contributions to adverse childhood experience programme and inflationary uplift;
- There are other budget proposals totalling **£1.830m** to provide a sustainable budget relating to the following areas of the ASC service within the pooled budget:
 - £0.3m mental health care package changes;
 - £0.4m homecare savings are at risk of delivery due to revised timescales to implement new homecare contracts;
 - £0.5m savings target shortfall on expected contract related efficiencies;
 - £0.2m strengths based support planning for ASC savings delay in implementation;
 - £0.1m community alarms income shortfall due to individuals who are unable to contribute;
 - £0.3m to provide an uplift for National Living Wage for external providers to reflect a move to £10.50 by 2024/25.
- Continuation in 2020/21 of programme management transformation capacity to support the MCLO of **£0.550m**

5.0 Draft MHCC Income and Expenditure Summary

- 5.1 A high level draft 2020/21 income and expenditure summary for the pooled budget is shown below in table four. This summary excludes the other ASC services not included within the pool (Asylum, Voluntary & Community Sector – adults and Safeguarding).

Table Four: MHCC Draft Income and Expenditure Summary

	Health £000s	ASC £000s	Total £000s
Programme	904,555		904,555
Delegated Primary Care	98,655		98,655
Running Costs	10,829		10,829
Pooled Budget		216,863	216,313
Total Income	1,014,039	216,314	1,230,353
Expenditure	£000s	£000s	£000s
Acute	485,609		485,609
Adult Social Care	23,902	46,270	70,172
Commissioning (homelessness commissioned services, extra care, sheltered housing and other commissioning)		11,307	11,307
Localities inc social work		9,564	9,564
Reablement		5,299	5,299
Mental Health	130,146	24,327	154,473
Community	77,926		77,926
Learning Disabilities	6,716	60,611	67,327
Continuing Health care	37,206		37,206
Primary Care	205,715		205,715
Other Programme	25,001		25,001
Public Health		39,656	39,656
Running Costs / Back Office	10,829	3,753	14,582
Reserves **	10,989	16,076	26,515
Total Pooled Expenditure Budget	1,014,039	216,863	1,230,353
In Year Position	0	0	0

** The reserves number includes business rules for Health (0.5% contingency, GM Strategic Levy and Payment by Results Risk Reserve. ASC reserves include demography, inflation and national living wage

6.0 Risks and Issues

- 6.1 The financial plan is draft and does not include allocations associated with the Long Term Plan guidance. It also applies a set of agreed planning assumptions to areas of expenditure i.e. Acute, which have been agreed with providers. These have been based on projected activity levels which need to be reviewed in light of the delivery of New Care Models, winter growth and in year pressures. It has been highlighted that these are planning assumptions and do not set a precedent for the contracting round, which will no doubt produce a different set of numbers than the ones referenced within this report.
- 6.2 Although work has been undertaken with partners to align income / expenditure assumptions, there is still a financial risk that plans may not be aligned. These will be agreed as the planning round progresses, with final agreements being reflected in subsequent financial updates.
- 6.3 The MHCC financial plan is balanced as it assumes that the precept funding of £3.2m is agreed, if this is not the case, then plans will need to be revised to reflect any reduced funding envelope.
- 6.4 The financial impact of GM led 5 Year Forward View and Long Term plan schemes needs to be understood and the impact on the financial position of MHCC assessed i.e. Children's and Young People service investments etc.
- 6.5 The development of the MLCO is seen as one of the major drivers for MHCC to achieve financial sustainability over the planning timeframe, with the longer term strategy to move funding into primary and community services and keep patients out of hospital based services.
- 6.6 Beyond 2020/21 the local authority still faces considerable risks, particularly with the funding formula and business rate reforms. Therefore, whilst the published budget will only be for one year the local authority will have a draft three year strategy, which will include all parts of the Council having to identify areas for potential savings.
- 6.7 NHS England requires all health systems to prepare five year plans, and a draft plan was submitted in November. Until further guidance is produced in December / January with regard to allocations, MHCC are unable to produce longer term plans.
- 6.8 In order to close the financial gap over the planning timeframe, there are a number of work programmes / financial sustainability programmes in development which include:
- Continue to build foundations of 'getting the basics' right through the ASC improvement plan and managing demand effectively;
 - Look to continue mobilisation, 'right size' and optimise care models;
 - Develop MLCO integrated commissioning programme – phase 2 services;

- Building strong relationships with primary care networks through working in neighbourhoods;
- A clear focus on prevention with a strong focus on population health and asset based approaches; and
- Ensure system resilience through a strong interface with acute services and enhanced community provision.

7.0 Conclusion

- 7.1 Although the MHCC plan is a balanced financial plan, it is a challenging plan.
- 7.2 Currently the plan is based on assumptions, with operational guidance for health and local authorities due to be published in December / January. The contracting round will take place from January to March, which although assumptions were agreed with providers for the 5 year planning submission, it has been confirmed that these assumptions do not set a precedent for final contract negotiations for 2020/21.
- 7.3 There are significant work programmes underway based on new care models, and savings programmes / financial sustainability programmes to ensure a robust financial plan for 2020/21 and beyond.
- 7.4 MLCO has significant operational challenges which need to be addressed during 2020/21 and the support of all partners will be critical to this.
- 7.5 The Manchester Agreement describes the approach the system will take to identifying, managing and delivering the performance, benefits and evaluation aspects of the transformational system change.

Appendix A: MHCC Plan on a Page



MHCC Plan on a Page: 2020-2025



Our Strategic Aims:

1. Improve the health & wellbeing of people in Manchester
2. Strengthen social determinants of health & promote healthy lifestyles
3. Ensure services are safe, equitable & of a high standard with less variation
4. Enable people & communities to be active partners in their health & wellbeing
5. Achieve a Sustainable system

Our strategic priorities are...	Preventing & tackling health inequalities	<p>Reduce the gap in health and wellbeing outcomes for people across the city.</p> <p>Improve children’s outcomes in their first 1000 days of life.</p> <p>Support people with health problems to be in work.</p> <p>Enable people to be confident in managing their own health and care.</p> <p>Enable people in mid to later life to live longer in good health.</p> <p>Reduce the number of people dying from preventable causes.</p>	The programmes through which our priorities will be delivered in 2020/21 are...	Adult Social Care Improvement
	Transforming Community-based care	<p>Have better co-ordinated services for people in their neighbourhoods that are responsive to their needs.</p> <p>Support people to live independently with a strengths-based approach across health and social care.</p> <p>Have safe and effective community-based care that supports people with the right care, in the right place at the right time to have a better quality life.</p> <p>Enable people to have more choice and control in how they interact with health and care professionals through the use of new technologies.</p> <p>Have consistently high quality health and care services across the city.</p>		Cancer Children’s Community-based care * Digital Access* Learning Disability & Autism * Long Term Conditions Mental Health Outpatients Primary Care Population Health
	Transforming Hospital-based care	<p>Have consistently high standards in hospital based care.</p> <p>Have shorter waiting times for outpatients, diagnostics and treatment.</p> <p>Have co-ordinated acute services that meet both the physical and mental health needs of people.</p>		System Leadership (North Manchester regeneration)*
	Transforming the health and care system	<p>Have a redeveloped North Manchester General Hospital site, improving health services for the population it serves and regenerating the area.</p> <p>Improve outcomes for people through integrated Primary Care, Community Care and Mental Health services in neighbourhoods.</p> <p>Have developed and improved our services for children and young people to maximise their life chances.</p> <p>Have a financially sustainable health and care system, which targets resources on the basis of population need.</p>		Urgent Care

*our catalyst programmes for 2020-2021

MANCHESTER LOCALITY PLAN

“Our Healthier Manchester”

www.healthiermanchester.org

2019/20 REFRESH
[v2.1]



<p>CONTEXT SETTING</p> <ul style="list-style-type: none"> • Strategic Summary • Vision for Population Health • Delivering the Locality Plan – System Overview 	<p>Page 3 Page 4 Page 5</p>
<p>SYSTEM TRANSFORMATION</p> <ul style="list-style-type: none"> • Achievements • Campaign Summary 	<p>Page 6 Page 7</p>
<p>MANCHESTER’S SYSTEM ARCHITECTURE</p> <ul style="list-style-type: none"> • Manchester Local Care Organisation (MLCO) • Manchester University NHS Foundation Trust (MFT) • Manchester Health & Care Commissioning (MHCC) 	<p>Page 8 Page 9 Page 10</p>
<p>INTEGRATED NEIGHBOURHOOD WORKING</p>	<p>Pages 11-13</p>
<p>A FOCUS ON WORKFORCE</p>	<p>Page 14</p>
<p>RESPONDING TO THE NHS LONG TERM PLAN</p> <ul style="list-style-type: none"> • Planned Care and Urgent & Emergency Care • Mental Health and Children’s Services • Cancer • Financial Sustainability • Adult Social Care 	<p>Page 15 Page 16 Page 17 Page 18 Page 19</p>
<p>REFERENCE DOCUMENTS</p>	<p>Page 20</p>

The original Locality Plan: Our Healthier Manchester, produced in 2016, set out the ambition to improve health and care outcomes for the people of Manchester within a financially sustainable health and social care system. The initial focus led to a rationalisation of the Manchester system, through the creation of a single commissioning function (SCF), a single hospital service (SHS), and a local care organisation (LCO).

The updated Locality Plan (April 2018), set within the context of the city's Our Manchester strategy, shifted the emphasis away from structural change to a focus on Our People, Our Services and Our Outcomes.

This Locality Plan Refresh (November 2019) has been produced within the context of a maturing health and social care system, and in response to both the Greater Manchester Health and Social Care Partnership's (GMHSCP) Prospectus (March 2019) and the requirements of the NHS Long Term Plan. The GMHSCP Prospectus takes stock of the first three years of Taking Charge Together and sets out the future direction for the Partnership. It does so in the context of the development of key Greater Manchester strategies, including the Greater Manchester Unified Model of Public Services and the Local Industrial Strategy – underpinned by the Greater Manchester Independent Prosperity Review.

We recognise, however, that there is still much to do. Manchester continues to face significant challenges in respect of the health and wellbeing outcomes experienced by its residents. It was ranked as the 6th most deprived Local Authority in England in the 2019 Index of Multiple Deprivation¹, which takes into account factors such as income, housing, education and employment, all of which contribute to people's health and wellbeing. Our Healthier Manchester aims to improve health outcomes for the people of Manchester by delivering new models of care and working with people and communities in a more integrated and strengths-based way, reducing health inequalities, supporting people to stay well and enabling them to better manage health conditions. In time, this will reduce the demand for urgent and unplanned care; but our system is not yet experiencing the impact of these changes and the pressure on urgent care remains high. Furthermore, we are operating in the context of a growing and changing population in Manchester. The population is forecast to grow by approximately 16% over the next decade, which is the equivalent of 94,240 people. This presents opportunities for the city, but also some challenges in how we plan for the health and care needs of this expanding population.

In addition, our ability to deliver this place based, person-centred approach is being compromised by significant recruitment challenges related to national skills shortages for key roles such as nurses, therapists, GPs, social workers and hospital-based medical staff. This is a key priority for our Locality Workforce Transformation Group, ensuring that we can attract and retain health and social care staff to Manchester and enable them to move around our system easily so that we have people with the right skills in the right place at the right time.

We are making progress despite these challenges and this refreshed Locality Plan will showcase what has been achieved over the last three years. This includes restructuring the organisational landscape to provide a more cohesive platform for change and the implementation of new care models that are improving people's lives and their health and care outcomes.

This Plan reaffirms our ambition to create a population health system that puts health at the heart of every policy, across the full spectrum of public services, improving health and care outcomes for the people of Manchester, whilst ensuring financial sustainability.

¹ To allow comparison between the 317 English local authorities, the deprivation scores of each small area (LSOA) in a district are averaged and then the districts are ranked based on these averages. Manchester ranks as the 6th most deprived local authority on the index of multiple deprivation.



The Manchester Population Health Plan (2018 – 2027) reflects the Marmot principles, with a place based approach to tackling health inequalities. The five priorities in the plan cover the whole life course and address the social determinants of health:

- Improving outcomes in the first 1,000 days of a child's life
- Strengthening the positive impact of work on health
- Supporting people, households, and communities to be socially connected and make changes that matter to them
- Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
- Taking action on preventable early deaths.

Whilst our population health challenges remain considerable, we have demonstrated improvements in outcomes for health related behaviours, with smoking prevalence down from 22% to 17.8%, alcohol related hospital admissions falling steadily over the past five years and more residents physically active than ever before. These improvements will contribute to fewer deaths from the big killers such as heart disease and stroke, cancer and lung disease. What is also encouraging is the progress we are making on key wider determinants such as educational attainment, with significant improvements in GCSE and A level results in 2019 and the success of our anchor institutions in recruiting more local residents to entry level jobs.

Our population health system for Manchester will be redesigned in line with the Bringing Services Together for People in Places Programme, which is part of the delivery architecture for the city's Our Manchester strategy. The Local Care Organisation will coordinate delivery at the neighbourhood level.

Infant mortality rates, childhood obesity levels and premature deaths from preventable conditions remain stubbornly high in some of our neighbourhoods and a new approach is needed. We have shown how place based population health can succeed with our long term programme on Teenage Pregnancy (62% reduction in the under 18 conception rate over the past twenty years) and more recently our work on Adverse Childhood Experiences in Harpurhey, which will be rolled out to other areas in 2020.

Manchester has recognised the direct relationship between climate change and health outcomes, with carbon-based activities in Manchester contributing to poor air quality, which in turn exacerbates respiratory problems. Given the poor health of many Manchester residents, there is a real risk that failure to tackle climate change will widen health inequalities and limit the progress of prevention programmes in the city. Consequently, on 10th July 2019 Manchester City Council declared a climate emergency. In response, all public sector partners represented on the Manchester Health and Wellbeing Board have agreed to develop Sustainable Development Management Plans (SDMPs) and Climate Change Action Plans by March 2020. These plans will be informed by the latest thinking and analysis contained in Manchester's Zero Carbon Framework (2020-2038) and the Manchester Public Health Annual Report 2018 on Air Quality.

We know that benefits of the economic success of the city have not been felt equally by all residents. However, we are determined that variations in health and variations in income between different parts of Manchester and between Manchester and the rest of the country are reduced. This accords with the aims of our Family Poverty Strategy.

Finally, we want the people of the city to have more control of their health and wellbeing and build on their strengths. We want to maximise the opportunities for our public services, the voluntary sector, and communities to come together to transform our population health outcomes through the Our Manchester approach.

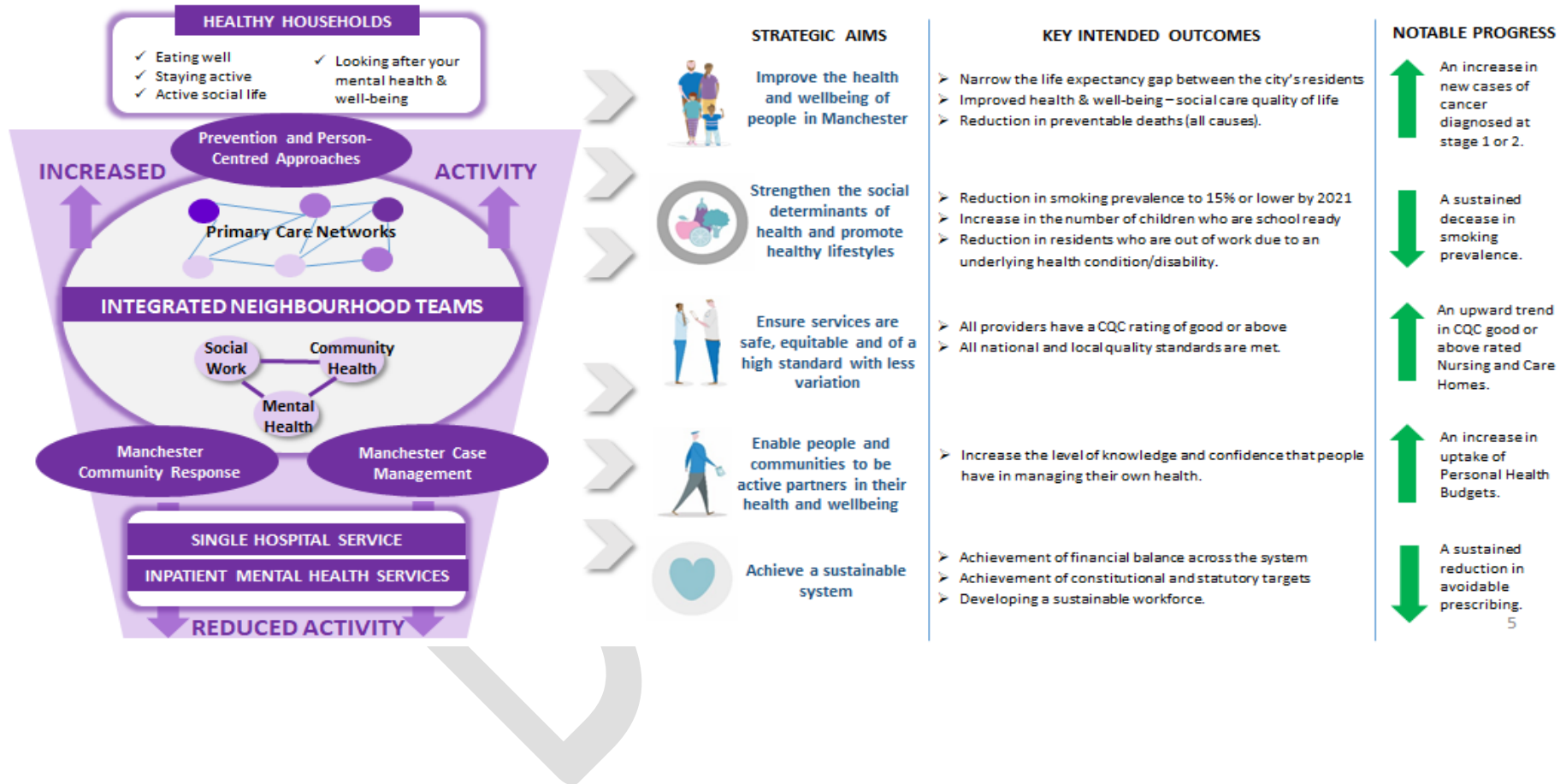
4



DELIVERING THE LOCALITY PLAN - SYSTEM OVERVIEW

OUR HEALTHIER MANCHESTER

Manchester has developed an integrated model of neighbourhood working that interfaces with a single hospital service, strategically led by a single commissioner. This new system architecture is contributing to the achievement of the five strategic aims of the Locality Plan. Manchester tracks progress on a larger set of indicators than those identified below in its Locality Plan Outcomes Framework.



SYSTEM TRANSFORMATION - ACHIEVEMENTS

OUR HEALTHIER MANCHESTER

The 2018 update to the Locality Plan identified three new priority themes (Our Services, Our People, Our Outcomes), with the intention of shifting the focus on from institutional change ('the three pillars') to encompass a wider ambition for systemic change. Three development phases were identified: Foundation (2017/18), Performing (2019/20) and Mature (2021/22) with a view to achieving the visions outlined in the three boxes below by 2026/27. This page identifies a selection of achievements to date against the three priority themes.

OUR SERVICES

10 year vision: Establishment of an integrated health and social care system

- ✓ **12 Integrated Neighbourhood Teams (INTs)** established, integrating the delivery of health and social care.
- ✓ **Manchester Community Response** (crisis response and discharge to assess) services mobilised to support system resilience and flow.
- ✓ **Manchester Case Management Service** (GP intensivist model) mobilised to better support community-based care.
- ✓ Alignment of the newly formed **Community Mental Health Teams** to the 12 neighbourhoods, and introduction of 24/7 Home Based Treatment options as an alternative to hospital.
- ✓ **Mental Health Liaison in Acute Hospitals** - Implemented Phase 1 of the GM Transformation Programme establishing Core 24 compliant Liaison Mental Health Service at MRI.
- ✓ **Primary Care leadership** across the MLCO service delivery mobilised and strategy emerging to align the Primary Care Networks (PCN) to neighbourhood and locality service delivery.
- ✓ **MLCO has developed a range of strategic partnerships** with key stakeholders including Housing, MCRActive and Health Innovation Manchester, and has signed an MOU with the VCSE.
- ✓ **Lithotripsy treatment** is now offered to patients **3 days per week** (up from 0.5 days) and patients are treated within **4 weeks**.
- ✓ **Orthopaedic Services** – Improving Neck of Femur services through a dedicated seven day hip fracture unit.
- ✓ **Cardiac Services** – a seven day pacemaker service has been introduced across the Trust meaning patients can be provided with an implant within 24 hours of admission.
- ✓ **Seven day working for Cardiac** physiologists at both Wythenshawe and MRI.
- ✓ **Gynaecology Waiting Times** – Patient waits for urgent gynaecology surgery have been reduced from 4 to 2.5 days.

OUR PEOPLE

10 year vision: Gap closed in preventable mortality between the most and least deprived areas of the city

- ✓ **Our Healthier Manchester** campaign saw 1,107 conversations take place with residents (*see next slide for more information*).
- ✓ A £1.5m investment agreed to improve and extend a **carers' advice & support service**, working in collaboration with the Manchester Carers' Network.
- ✓ **Population health driven service model** development and delivery in MLCO; neighbourhood building blocks mobilised.
- ✓ **MHCC is improving access to health and care for marginalised groups** through the development of locally commissioned services for asylum seekers and refugees in half of GP practices, alongside activity designed to improve the health of homeless people.
- ✓ **VCSE investments:** £2.1m grant fund to support the delivery of the Population Health Plan.
- ✓ **Community Engagement:** GMMH launched the Manchester Wellbeing Fund in 2017 investing £1.5m over three years to support community projects across the 12 neighbourhoods in Manchester. 194 projects supported, with a focus on creative arts, mental health awareness, social connectivity, peer support, horticulture and healthy eating, and physical activity.
- ✓ A **new Homecare specification** has been developed, focusing on wider community support and helping people to stay independent and living at home for longer.
- ✓ **Research and Innovation** – Over 19,000 patients took part in clinical research in 2018/19.
- ✓ **Employee Assistance Programme** introduced across all hospital sites and now available to over **20,000** staff.
- ✓ **Education** – Over **20,000** MFT staff and students now have extended access to books, online journals and study areas through cross site library and education services.

OUR OUTCOMES

10 year vision: Achievement of the health & social care system contribution the city's Our Manchester strategy.

- ✓ Manchester's **evaluation programme** has identified statistically significant reductions in A&E attendance, homecare use and residential and nursing care use in target cohorts following the introduction of new care models.
- ✓ MHCC has established a partnership with the Manchester Growth Company, resulting in **54 positions being offered** to people who had been classed as long-term unemployed.
- ✓ **Improving Access to Psychological Therapies (IAPT)** - referral rates increased by over 25% with significant improvement in the timeliness of access for clients entering services.
- ✓ **Provision of a dedicated Section 136 suite** - Opened a purpose built Section 136 suite which has since delivered 354 mental health assessments, diverting service users from A&E and saving 2090 hours of police time in the first twelve months of operation.
- ✓ **Reducing Out of Area Placements** for Adult Acute Patients – more people treated closer to home, over achieving the target of 33% reduction for 2018/19
- ✓ **Refurbished community sites** delivered to support integrated working at a neighbourhood level, with supporting IT and networks installed.
- ✓ Full business case developed with six partner organisations to build a new purpose built, **health and care hub in Gorton**.
- ✓ **The Manchester Digital Board** has been established to better coordinate investment into, and the delivery of technology enabled care.
- ✓ Contribution to **system financial sustainability** through mobilisation of transformation-funded new care models and cost improvement and savings plans; demonstrated by the over delivery on crisis response business case measures and metrics.

Overview

In late 2018, Manchester delivered a citywide campaign to promote the Locality Plan – 'Our Healthier Manchester'.

The aim of the campaign was to listen to people and understand what matters most to them in terms of their health and wellbeing.



We concentrated on:

- A child's first 1,000 days
- Helping people overcome ill health to return to work
- Improving wellbeing in local communities
- A more age-friendly city
- Preventable early deaths.

How we did it:

- Created an updatable communications toolkit
- Produced a range of films and case studies to highlight real examples of improvements
- Launched a public summary of the Locality Plan.

Our Healthier Manchester: Campaign Summary

Top comms results:

- Local, national and international media coverage for five of our case studies
- Local pick-up for all materials through our networks of health, GP and community channels
- The Local Government Communications Conference used our materials as an example of good practice.



Aimed at all audiences



Engagement

What we did:

- Held over 1,107 face-to-face conversations with residents
- Organised larger community engagement sessions and ran an online survey.



What people told us:

- Feedback showed that public awareness of the following things was low:
 - GP extended access
 - NHS screening programmes
 - Advice and support for carers
 - Advice and support on social care services
 - Accessing help for mental health and wellbeing
 - Which services to use at the right time
 - How to give feedback on health and care services.

How did we use this feedback?

We used it to:

- Develop a public information campaign
- Carry out a dedicated lung-screening campaign
- Engage with black and minority ethnic communities around NHS 111 and self-care
- Develop a dementia-awareness project with South Asian communities
- Inform the development of a mental health safe haven for Manchester
- Develop communications for extended access to healthcare services
- Inform the development of a shared care record and a digital strategy for primary care.





Manchester's Local Care Organisation (MLCO) delivers integrated community services to all residents of Manchester of all ages. The model ensures full population coverage through:

- **Risk stratification:** our model identifies those residents who are in the key priority cohorts and we are working as part of a system-wide group to develop a consistent approach to risk stratification.
- **Aligned data and intelligence:** partners across the city are working together to ensure we share our data and intelligence to support our service planning and delivery.
- **Neighbourhood Partnerships and plans:** enabled the development of 12 integrated health & social care neighbourhood plans documenting the consistent actions in all neighbourhoods and the key actions in each place to address specific inequalities, through the alignment of the data and intelligence across Manchester. In 2020/21 they will be aligned to council wards and Primary Care Network plans and support the understanding of our joined up approach in the place.
- **Locality (North, Central, South) Partnerships and Ops Boards:** support coordination of activity across neighbourhoods to ensure full population coverage and those communities that would identify wider than neighbourhoods.

The overarching MLCO priorities for 2019-2022 are:

- **A population health driven approach** to service planning and delivery; supporting prevention programmes to improve the health of the people of Manchester.
- **Consolidating and strengthening our neighbourhood approach;** supporting our 12 Integrated Neighbourhood Teams (INTs) to make an impact on their communities.
- **Mobilising primary care leadership at the heart of the MLCO;** formalising the governance between primary care and MLCO to ensure joint working with the new Primary Care Networks.
- **Playing a lead role in system resilience;** helping people get the right care in the right place with a community first ethos.
- **Increasing the scope of MLCO** as an integrated health and care organisation; delivering public service reform in the place.

OBJECTIVE
Creation of a single hospital service

Manchester University NHS Foundation Trust (MFT) INTEGRATION PROGRAMME

- Following the creation of Manchester University NHS Foundation Trust in October 2017, the new Trust embarked on a programme to develop a Clinical Services Strategy. This programme took approximately 15 months and commenced in April 2018. Over a series of around 40 workshops the process engaged over 700 clinicians from a number of different specialties. The Strategy was developed at two levels, firstly a Group or Trust level framework and secondly at specialty or combined specialty level.
- Working within the parameters of the agreed organisational vision, the intention is to generate alignment between three key areas of our activities – clinical service delivery, research and innovation and workforce development. The five pillars set out in the Trust level clinical service strategy (below) are intended to set the overall direction of travel for our services whilst recognising the importance of aligning with our research and workforce development aspirations



- The Strategy also identified four key areas of focus as the organisation moves forward;
 - Cancer surgical services
 - Cardiac services
 - Lung services
 - Genomics.
- Having developed this overarching framework a programme was initiated to develop individual clinical service strategies. This covered all aspects of the current service portfolio and was undertaken in a series of 'waves'. As a result a number of clinical strategies have been developed which are intended to set an overall direction of travel for a particular clinical area. MFT is actively working with local and regional commissioners on this next stage of the programme.

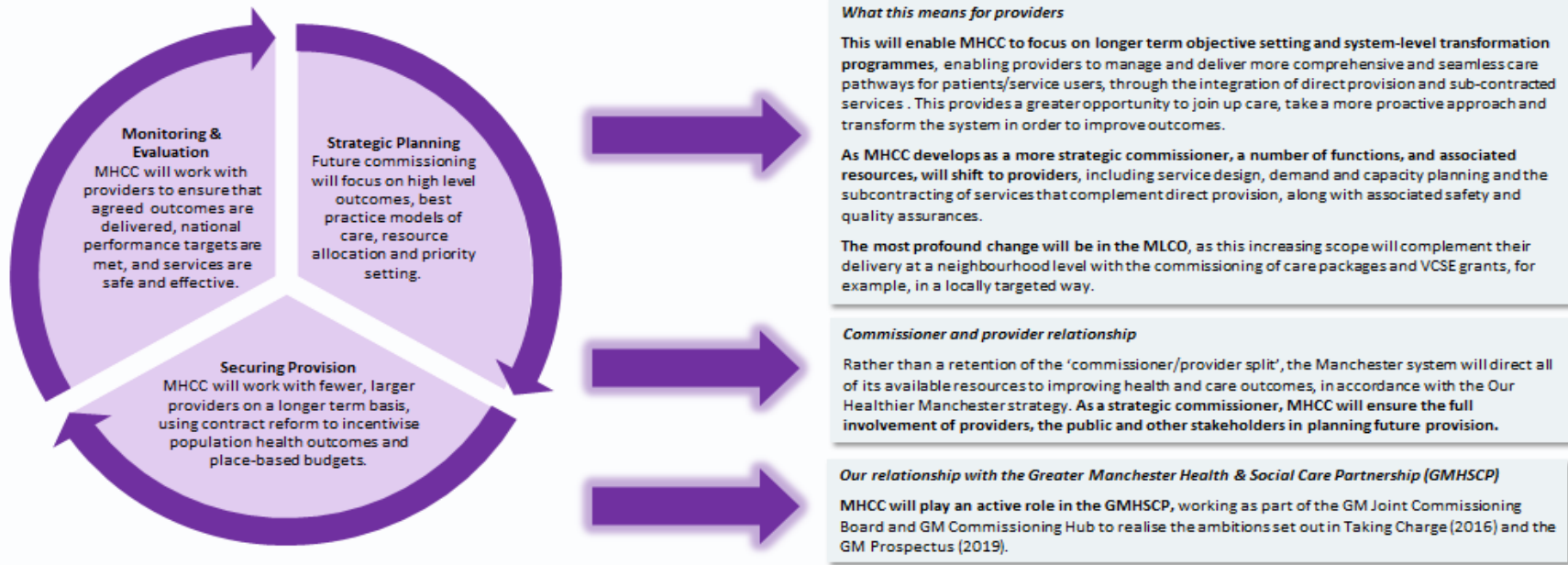
North Manchester General Hospital (NMGH) SITE DEVELOPMENT

- The Strategic Case for the acquisition of NMGH was submitted in March 2019. Due Diligence processes have identified that there is a very significant investment requirement, and negotiations continue between NHSE/I, MFT and Salford Royal Foundation Trust (SRFT).
- Over summer 2019, a variety of partner organisations in Manchester worked together to develop a more ambitious vision of what could be achieved if the NMGH site could be redeveloped. Proposals are set out in the NMGH Proposition document, *The Future of the North Manchester General Hospital site: a healthcare-led approach to civic regeneration*. This seeks to improve the provision of health and care services on the site and to develop a broader integrated care offer which brings together acute, mental health, primary, community services, and education and training facilities with wider public services and community activities.
- The proposition identifies the need to optimise the impact of NMGH as an anchor institution in its local community and aims to deliver a health-led infrastructure project on the site which will act as a catalyst for wider regeneration. The strategy will contribute to improvements in wider determinants of health and wellbeing, such as employment and housing, and create a focal point for the community which goes beyond health and care services. This work forms part of a broader public sector reform and regeneration agenda for the north of the city and will link with existing developments and those planned for the future such as the Northern Gateway.
- Delivering the NMGH strategy will rely on significant capital investment. Securing this is a priority. £72m funding for the rebuild of Park House (Mental Health services) has been announced and the delivery of the rebuild forms part of the whole-site strategy. The NMGH site more broadly has been included in the national Health Infrastructure Plan, with seed funding to be made available to work up more detailed plans for the site redevelopment. The site proposition includes a hospital rebuild and the development of a health and wellbeing centre and education and learning centre. Partners will work at pace to develop the detailed proposals which will be required to draw down the capital investment, alongside undertaking further work on the plans for regeneration, public sector reform and service transformation.

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Commissioning in Manchester – An Evolving Approach

Manchester Health & Care Commissioning (MHCC), a partnership between Manchester City Council and Manchester Clinical Commissioning Group, was formed as the single commissioner for health, public health and adult social care in April 2017. It is now moving into the second phase of its development, focusing on its role as a strategic commissioner, working with key system delivery partners: MLCO as an integrated provider of out of hospital care; MFT; federated models of primary care and more latterly Primary Care Networks; and Greater Manchester Mental Health FT (GMMH) as the mental health provider for the City.



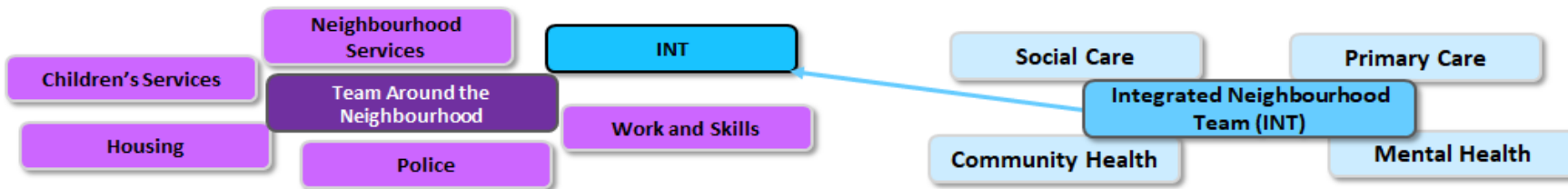
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INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

Bringing Services Together for People in Places is Manchester’s approach to developing a model of integrated neighbourhood working that meets the requirements of the GM Public Service Model. This model represents the next level of integration for the health and social care system, following the achievements outlined earlier in the plan in integrating community, hospital and commissioning organisations. Health and social care will connect with wider services and assets in neighbourhoods in order to deliver joint priorities, and help people with more complex needs.

Manchester has developed shared neighbourhood footprints, largely based on populations of between 50,000 and 60,000 (plus the City Centre which is 28,000)



Public services delivering together

- The 'Team Around the Neighbourhood' - consists of 6 'link lead' operational managers across Health and Social Care, GMP, Children's, Registered Housing Providers, Work and Skills and Neighbourhood Services. Connected to VCSE organisations in the neighbourhood.
- The INT Lead within the MLCO is the connection between health and social care and wider public sector agencies.
- Each 'Team Around the Neighbourhood' will work together on a shared set of joint priorities for the place.
- The ambition is to integrate teams working across neighbourhoods to remove system duplication and start to look and feel like one public service team.

Health and social care connects into wider neighbourhood services

- Integration of health and social care at the neighbourhood level in Manchester is through Integrated Neighbourhood Teams (INTs), comprised of health and social care staff (district nurses, therapists, reablement, social care and mental health staff), and connected to Primary Care Networks (PCNs).
- Each INT has a single leadership team with staff co-located in community hubs working to a shared delivery plan.
- INTs connect to the 'Team Around the Neighbourhood' via the INT Lead and develop joint priorities for the neighbourhood with other partners.

Individuals and families with complex health, care and wider needs will be supported by a multi-agency meeting that mobilises integrated frontline support from different services. These will build on existing multi-disciplinary teams (MDTs) for health and social care in each neighbourhood, and will connect to wider services.

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INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

Manchester's Neighbourhood approach will deliver the six key features of the GM Public Service Model, as set out below.

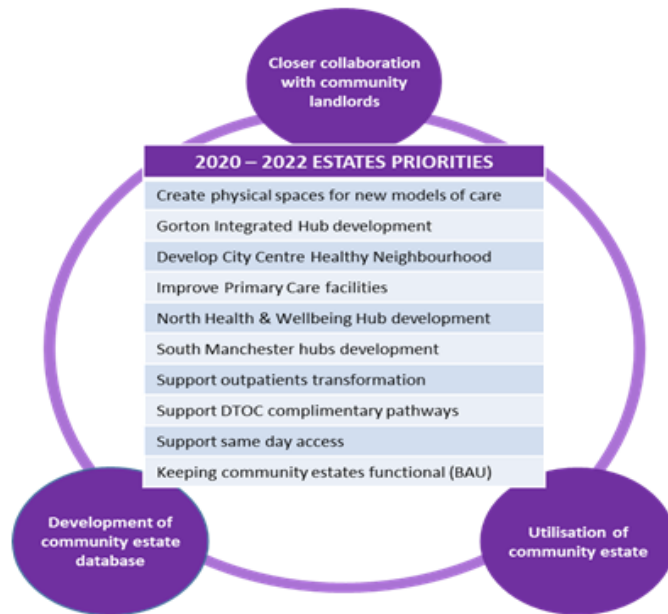
1		Geographic alignment	Thirteen neighbourhood footprints (including the City Centre) have been agreed between Health and Social Care (H&SC), Registered Housing Providers, Police and Children's Services. These are largely co-terminous. There is more work to do to align the frontline on these footprints. There is a clear plan of how these footprints connect to INTs and PCNs. Most neighbourhoods are towards or slightly larger than 50k population size given Manchester population. Each neighbourhood will include focused activity on small geographical areas within it, informed by relevant data.
2		Leadership and accountability	The 'Team around the Neighbourhood' (TatN) will be the integrated leadership team for services in each neighbourhood. It will connect to other H&SC services, the MLCO Leadership Team, and H&SC locality governance through the INT Lead. The TatN will make decisions about joint priorities for each neighbourhood. At the city wide level, the Our Manchester Investment Board (OMIB) is the key forum of Chief Executives from different services to work together on public service reform for Manchester. Progress from the Neighbourhood will be fed directly in to the OMIB.
3		One workforce	The TatN will lead on the development of 'one workforce' at the neighbourhood level. This will be enabled by a joint workforce development programme including strengths-based development and systems leadership. Each TatN will identify one or more practical projects to join up frontline teams on. Case navigation forums will integrate frontline delivery. Evaluation will measure the extent that the TatN look and feel like one team, including workforce and resident engagement.
4		Shared financial resources	MHCC is the single commissioning function for H&SC in the city that has an agreed set of shared strategic aims. Pooled budget arrangements already exist for health and social care in Manchester between MCC and MHCC. Voluntary and community sector funding streams have also been combined between MCC and MHCC. An integrated H&SC neighbourhood budget is in development to support 2020/21 service planning.
5		Programmes, projects and delivery	The common goal of public services in Manchester is to deliver the strategic aims for the city described in the Our Manchester Strategy 2016-25. These aim to improve lives for Manchester residents, improve outcomes, connect more people to economic growth, and reduce demand for services. The Our Manchester approach identifies how these will be delivered through new ways of working. Neighbourhood working will include some consistent elements across the city – in a single neighbourhood delivery model - and some flexibility to deliver priorities and work differently in each neighbourhood. Joint workstreams will be developed to improve shared knowledge of the strengths and issues in the place, including joined up resident engagement, population insight and risk stratification.
6		Tackling barriers and devolution	OMIB is the overarching governance group for public service Chief Executives across Manchester, which is responsible for driving delivery of this approach. Barriers that can be tackled at the neighbourhood level are escalated to OMIB for action for the Chief Executives. Manchester is well represented on all key GM governance groups and provides significant input to GM work with Government on devolution. ¹²

INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

The Manchester Neighbourhood Model will seek to enable change through the optimisation of the public estate, and the use of digital technology, building on success to date. Estates and IM&T enabling programmes have worked together over three years to design 12 new hubs for INTs to co-locate in each neighbourhood. This has involved building refurbishment in most existing community sites, with supporting IT and networks installed. The challenge now is to integrate further across the health & care system, and beyond, to enable the delivery of the Locality Plan's five strategic aims.

The **Manchester Executive Strategic Estates Group** is working with partners across the city to deliver its priorities up to 2022, outlined below.



The **Manchester Digital Board** is developing a new digital strategy and delivery roadmap, working closely with Health Innovation Manchester (HiM) and GMHSCP. The Board will focus on five areas, all underpinned by effective information governance and data sharing agreements:

- Digital Architecture (Networks, Security, Support)** The ways in which Manchester develops a more integrated system network architecture
- Core Systems Implementation & Optimisation** How core organisational systems are developed with system objectives in mind.
- Shared Care Records** Collaborative development of shared care records for both staff and citizens.
- Care closer to home** Including self-care technology and patient consultation technology, supporting care closer to home.
- Knowledge & Insight** The development of a knowledge system for Manchester that harnesses the wealth of data and evidence to drive better decision making.

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The **Manchester Locality Workforce Transformation Group (LWTG)** is a collaborative of system partners leading on the integration of workforce transformation activity to meet the five strategic aims of the Locality Plan. LWTG's aim is **'To make Health and Care in Manchester the best place to work'**. An integrated system approach is being developed in five priority areas to address the following challenges:

- Health and social care increasingly operates in an emergent, uncertain and ambiguous context with a focus on place-based and person-centred care working across organisational boundaries.
- Changing needs, higher expectations and increasing demand for limited resources places pressure on traditional models of service delivery and ways of working.
- Delivering safe, high quality and compassionate care is compromised by gaps, vacancies and hard to fill roles across Manchester, and the lack of a common workforce operating model across the system.
- Recruiting, retaining and supporting health and social care staff to deliver their best at work.
- Skills shortages both local and national for key roles such as Nurses, Social Workers, Therapists, GP's and hospital based medical staff cause significant financial and service delivery challenges, with reliance on expensive agency workers.
- To make better use of technology and enhance digital skills.
- Developing leadership behaviours across the system to operate in matrix structures and systems.
- Changing attitudes to work by the different generations will need to be responded to by employers – e.g. greater demand work flexibly. Workforce demographics are changing e.g. people working until an older age, by 2030 millennials will make up 75% of the workforce.

FIVE PRIORITIES

Recruitment, Retention and Progression

- 2020**
- Design and application of a bespoke attraction strategy
 - Developing integrated apprenticeships/ maximising use of the apprenticeship levy.
- 2021-23**
- System recruitment strategies that position Manchester's health and care partners as employers of choice for people from diverse backgrounds; and for future generations, who may have different expectations around what they want from their careers and places of work.

Workforce Operating Model

- 2020**
- Options appraisal and implementation of potential employment framework to enable cross-organisational movement of staff within the Manchester locality.
- 2021-23**
- Aligning policies and processes across the system
 - Review potential alignment of staff benefits across the system.

Inclusion, Social Value and Wellbeing

- 2020**
- Bring together workforce race equality strategies and plans into a locality approach to improve BAME representation across the system
 - Our locality approach will be used to inform and support system leaders to be clear on our drive to address and remove unnecessary and harmful disparities in employment
 - Develop a single clear brand or message on our commitments to address inequalities in employment and promote inclusion.
- 2021-23**
- Health and wellbeing baseline assessment indicators in place across all partner organisations
 - Mental Health awareness campaign across the system
 - Shared information about health and well-being resources
 - Enabling recruitment, training and support for disabled staff
 - Commitment to work towards Disability Confident level 3.

Workforce Planning

- 2020**
- Develop and expand the scope of the Virtual Workforce Intelligence System (VWIS) to enable Manchester to undertake strategic workforce planning at a system level.
- 2021-23**
- Improved approach to workforce planning – aligned to population growth, new roles and skills mix, shortages, cross sector and integrated career pathways.

Workforce Development

- 2020**
- Review approaches to talent management
 - Integrated approaches to leadership and development where it supports the system
 - Review opportunities to collaborate on education, training and development.
- 2021-23**
- Further development of person centred and strengths based approaches
 - Implementation of the Primary Care workforce strategy.

RESPONDING TO THE NHS LONG TERM PLAN

OUR HEALTHIER MANCHESTER

Building a sustainable health and care system through the delivery of national and local policy drivers and requirements will be critical to successful implementation of the Locality Plan. Such drivers include the Local Industrial Strategy, the Greater Manchester Model of Public Service Reform, the Health and Social Care Prospectus, and the NHS Long Term Plan (LTP).

A readiness assessment has been completed against the NHS LTP to assess the preparedness of the city to deliver on the LTP, and to understand any areas which will require additional focus. This assessment will be used to support both planning and assurance across the system. Taking account of these policy drivers, Manchester will focus on seven key areas, explained in more detail over the next four pages.

PLANNED CARE

Delivering shorter waits for planned care and ensuring that patients are able to choose where and how they receive their care remains a priority. Through the **Joint Planned Care Board** involving providers and commissioners, reform will be targeted in the right areas by using Getting It Right First Time (GIRFT) and NHS Right Care. This will ensure any unwarranted variation is identified and addressed and will support the delivery of shorter waits for planned care. MHCC continues to work closely with its main provider to manage waiting times in line with national guidance. Specialty level delivery trajectories are in place to reduce waits and there are systems in place to ensure no patients wait over 52 weeks for treatment including review of all patients at 46 weeks. Oversight continues through weekly taskforce meetings between the MFT and MHCC.

The volume of planned care surgery required to deliver the elective standards will be considered annually as part of the NHS planning round and contract negotiations. MHCC will work with providers to undertake a capacity and demand exercise. As part of this, any new guidance (NICE, NHS LTP, choice at 26 weeks) will be considered, along with affordability and deliverability. The Elective Care Board will oversee the implementation of the **Elective Care Reform Programme**. This programme will focus on delivering reform through the use of new technologies with a view to reducing outpatient attendances. Priority areas have been agreed with stakeholders.

URGENT & EMERGENCY CARE

A comprehensive **System Wide Improvement Plan** is in place across Manchester and Trafford through which the delivery of urgent and emergency care priorities will be managed. The plan highlights key transformational workstreams and aligns to national priorities, regional priorities and operational priorities. This includes the overall requirements of the NHS LTP and will incorporate the outcomes of the **Clinical Standards Review**. The Clinical Standards Review is exploring whether an average (mean) time in A&E could be implemented safely, and will provide clinicians with a useful measure of activity and patient experience. The review is also collecting data to examine the feasibility of measuring how fast critically ill or injured patients arriving at A&E receive a package of tests and care (developed with clinical experts) for conditions such as stroke, major trauma, heart attacks and sepsis. Field testing of these standards are currently underway at a small number of hospital sites across England.

Improving performance against key system indicators such as A&E waiting times, Delayed Transfers of Care, and Length of Stay is central to the plans in Manchester. Examples of how improvement will be delivered include developing a single multidisciplinary Clinical Assessment Service (CAS) integrated within NHS 111, implementation of Urgent Treatment Centres (UTC) in each locality and embedding discharge standards to ensure every patient has a plan in place for discharge.

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MENTAL HEALTH

MHCC is committed to ensuring that everyone who needs mental health care has timely and equitable access to high quality, evidenced based provision, as close to home as possible, that has been developed in partnership with all of our providers and people with lived experience. This will be done by ensuring that our system plans for delivering the LTP and Mental Health Implementation Plan are clearly aligned to other work areas such as ageing well, maternity, primary care, personalisation and learning disabilities. Examples include:

- Commissioning **specialist perinatal community services** and supporting partners of women who are using these services.
- Securing **more access for children and young people (CYP) to NHS funded care** including school and/or college based mental health teams.
- Working with providers who deliver 0-25 services to **smooth the transition** from CYP to adult services.
- Securing **better outcomes for people accessing crisis services** by improving adults and CYP crisis pathways.
- Working with our local care organisation to fully align and embed **Improving Access the Psychological Therapies (IAPT) services** within neighbourhood level structures and support closer working with primary care services.
- Improving **primary care mental health support** available in the community, ensuring that people move between the different levels of mental health care with ease.
- Supporting the delivery and provision of mental health rehabilitation services within community settings to **enable people to recover whilst firmly rooted within their communities and lives.**

CHILDREN'S SERVICES

Our vision is for a **safe, healthy, happy and successful future** for all children and young people in the city; a city passionate about children and young people living in stable, safe and nurturing homes; safely reducing the number of looked after children; having the best start in the first years of life; and fulfilling their potential. This will be delivered working in partnership across the system to promote a strengths-based way of working, focused around the child and young person (CYP) and the outcomes that matter to them. Areas of focus will include:

- **Improving health outcomes of CYP with SEND** by ensuring that they receive an integrated response to their health, educational and social needs.
- Implementing M-Thrive to enable **access to emotional health and wellbeing support.**
- Preventing avoidable admissions to hospital through **building community capacity and confidence within local populations to manage minor illness.**
- Having a **robust, local offer in Manchester to those CYP who require longer term care outside of their family home**, which will include Special Guardianship Orders, Foster care, respite and residential offers.
- **Providing pathways of support across education, health and care** for Looked After Children up to the age of 25, both within and outside of the city ensuring they have the right care and support at the right time in the right way.
- **Successfully transitioning young people to adult services**, with full involvement from the young person in a gradual, planned way to ensure that young people have a better experience of moving between support settings, be they in health, care or education.
- Working with the GMHSCP to implement **Better Births.**
- **Taking a 'whole system approach' to reducing childhood obesity**, engaging with partners beyond the field of health and challenging the obesogenic environment in the city. Specifically in health we will be expanding the Infant Feeding Strategy to increase breastfeeding rates, and develop a neighbourhood 'social prescribing' model of Tier Two and Three weight management provision.

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CANCER

An overall Cancer strategy has been developed which covers how partners across Manchester will drive the improvement of cancer outcomes, and achieve the requirements of the NHS Long term Plan. Area of focus will be:

- **Improvement of the one-year survival rates** of people in Manchester through earlier diagnosis by working across primary networks, neighbourhoods, and with the VCSE to increase the uptake of the screening for national and local cancer screening.
- Consistently **achieving the cancer waiting time standards** through the implementation of **Faster Diagnosis Pathways** initially for Colorectal, Lung and Prostate, to be followed by OG, Head and Neck, Gynaecology and Hepatobiliary. This may include the development of one stop clinics, straight to test pathways, and multi-diagnostic/rapid diagnostic clinics.
- **Improving access to high-quality treatment services**, including through roll out of Radiotherapy Networks, strengthening of Children and Young People’s Cancer Networks, and reform of Multi-Disciplinary Team meetings
- **Roll-out of personalised care interventions**, including stratified follow-up pathways, to improve quality of life.
- Working with GM to support **the roll out of Prehab 4 Cancer**, to improve people’s fitness before cancer treatment and therefore improves recovery and reduce post-treatment complications. Initial focus will be on services for colorectal, upper gastrointestinal (GI), lung and hepato-pancreatic-biliary (HPB) patients.
- MFT is one of the seven **genomics hubs** across England. We will engage with the genomics hub to understand how genomics can be used for screening and personalising cancer treatment for second cancers, and how affected relatives can have regular surveillance to ensure early detection of any cancers.



FINANCIAL SUSTAINABILITY

Financial sustainability remains a key priority for Manchester’s health and care system and partners throughout the planning period 2019/20 to 2023/24, embodied in the strategic aim to ‘Achieve a sustainable system’ within both the Locality Plan and ‘Manchester Agreement’:

- Transform the health and care system, moving our focus from hospital to the community.
- Reinvest the savings we make into better care.
- Balance our finances now and in future years.
- Develop our workforce so we have committed, healthy, skilled, people where and when they are needed.

The Locality Plan sets the ambition to radically improve people’s health in the city. Manchester has already commenced an unprecedented set of complex, interdependent reforms to the way services are commissioned and provided, encompassing structural, contractual and service delivery transformation.

Large scale investment was secured to 2021 to support health and care transformation through the ‘GM Transformation Fund’, additional Government funding for Adult Social Care (ASC), and a range of other sources. The GM Investment Agreement included high-level information about what needs to be delivered in return for the investment from the GM Transformation Fund. The Manchester Agreement sits alongside the GM Investment Agreement to provide additional assurance about how investment and reform will reduce demand in the city, including how partners will collaborate to better understand how the investments being made in new models of care will reduce demand for acute health services, and, through decommissioning, release cashable savings for reinvestment.

The next planning period represents a crucial phase in embedding and realising the full benefits of the changes to date, whilst responding to emerging policies within the NHS Long Term Plan. This includes a priority to invest funding growth within primary, community and care services.

The forward five year health and care financial plan is currently being refreshed but it is anticipated that substantial financial challenges will need to be addressed across the health and care system. This will critically depend upon the continued strength of the city’s excellent partnerships and working relationships and in particular, the city’s executive financial leaders in the context of financial sustainability.

All partners will have a role to play in ensuring that recent transformational investment delivers improvements in health and care outcomes for Manchester’s people, as well as long term financial sustainability for Manchester’s health and care partners. This will be enabled via a system-wide focus upon achieving the best possible value from Manchester’s scarce resources, including, where appropriate, designing and delivering further system-wide efficiency programmes.

Within this context, partners are currently considering alternative future funding models and strategies - for example, affordability (rather than National Tariff based acute contracts); reliant upon a key principle of intra-organisational trust and transparency and ongoing reciprocal understanding of the partners’ dynamic organisational financial contexts.

Although not covered explicitly in the NHS Long Term Plan, improvements to adult social care services are necessary to both help stabilise an NHS under increasing demand pressures, and to expand and improve community based health and care services.

ADULT SOCIAL CARE

Manchester's Adult Social Care Improvement Programme is driving significant change and longer term sustainability through investment in workforce, a shift of focus to 'our people in place' via the mobilisation of Integrated Neighbourhood Teams and transformation to new ways of working underpinned by 'our culture' and the Our Manchester strategy. Significant investment has been made within the programme to deliver safe, effective and sustainable services that take a 'strengths based' approach to assessment and care and support planning. Mobilised INTs are beginning to realise tangible outcomes relating to joint visits with improved communication between health and social care (i.e. district nurses, social workers, GPs, care navigators, community mental health teams), streamlined referral processes and multi-agency meetings.

The programme will also transform how services are delivered at our 'Front Door' by supporting integrated responses, access to a wider range of system informatics and linking our people to innovation in care and support through a mainstreamed Technology Enabled Care offer. Our Homecare market has been re-procured and is being mobilised to integrate at place level with INTs and to better collaborate in care and support to enable better outcomes. Investment has been made in new and existing care models for example, the expansion of the Reablement Service to reach more people and to better support timely hospital discharge pressures alongside the development of a new Complex Reablement Service to support people who require a specialised, longer term approach to enablement. Plans around housing support options continue to mature with significant capacity (1000 units) of Extra Care coming on stream through 20/21 in addition to 70 new build properties for Learning Disabilities. These housing options create longer term sustainable responses to care and support, reduce pressures and cost in the system and improve personal choice and independence.



REFERENCE DOCUMENTS

OUR HEALTHIER MANCHESTER

Document	Web location
Our Manchester: The Manchester Strategy	www.manchester.gov.uk/info/500313/the_manchester_strategy
Our Healthier Manchester	https://healthiermanchester.org/
Greater Manchester Plan - Taking Charge of our Health and Social Care in Greater Manchester	www.gmhsc.org.uk/the-plan/
Greater Manchester Transformation Agreement	www.greatermanchester-ca.gov.uk/homepage/59/devolution
Population Health Plan	www.manchester.gov.uk/downloads/download/6898/manchester_population_health_plan_2018-2027
NHS Long Term Plan	www.longtermplan.nhs.uk/

Further information can also be found at:

Organisation	Web location
Manchester Joint Strategic Needs Assessment (JSNA)	www.manchester.gov.uk/jsna
Greater Manchester Health and Social Care Partnership (GMHSCP)	www.gmhsc.org.uk/
Greater Manchester Combined Authority (GMCA) – for key regional strategies: Greater Manchester Strategy; Local Industrial Strategy; Greater Manchester Independent Prosperity Review	www.greatermanchester-ca.gov.uk/
Organisational Websites: MFT, MHCC, MLCO, MCC and GMMH	www.mft.nhs.uk www.mhcc.nhs.uk www.manchesterlco.org www.gmmh.nhs.uk www.manchester.gov.uk
The Health and Wellbeing Board (HWP) and Health Scrutiny Committee – past papers are publicly available	http://www.manchester.gov.uk/meetings

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Appendix C: MLCO Financial Plan 2020/21

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Appendix D: Health Growth Assumptions

Board Heading	2020/21	2021/22	2022/23	2023/24
Acute	1.55%	1.55%	1.15%	1.15%
MFT Acute	2.65%	2.65%	2.25%	2.25%
Pennine Acute	2.65%	2.65%	2.25%	2.25%
Acute Non NHS	1.55%	1.55%	1.15%	1.15%
NCA's	1.55%	1.55%	1.15%	1.15%
Mental Health	6.01%	4.20%	3.90%	4.34%
Learning Disabilities	6.01%	4.20%	3.90%	4.34%
Continuing Healthcare	3.00%	3.00%	3.90%	4.34%
Community NHS	4.36%	4.17%	3.89%	3.64%
Community Non NHS	4.36%	4.17%	3.89%	3.64%
Prescribing	3.00%	3.00%	5.00%	5.00%
Primary - local enhanced services	1.00%	1.00%	2.00%	2.00%
primary - out of hours	1.00%	1.00%	2.00%	2.00%
Primary - Other	1.00%	1.00%	2.00%	2.00%
Primary care medical services				
Other Programme Spend	0.70%	0.70%	0.70%	0.70%
Propco	0.70%	0.70%	0.70%	0.70%
Overheads programme	0.70%	0.70%	0.70%	0.70%
Admin	-0.08%	-0.12%	-0.12%	-0.12%
Reserves	0.00%	0.00%	0.00%	0.00%

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 4 February 2020

Subject: Update on the work of health and social care staff in the Manchester Integrated Neighbourhood Teams

Report of: The Executive Director of Adult Services and The Chief Operating Officer, Manchester Local Care Organisation

Summary

This paper updates the Health Scrutiny Committee on the work of health and social care staff in the Manchester Integrated Neighbourhood Teams (INTs).

It describes the work that has been taking place across all 12 neighbourhoods during 2019/2020 in Manchester to integrate the services delivered by our health and social care staff, along with the plans for 2020/2021 to continue to develop and optimise our neighbourhood model.

The report also includes case studies that demonstrate the impact that our teams have been having in our neighbourhoods.

The report will be accompanied by a video that has been developed by our neighbourhood team in Didsbury East and West, Burnage and Chorlton Park, which demonstrates how the teams are working together in each neighbourhood and the impact this is starting to have for our teams and residents.

Recommendations

The Committee is asked to note the content of the report, progress made to date and the emerging priorities for 2020/2021.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	

A highly skilled city: world class and home grown talent sustaining the city's economic success	MLCO/MCC are actively engaging communities in the Bringing Services Together programme, which promotes community involvement in contributing the economic growth of the city.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The underpinning principle of planning at a neighbourhood level is to ensure that services and strategic responses are aligned to the needs of local communities. One of the principal reasons for adopting this approach is to reduce the level of inequity that is present across city.
A liveable and low carbon city: a destination of choice to live, visit, work	One of the features of MLCO planning in 2020/21 will be to ensure that MLCO makes a positive contribution to the delivery of the city's low carbon strategy. Some of the neighbourhood plans have already referenced this.
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection): None

1 Introduction

- 1.1 This paper updates the Health Scrutiny Committee on the work of health and social care staff in the Manchester Integrated Neighbourhood Teams (INTs).
- 1.2 It describes the work that has taken place across all 12 neighbourhoods during 2019/2020 in Manchester to integrate the services delivered by our health and social care staff, along with the plans for 2020/2021 to continue to develop and optimise our neighbourhood model.
- 1.3 The report also includes case studies that demonstrate the impact that our teams have been having in our neighbourhoods.
- 1.4 The report will be accompanied by a video that has been developed by our neighbourhood team in Didsbury East and West, Burnage and Chorlton Park, which demonstrates how the teams are working together in each neighbourhood and the impact this is starting to have for our teams and residents.
- 1.5 A number of additional appendices are attached to this report:
 - MLCO Neighbourhood Plans on a page (2019/20);
 - MLCO in action; and
 - Neighbourhood stories.

2 Background and context

- 2.1 Manchester Local Care Organisation (MLCO) was established in April 2018 as a partnership organisation driven by the four strategic partners in Manchester; Manchester City Council, Manchester Foundation Trust, Manchester Primary Care Partnership and Greater Manchester Mental Health Trust.
- 2.2 The MLCO runs NHS community services for adults and children (district nursing, health visiting, school nursing, intermediate care and other teams) and Adult Social Care services in the city. As a result of the establishment of the MLCO in April 2018, these health and care teams are now working together as one team for the first time – working with mental health services and GPs as well to better plan and coordinate care.
- 2.3 Alongside our day to day work we are also responsible for redesigning how services work and providing the very best in community health and care for Manchester; that means supporting health and care colleagues to design services with local people.
- 2.4 Key to MLCO's key delivery model is 12 Integrated Neighbourhood Teams (INTs) across the 12 neighbourhoods in Manchester to focus on what's needed locally. Health and care staff are co-locating and work together in neighbourhood hubs in these neighbourhoods.

- 2.5 Our services are delivered as close to resident's homes as possible through our neighbourhood model, but it is also necessary to organise our service delivery and planning on a locality (North, Central and South) and Citywide basis.
- 2.6 This paper focuses on the progress made to mobilise 12 INTs in Manchester, how they have impacted on our staff and residents and what our work will be in the coming year.

3 Progress to date (2019/2020)

- 3.1 The focus of our work to develop integrated neighbourhood teams in 2019/20 was to build on and optimise the foundations that had been built during 2018/19.
- 3.2 This has included the formal recruitment of the INT leadership teams, continuing to co-locate our health and social care teams in 12 neighbourhood hubs, the formalisation of governance and agreement of 12 neighbourhood plans, the roll out of the NESTA 100 day challenge programme in each neighbourhood, developing our approach to support the delivery of the Bringing Services Together for People in Places programme and the delivery of the ASC Improvement Plan.
- 3.3 In regards to their development a small number of high level indicators have been utilised to oversee their development. An overview of progress against the 12 is set out below:

Descriptor	Rationale
Neighbourhood Leadership quintet in place	A measure of whether leadership structures are being aligned to support integrated working.
Neighbourhood governance model in place	A measure of whether decision making is aligned across organisations and the conditions are in place for a culture of integrated neighbourhood working to grow.
Teams co-located in a hub	A measure of whether the infrastructure is in place for INTs (given co-location can only happen if estates and IM&T solutions have been delivered)
Neighbourhood plan in place	A measure of whether INTs are responding to the needs of the local population

Neighbourhood	Quintet in place	Governance in place	Co-located	Neighbourhood plan
Ancoats, Clayton and Bradford	Yes	Yes	Cornerstone Centre	Yes
Miles Platting, Newton Heath, Moston and City Centre	Yes	Yes	Victoria Mill	Yes
City Centre	Yes	Yes	Yes (as part of MP,NH & M Neighbourhood)	Yes
Cheetham and Crumpsall	Yes	Yes	Cheetham PCC	Yes
Higher Blackley, Harpurhey and Charlestown	Yes	February 2020	Harpurhey DO	Yes
Ardwick and Longsight	Yes	Yes	MAVallance Centre	Yes
Gorton and Levenshulme	Yes	Yes	Gorton South DO	Yes
Chorlton, Whalley Range and Fallowfield	Yes	Yes	Chorlton HC	Yes
Hulme, Moss Side and Rusholme	Yes	Yes	Moss Side HC	Yes
Fallowfield (Old Moat) and Withington	Yes	Yes	Burnage HC	Yes
Didsbury East and West, Burnage and Chorlton Park	Yes	Yes	Withington Hospital	Yes
Wythenshawe (Baguley, Sharston, Woodhouse Park)	Yes	Yes	Parkway Green	Yes
Wythenshawe (Brooklands) and Northenden.	Yes	Yes	Etrop Court	Yes

3.4 As can be seen significant progress has been made to optimise our neighbourhood model during 2019/2020 and this is demonstrated by:

- 12 Integrated Neighbourhood Teams (INTs) established, each with a leadership team comprising an INT lead, a lead GP, a lead social worker, a lead nurse, a mental health lead and a Health Development Coordinator;
- 8 out of 12 INTs are now co-located;
- Monthly Multi-Disciplinary Team meetings (MDT)s established in GP practices and will be fully rolled out by March 2020;
- The Coordinated Care Pathway developed and rolled out by March 2020 in each neighbourhood;
- Weekly Multi-agency meetings (MAMs) are being established in each neighbourhood and the extension of the model will start on 29th January in Old Moat & Withington for a 12-week test period with a citywide roll out plan to be developed;
- Each neighbourhood has a bi-monthly Partnership meeting; this forum engages stakeholders & supports the development & delivery of the things that matter to the local communities. This is the place where partners from the VCSE engage with our INT leadership teams;

- Each neighbourhood has a delivery plan for 2019/2020 focused on the delivery of a population health driven approach and optimisation of the foundations of neighbourhood working, built from the needs of the local population;
- Health Development Coordinators (HDC) connect services to wider community assets and drive a population health focus in our neighbourhoods, whilst Care Navigators connect residents to key services and support flow through our community services;
- Mobilised the NESTA challenges in all 12 neighbourhoods in 3 phases; phases one and two are complete and the whole programme will be delivered by March 2020; and
- The 12 INT leads have worked to develop closer working alignment with the MCC neighbourhood and ward teams and we have engaged with elected members through specific briefing sessions and through their ward meetings.

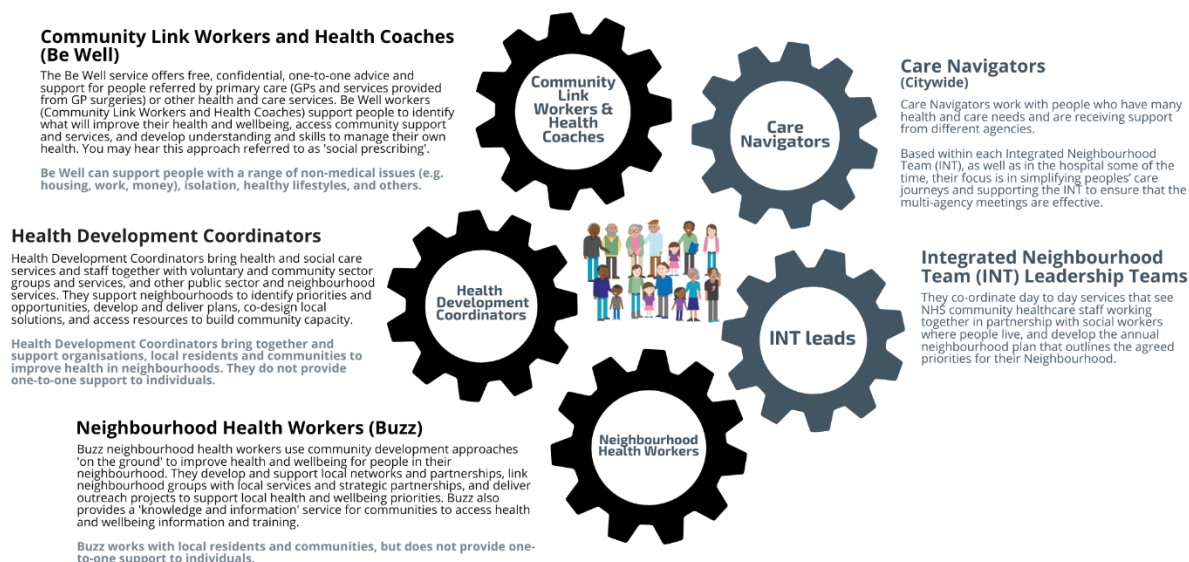
3.5 An overview of the progress that is being made in regards to integrated working is set out below. As can be seen significant progress has been made or is planned, with the team expected to be meeting as a collective or with partners during Quarter Four 2019/20.

Neighbourhood	Neighbourhood Partnerships in place	Multi-Agency Meetings taking place	MDTs taking place
Ancoats, Clayton and Bradford	YES	By March	YES
Miles Platting, Newton Heath, Moston and City Centre	YES	By March	YES
City Centre	In development	tbc	Yes (as part of MP, NH & M Neighbourhood)
Cheetham and Crumpsall	YES	By March	YES
Higher Blackley, Harpurhey and Charlestown	In development	By March	YES
Ardwick and Longsight	YES	Dec	MARCH 2020
Gorton and Levenshulme	YES	Dec	MARCH 2020
Chorlton, Whalley Range and Fallowfield	YES	Dec	MARCH 2020
Hulme, Moss Side and Rusholme	YES	Yes	MARCH 2020
Fallowfield (Old Moat) and Withington	YES	Yes	5/6
Didsbury East and West, Burnage and Chorlton Park	YES	Yes	6/6
Wythenshawe (Baguley, Sharston, Woodhouse Park)	YES	Yes	6/7
Wythenshawe (Brooklands) and Northenden.	YES	Yes	5/5

3.6 Wider work has also taken place in our neighbourhoods delivered by the Prevention Programme, which has supported the INTs to design and deliver services with a population health focused approach. Each neighbourhood has

a Health Development Coordinator, who are experienced in community development and engagement. They support neighbourhoods to identify priorities and opportunities, co-design local solutions and access resources to build community capacity.

- 3.7 The HDCs have access to a neighbourhood health and wellbeing development fund, which can be accessed to support the delivery of priorities as agreed by the neighbourhoods through the neighbourhood partnerships. The HDCs also work with a range of other leads in the neighbourhood; Community Link workers, Neighbourhood health workers, and Care navigators to ensure all services and assets in our communities are aligned to service delivery and can provide the support that our residents need.
- 3.8 Whilst the teams described at 3.7 work collaboratively they each have a unique albeit complementary offer, which is set out below:



- 3.9 Some examples of the good work of the teams are set out at Appendix Two and Three.
- 3.10 During 2019/2020 Manchester has supported its GP practices to mobilise a key priority in the NHS Long Term Plan and establish 14 Primary Care Networks (PCNs). The PCNs in Manchester are aligned to the neighbourhood footprints and services and they connect to the neighbourhood model through the GP neighbourhood leads.
- 3.11 Through the ASC Improvement Plan, an increase in the social work workforce has been secured. This plan has enabled a focus on the delivery of a core improvement programme for adult social care, as well as a range of service development / transformation programmes to enhance our operating model. Key deliverables in 2019/20 include:

- New strength based Care Act assessment and support planning process in place;
- Delivered phase one of technology enabled care programme and transferred c.150 citizens to new medication provider;
- Joint working group established to tackle domestic abuse in communities;
- Four new Extra Care schemes across the city opening in 2020, to complement the existing seven schemes; and
- The roll out of new neighbourhood based model of Home Care has continued.

3.12 Through Bringing Services Together for People in Places, INT leads are part of the wider team around the neighbourhood and have taken part in multi-agency neighbourhood sessions to identify common priorities in each place. The MLCO has also been able to develop a range of strategic partnerships with key stakeholders including VCSE, Housing through the Manchester Housing Provider Partnership (MHPP), MCRAActive and Health Innovation Manchester. These partnerships recognise the impact of the wider social determinants the health and wellbeing of people in Manchester and we have a number of work programmes in train through these partnerships:

- R U Matchfit; a partnership with MCRAActive and Manchester City Football Club to encourage physical activity alongside health advice for a defined cohort of residents;
- Development of Multi-Agency Meetings (MAMs) in each neighbourhood that builds on the Wythenshawe Community Housing Group WINS model; bringing a range of partners together to deliver a joined up service for an agreed group of residents; and
- Work between housing providers and GP practices to support direct access to appropriate services.

3.13 In order to develop our neighbourhood model to include children's services, MLCO has been working in partnership with colleagues in children's social care services to align our service delivery and how the services connect to the neighbourhood model.

3.14 The MLCO has incorporated the Our Manchester approach into our model and this can be demonstrated by:

Better Lives: 'Its about people'	<ul style="list-style-type: none"> North Manchester Fitness: proposal to keep providing low cost physical activity sessions to North Manchester residents. Nesta 'Asylum Seekers and Refugees aged 18+', support by connecting to services /opportunities in the neighbourhood
Listening: 'We listen, learn and respond'	<ul style="list-style-type: none"> Café Neuro (Sept): attracted attendance from over 60 people from a wide range of services, VCSE and community members. Developed a information booklet on malnutrition that was Cheetham and Crumpsall specific
Strengths of individuals and communities: 'we start from strengths'	<p><u>Street Party in Cheetham</u> https://www.youtube.com/watch?v=dRla57J_jLk&t=30s</p> <p>Mental Wealth matters - gives people who live and work in the community access to training which would lead to them becoming qualified as a Mental Health First Aider.</p>
Working together: 'We build relationships and create conversations'	<ul style="list-style-type: none"> Drop in session to support better connection between stakeholders, with HDC and BUZZ workers Gusuntiem, a local dementia charity (connects to smart speakers, delivers music therapy directly to people's homes) now connected to a variety of individuals and leaders & with access to public health data relating to the prevalence of dementia

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4 The approach to develop the neighbourhood model in 2020/21

- 4.1 MLCO will continue to optimise and develop our neighbourhood model in partnership with the health and social care teams, our partners, stakeholders and residents during 2020/21. In recognition of the importance placed on this way of working, one of our priorities for the year is to consolidate and strengthen our neighbourhood approach supporting our 12 INTs to make an impact in their communities.
- 4.2 MLCO is in the process of finalising its Operating plan for 2020/21 and this will include our deliverables for the next 12 months. The plan has been developed through and from our community health and social care services working with the neighbourhood partnerships and will be published in March 2020.
- 4.3 As part of this process, MLCO has been reviewing the work that has been delivered across the neighbourhoods to inform the work that needs to be taken forward during 2020/21. The current plans on a page can be found at Appendix One.
- 4.4 Each of the neighbourhoods has reviewed and refreshed their neighbourhood plan and this refresh has taken into account relevant ward and PCN plans. The plans outline what has been delivered to date in each place and their planned priorities for 2020/21. The priorities are based on an increasing understanding of the demographics and needs of each place as evidenced through MHCC and MCC intelligence and data sources, but also what partners and stakeholders in place are sharing as priority areas for the residents.
- 4.5 As part of their development the INT leads are engaging with elected members on the development of the plans through the ward coordination teams across

the city to identify opportunities for joined up approaches and sharing of information.

4.6 As such, there are some work areas that will be taken forward in all neighbourhoods and these include:

- Contribute toward the delivery of the citywide population health prevention programme;
- Contribute toward the delivery of the citywide childhood obesity strategy;
- Establish and embed INT through CCP and MCM in INT, INT OD plan, co-locate remaining INTs, strengths-based assessment, ASC improvement plan, systematic review of neighbourhood flow and gaps across neighbourhood organisations, inc VSC sector;
- Support residents in care homes;
- Consolidate connections to PCNs and Digital First and support delivery of PCN contractual requirements through mobilisation of social prescribing and support to deliver integrated and urgent primary care;
- MH and primary care links and commissioning of service;
- Increased follow up for people at risk of avoidable presentation at / admission to hospital; and
- Develop, enhance and standardise existing community services and continued community engagement events.

4.7 However, each of the plans have priorities and deliverables that are specific to that place. To understand the detail in the plans, it is advised that each of the neighbourhood plans is reviewed on publication.

4.8 Key to the work of the neighbourhood model is the ability of MLCO and its partners to measure the efficacy of the interventions that they make. Significant work has been undertaken in 2019/20 with the information team at MHCC to both develop information and data at a neighbourhood level to inform the planning process. Again, with colleagues at MHCC, significant work has been undertaken to identify outcome measures, utilising the MLCO outcomes framework that was developed in 2017. This work will form the basis of a suite of measures that will be used to understand how effective the plans are especially in the context of supporting a shift in population health outcomes and big system measures including activity metrics.

5 Recommendations

5.1 The Committee is asked to note the content of the report, progress made to date and the emerging priorities for 2020/2021.

Appendix One – MLCO Neighbourhood Plans on a page (2019/20)

Didsbury (East & West), Burnage and Chorlton Park

Integrated Neighbourhood Team plan on a page 2019/2020



About our neighbourhood

 **60,000** people live here - almost 10% of Manchester's population

 **44,000** people are registered to GPs in the neighbourhood

 We are a **diverse** area of different communities with a relatively old population

 We have an active voluntary sector with lots of community assets to build on

 But we have some health and care issues including higher than average numbers of:

- overcrowded households
- pensioners living alone
- hospital admissions and A&E visits for children under four
- binge drinking adults
- heart disease and COPD rates.

We believe that, by working together, we can help improve health and outcomes in our neighbourhood.

Some of the things we're doing across the city to improve health and social care this year

1. Improving population health

- Deliver the neighbourhood health and wellbeing development programme requirements
- Establish building blocks for pop health
- Ensure health checks are delivered
- Engage MCRActive in neighbourhood delivery
- Ensure Neighbourhoods are Age Friendly.

2. Working with Primary Care

- Support each of the newly forming Primary Care Network across the city to meet Primary Care standards
- Ensure alignment of neighbourhood partnerships and service delivery with Primary Care Networks so they work together to benefit residents.

3. Supporting all Integrated Neighbourhood Teams in their first full year

- Implement and mobilise the key components of the 12 INTs across the city
- Deliver a NESTA-led 100 day challenge in each neighbourhood to kick start partnership working and tackle a key issue of importance to the neighbourhood.

4. Ensuring financial sustainability

5. Developing a partnership with housing

- Deliver the range of programmes linking health and housing as agreed between MLCO, GP Federations and the city's housing providers.

The key things we are going to do in our neighbourhood this year

-  Work to keep people well, by exploring ways to increase access and opportunity to support healthier lives offered by **NHS health checks**.
-  Support **good mental health**: Increasing access to services and activities that build resilience; support those who most need it, and work together to identify and understand gaps.
-  Improve neighbourhood **communication and information sharing**, building on what we have.
-  Focus on **partnership**, to work with our neighbourhood strengths, increasing participation and access, co-producing plans and solutions.
-  Build strong links with our **GP networks**.
-  Share our collective successes to **build a strong neighbourhood** which nurtures our health and wellbeing.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Annabel Hammond
Neighbourhood lead



Dr Oli Atkinson
GP lead



Suzanne Leonard
Nurse lead



Nikiwae Kotey
Social care lead



Xxxx
Mental health lead



Fiona Vincer
Health development coordinator



@DidsChorBurnINT

Withington and Old Moat

Integrated Neighbourhood Team plan on a page 2019/2020

About our neighbourhood



We have a resident population of **29,338** with 50,000 people registered with a GP in the neighbourhood.



12.8% of the population are over 50 with 4.8% aged 80 plus.

24.9% are from Black and Minority Ethnic groups and 2.1% have English as an additional language.



High numbers of students live in the neighbourhood.

There's an active and vibrant community, voluntary and social enterprise sector.



We have some significant health and care issues including:

- 41.4% of adults binge drink
- High rates of hospital admissions and mortality rates for coronary heart disease, stroke, COPD and lung cancer.

Some of the things we're doing across the city to improve health and social care this year

1. Population health

- Deliver the neighbourhood health and wellbeing development programme requirements
- Establish building blocks for pop health
- Ensure health checks are delivered
- Engage MCRActive in neighbourhood delivery
- Ensure Neighbourhoods are Age Friendly.

2. Primary Care

- Support each of the newly forming Primary Care Network across the city to meet Primary Care standards
- Ensure alignment of neighbourhood partnerships and service delivery with Primary Care Networks so they work together to benefit residents.

3. Support all Integrated Neighbourhood Teams in their first full year

- Implement and mobilise the key components of the 12 INTs across the city
- Deliver a NESTA-led 100 day challenge in each neighbourhood to kick start partnership working and tackle a key issue of importance to the neighbourhood.

4. Ensure financial sustainability

5. Develop a partnership with housing

- Deliver the range of programmes linking health and housing as agreed between MLCO, GP Federations and the city's housing providers.

The key things we are going to do in our neighbourhood this year



Re-energise the **Transport Task Group** to find solutions to the issues residents experience with getting to and from medical appointments.



With others, offer support around sustainability to the **voluntary, community and social enterprise groups**, enabling them to maintain/increase their offer around supporting people to keep well and to stay healthy.



Get better at **sharing information** about what services are available in our community, that can support people to look after themselves and improve health and wellbeing.



Work to improve and increase support to **students and young people** with mental health issues.



Increased support to those aged **65 years and over** around keeping well during the winter months (winter resilience).

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@

Brooklands and Northenden

Integrated Neighbourhood Team plan on a page 2019/2020



About our neighbourhood



An older age profile and many older people living alone



A growing black and minority ethnic (BME) community



A higher percentage of people claiming Universal Credit in this neighbourhood compared with the national average



In Northenden the number of children living in poverty is much higher than the Manchester average and there is increasing childhood obesity



We have higher than average:

- emergency admission rates via Accident and Emergency (A&E) for people under 24 years
- hospital stays for self-harm and alcohol-related harm
- cases of hypertension and asthma on the GP register.

Some of the things we're doing across the city to improve health and social care this year

1. Population health

- Deliver the neighbourhood health and wellbeing development programme requirements
- Establish building blocks for pop health
- Ensure health checks are delivered
- Engage MCRActive in neighbourhood delivery
- Ensure Neighbourhoods are Age Friendly.

2. Primary Care

- Support each of the newly forming Primary Care Network across the city to meet Primary Care standards
- Ensure alignment of neighbourhood partnerships and service delivery with Primary Care Networks so they work together to benefit residents.

3. Support all Integrated Neighbourhood Teams in their first full year

- Implement and mobilise the key components of the 12 INTs across the city
- Deliver a NESTA-led 100 day challenge in each neighbourhood to kick start partnership working and tackle a key issue of importance to the neighbourhood.

4. Ensure financial sustainability

5. Develop a partnership with housing

- Deliver the range of programmes linking health and housing as agreed between MLCO, GP Federations and the city's housing providers.

The key things we are going to do in our neighbourhood this year



Amplify our neighbourhood voice

- Co-produce our neighbourhood priorities & plan
- Host a neighbourhood summit
- Have two neighbourhood representatives on our leadership team.



Visibility of the leadership team in our neighbourhood

- Using different media and engagement methods to establish and promote the neighbourhood team & what we are doing across systems
- Build relationships across organisations & voluntary sector.



Deliver integrated prevention campaigns in our neighbourhood

- We will deliver an Integrated 'Health Check' campaign
- We will deliver an 'Integrated Winter Resilience' campaign
- We will work with priority groups to promote social connections and good nutrition.



Focus on 'Our Neighbourhood' cares about mental wellbeing

- A neighbourhood development programme, supporting personalised care, using the strengths of people and our community
- Raise the profile & understanding of social prescribing within the neighbourhood.



Our neighbourhood focus on improving hospital transitions

- Deliver home visit nursing service for people living with long term conditions (and evaluate)
- Work in partnership with housing to improve hospital transitions, bottlenecks & barriers for people in the neighbourhood.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name and name
Neighbourhood representatives



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@BrookNorthINT

Wythenshawe (Baguley, Sharston and Woodhouse Park)

Integrated Neighbourhood Team plan on a page 2019/2020



About our neighbourhood



Our GP registered population is 52,000, with 10% of our population aged 50 plus and 30% of households on a low income.



We have an excellent network of voluntary and community groups and 10 Parks and 18 Woodland areas



There are 14,000 social houses which are managed by Wythenshawe Community Housing Group



*85% of people living in Woodhouse park area are likely to require intense support

*35% of attendances at A&E resulted in hospital admission

50% of admissions were for respiratory problems

Some of the things we're doing across the city to improve health and social care this year

1. Population health

- Deliver the neighbourhood health and wellbeing development programme requirements
- Establish building blocks for pop health
- Ensure health checks are delivered
- Engage MCRAActive in neighbourhood delivery
- Ensure Neighbourhoods are Age Friendly.

2. Primary Care

- Support each of the newly forming Primary Care Network across the city to meet Primary Care standards
- Ensure alignment of neighbourhood partnerships and service delivery with Primary Care Networks so they work together to benefit residents.

3. Support all Integrated Neighbourhood Teams in their first full year

- Implement and mobilise the key components of the 12 INTs across the city
- Deliver a NESTA-led 100 day challenge in each neighbourhood to kick start partnership working and tackle a key issue of importance to the neighbourhood.

4. Ensure financial sustainability

5. Develop a partnership with housing

- Deliver the range of programmes linking health and housing as agreed between MLCO, GP Federations and the city's housing providers.

The key things we are going to do in our neighbourhood this year



Support people with COPD and other long term conditions to

- Enabling self-care through education and coaching
- Help reduce the anxiety and fear of exacerbation
- Reduce the number of unnecessary hospital admissions.



Improve the physical and emotional health of people

- Through informed food choices, moving more and supporting parents and carers to be knowledgeable and food wise.



Support GP surgeries to access community services

- Connecting GP's to the Bringing services together workstream
- Increasing the community knowledge for volunteers in GP practices
- Support active signposting and social prescribing at GP practices.



Work with primary, secondary Schools, academies & families to

- Improve and increase aspirational life choices for people of Wythenshawe
- Develop educational opportunities around shared understanding of different lives and experiences
- Create intergenerational workstreams which give focus to starting well and aging well.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:

Name
 Neighbourhood lead

Name
 GP lead

Name
 Nurse lead

Name
 Social care lead

Name
 Mental health lead

Name
 Health development coordinator

@TeamWythenshawe

Gorton and Levenshulme

Integrated Neighbourhood Team plan on a page 2019/2020

About our neighbourhood

- 53,500** people live here at the moment and this number is increasing each year
- We have a higher % of younger people and a lower % of over 65's than other parts of the city
- We are a richly diverse area - **39%** of the overall population are from a BAME background
- We have an active voluntary sector with lots of community assets
- But we have some significant health and care issues:
 - 35% of children are living in poverty
 - life expectancy at birth is 74-78 years with a healthy life expectancy of between 53 and 58 years
 - over 40% of children in year 6 are obese
 - 13.2% of residents suffer from one or more long term condition (hypertension, asthma and diabetes are the most prevalent)
 - 62% of adults are deemed as having wider determinants of need.

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 - Support each of the newly forming Primary Care Network across the city to meet Primary Care standards
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- 4. Ensure financial sustainability**
- 5. Develop a partnership with housing**
 - Deliver the range of programmes linking health and housing as agreed between MLCO, GP Federations and the city's housing providers.

The key things we are going to do in our neighbourhood this year

- Create a true **neighbourhood offer** in the community, fully mobilising our health and social care teams and ensuring our Gorton hub new build is the blueprint for working together with you.
- Engage families and children**, children's health services and schools to help promote healthy weight and reduce the reliance on statutory services
- Take a community approach to **diabetes prevention** and management. Work with partners to undertake health checks, undertake group consultations, give dietary advice and promote health and wellbeing.
- Embed the **coordinated care pathway** – supporting our Care Navigator to connect residents in Gorton and Levenshulme with the right services in our local neighbourhood to address their needs quickly.
- Improve the health and wellbeing of our community – supporting and increasing **voluntary sector participation** and inclusion of service users to improve the mental health of residents in the locality - tackling social isolation and loneliness.
- Prioritise and engage with partners to address the health implications of **poor air quality**. Work closely with neighbourhood and voluntary sector partners to reduce idling, support safe space and encourage activities such as walking and cycling.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:

Name Neighbourhood lead Name GP lead Name Nurse lead Name Social care lead Name Mental health lead Name Health development coordinator

@GortonLevensINT

Chorlton, Whalley Range and Fallowfield

Integrated Neighbourhood Team plan on a page 2019/2020



About our neighbourhood



Almost 48,000 people live in our neighbourhood



Our neighbourhood is culturally very rich and diverse and has a number of distinct, vibrant communities



Our neighbourhood is rich in community assets with over 170 mapped in a recent exercise; this includes community groups, clubs, places of worship, green spaces etc



However, there are some health and care issues:

- older people living with a mental health condition, a learning disability or dementia
- a higher proportion of frail older people
- higher rates of binge drinking in adults; households that are overcrowded and/or without central heating; older people living alone, A&E attendances in 0-4 year olds and longer stays in hospital after emergency admission

Some of the things we're doing across the city to improve health and social care this year

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- Deliver the neighbourhood health and wellbeing development programme requirements
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5. Develop a partnership with housing

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The key things we are going to do in our neighbourhood this year



Bring together an **Integrated Neighbourhood Team** of Community Nurses and Social Care workers who will be co-located and provide a seamless, coordinated service for our neighbourhood.



Deliver and sustain the impact of the NESTA 100 day challenge around **mental health** which includes:

- delivering Mental Health Awareness training to non-clinical front line workers in primary care and other services
- facilitating closer links and building the relationship between Improving Access to Psychological Therapies services and GP practices



Embed the **Care Navigator** service in the neighbourhood and develop and refine the coordinated care pathway to ensure those with care needs get the right service, in the right place and at the right time.



We will develop our **prevention programme** and ensure that the numerous strengths and assets of our communities are mobilised.

- embedding the revised Buzz Health and Wellbeing service model
- continuing to work with Be Well to evidence the impact of and sustain the self-referral pilot workers for each practice.



We will develop and evolve our **Neighbourhood Partnership** to ensure we connect and engage with all stakeholders in the neighbourhood in a meaningful way and ensure that all voices are represented.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@ChorWhatFallINT

Hulme, Moss Side and Rusholme

Integrated Neighbourhood Team plan on a page 2019/2020



About our neighbourhood



About **52,000** people live in our neighbourhood which is culturally diverse with more than half of residents from black and minority ethnic communities.



We have a relatively young population compared to the average, with just under 30% aged 16-24. Rates of child development and levels of educational attainment are worse on average.



We have a relatively lower proportion of older people in good health, mainly linked to poor mental health, dementia and long-term conditions - particularly high blood pressure, heart conditions, asthma and diabetes. There are also higher numbers of older people living alone.



We have a very active voluntary and community sector and other partners with an interest in the social determinants of health.

Some of the things we're doing across the city to improve health and social care this year

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The key things we are going to do in our neighbourhood this year



There is a long-standing interest in using the **local environment** to help promote mental well-being and we will continue to support opportunities to develop green spaces in the neighbourhood.



Further **integrate** neighbourhood health and social care services and develop the nurse-led Community Diabetes Education Service.



Reduce **health inequalities** by improving access for those who struggle with English and may require initial encouragement and support to take-up local opportunities.



We will look at **child health and wellbeing** and consider how to better support families.



Evolve our **Neighbourhood Partnership** and work in a way that means that all stakeholders have an opportunity to participate.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@

Ardwick and Longsight

Integrated Neighbourhood Team plan on a page 2019/2020

About our neighbourhood



Over 40,000 people live in our neighbourhood and 60,000 people are registered with a GP in our boundaries.



We are a diverse community in which 70% describe their ethnicity as 'non-white UK'. Our population is relatively young with 8.9% of all people aged 19-34 in Manchester living here. We have a significantly higher number of older people living alone.



We have a committed community based voluntary sector.



But we have health and social care issues:

- GPs report diabetes, hypertension and asthma as the main health conditions
- We have the highest level of child poverty and deprivation in the city and some of the areas are in the top 5% of the most deprived areas in England
- High 0-4 years attendance at A&E.

Some of the things we're doing across the city to improve health and social care this year

1. Population health

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The key things we are going to do in our neighbourhood this year



Child health and wellbeing - Including working together in relation to attendance at A&E for 0-4 year-olds and focus on positive outcomes.



Establish the **Integrated Neighbourhood Team** to support the bringing together of services to share a vision focused on the individual and their family.



Develop our **Multi-Agency Meetings (MAMS)**, to facilitate a coordinated approach to care planning, promoting early intervention and using strength-based approaches.



Isolation and older people - work with the community and partners to develop services and support to reduce isolation and promote the wellbeing of this population.



Diabetes: education and support to reduce and manage the condition within our community.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@ArdwLongINT

Miles Platting & Newton Heath, Moston and City Centre (Piccadilly & Deansgate)

Integrated Neighbourhood Team plan on a page 2019/2020



About our neighbourhood



A neighbourhood with distinct and large variations on a ward basis, with high levels of health inequality between areas



Miles Platting & Newton Heath and Moston have, in general, a higher proportion of older residents, often living with a higher than average number of long term health conditions



The City Centre has a younger population, growing rapidly in size. There are older residents, as well as a cohort of homeless people with a high number of complex needs.



Childhood obesity, child development at age five and GCSE A-C attainment are all significantly worse than the national average.



People deliver a higher number of hours of unpaid care than the national average.

Some of the things we're doing across the city to improve health and social care this year

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4. Ensure financial sustainability

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- Deliver the range of programmes linking health and housing as agreed between MLCO, GP Federations and the city's housing providers.

The key things we are going to do in our neighbourhood this year



We will work to **integrate health and social care services** and make better links with local assets, to ensure that they operate more seamlessly for our residents.



We will develop improved working links between GP's services, children's health services, schools and local VCSE services to **improve children's physical & mental health**.



We will increase the amount of opportunities that local residents have for **physical activity** - particularly supporting the Winning Hearts & Minds programme.



We will support the **carers** in our community.



We will build on our NESTA 100 Day Challenge and provide sustainable opportunities to reduce **social isolation**.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@MilesINT

Higher Blackley, Harpurhey and Charlestown

Integrated Neighbourhood Team plan on a page 2019/2020



About our neighbourhood



52,000 people live in Higher Blackley, Harpurhey & Charlestown.



The population has a relatively high proportion of children aged under 19 (10.5%) but a low proportion (6%) of people aged 19 – 34. There is also a relatively high proportion of older people (aged 50 and over) living in the neighbourhood.



Our key health and care issues include:

- The neighbourhood has a far lower proportion of adults (10%) and older people (4%) in the Good Health cohort compared to the overall Manchester population (37% and 9.7% respectively)
- The neighbourhood has a slightly higher proportion of people with long term conditions with the main issues being hypertension, asthma and diabetes
- There are wider issues including long-term unemployment, social isolation and people providing more than 50 hours of unpaid care.

Some of the things we're doing across the city to improve health and social care this year

1. Population health

- Deliver the neighbourhood health and wellbeing development programme requirements
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- Engage MCRActive in neighbourhood delivery
- Ensure Neighbourhoods are Age Friendly.

2. Primary Care

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4. Ensure financial sustainability

5. Develop a partnership with housing

- Deliver the range of programmes linking health and housing as agreed between MLCO, GP Federations and the city's housing providers.

The key things we are going to do in our neighbourhood this year



Deliver **integrated working** in the neighbourhood and establishment of the Integrated Neighbourhood Team.



Establish the **neighbourhood governance** in order to review and determine the neighbourhood priorities.



Test and revisit the assumptions from **neighbourhood engagement** and ensure validity so our future plans are representative of what local people and partners think.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@

Ancoats, Bradford and Clayton

Integrated Neighbourhood Team plan on a page 2019/2020

About our neighbourhood



Around 43,000 people live in our neighbourhood but it is forecast that there could be up to 13,000 more people living in the area in 10 years' time.



There are stark differences between the types of people living in certain parts of our neighbourhood, which means that the needs of the population are not all the same.



We have many active community groups and voluntary sector organisations, of all sizes.



We have a smaller proportion of adults and older people without a diagnosed health condition compared with the overall Manchester population. Smoking, hypertension and obesity are the most common. For many people, the difference in their health is related to the social, economic and environmental factors that shape their lives.

Some of the things we're doing across the city to improve health and social care this year

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The key things we are going to do in our neighbourhood this year



Promoting healthy living

- Deliver health checks in our neighbourhood
- Deliver more of our services closer to where people live e.g. hold clinics, drop-in sessions in community spaces.



Building on vibrant communities

- Make connections across our neighbourhood so we can better understand our local priorities, and how we can support and celebrate the strengths of our area together.



Keeping people well in the community

- Bring together an integrated health and social care team with effective links to specialist and community services and our communities
- Improve ways of working within our teams, focusing on ease of access, appropriate sharing of information and delivering timely services when people need them.



Supporting people in and out of hospital

- Implement a Manchester Case Management service to provide pro-active support to people at highest risk of admission to hospital
- Build a close relationship with our lead home care provider to prevent people needing to go into hospital if they start to become unwell.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@AncBradClayINT

Cheetham Hill and Crumpsall


Integrated Neighbourhood Team plan on a page 2019/2020

About our neighbourhood

 **45,000** people live here – that’s 7.4% of Manchester’s population and our community is really diverse: 64% of our community from non-white backgrounds.

 Our population is relatively young with **9.3%** of children under 19 living in the neighbourhood and lower numbers of 65 – 79 year olds.

 We have an active voluntary sector and lots of community assets to build on.

 But we have some health and social care issues including higher than average numbers of:

- overweight and obese children in reception year and year 6
- incidence of lung cancers
- rate of emergency hospital admissions for circulatory diseases (heart disease and stroke) and COPD
- rate of hospital admissions for self harm and hospital stays for alcohol-related harm
- premature mortality (under 75) for cancers and circulatory diseases.

Some of the things we're doing across the city to improve health and social care this year

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5. Develop a partnership with housing

- Deliver the range of programmes linking health and housing as agreed between MLCO, GP Federations and the city's housing providers.

The key things we are going to do in our neighbourhood this year

-  We will increase the number of people that attend their **health checks** and have immunisations to help our community lead healthier lives.
-  We will build a strong and collaborative **VCSE voice** and role in the delivery of services in our neighbourhood.
-  We will develop an **integrated neighbourhood pathway** so that people living and working in our community get the services that they need
-  We will develop a **strong service user/community voice** so that we know that we are delivering the right support and services
-  We will improve the **outcomes for children** in our area so that they can lead healthy and fulfilling lives.

Who's who in the neighbourhood?

The health and social care leadership team working in this neighbourhood are:



Name
Neighbourhood lead



Name
GP lead



Name
Nurse lead



Name
Social care lead



Name
Mental health lead



Name
Health development coordinator



@CheetCrumpINT

Appendix Two – MLCO in action

MLCO in action (central): Developing Health Walks in Hulme, Moss Side and Rusholme



Why we did this

- The need for health walks was identified in our neighbourhood plan and GP priorities
- There was a gap around practical support of walks and lack of trained walkers following the decommissioning of Manchester Health Walks Scheme

What we did

- Health Development Coordinators investigated the level of interest across community partners working with organisations and individuals
- They identified a huge demand for health walks
- Identified staff for each ward who have capacity to develop walks and support groups
- Worked with partners to develop a new system for providing accreditation

Outputs and outcomes

- ✓ Increased physical activity and decreased social isolation
- ✓ Health walk leader training being put in place
- ✓ Increased group work skills across partners and stakeholders



MLCO in action (south): Helping citizens manage lung disease in Wythenshawe



Why we did this

- Wythenshawe has higher than average rates of Chronic Obstructive Pulmonary Disease (COPD) – a range of lung conditions
- The neighbourhood team identified that supporting citizens to self-manage their condition would lead to improved quality of life and less medical input

What we did

- The neighbourhood team worked with two GP practices (Bowland Road and Peel Hall) to deliver education sessions and develop peer support for citizens with COPD
- Sessions were co-designed with citizens so they were based around what is important to them
- Letters and texts from the practices allowed the team to target patients and invite them to the sessions.

Outputs and outcomes

- ✓ 77 citizens attended the events and had the opportunity to ask any questions about what matters to them as well as listen to the team
- ✓ 63% said it gave them a better understanding of their COPD and 72% indicated improved confidence in noticing signs of becoming unwell
- ✓ It's led to an increased attendance at regular BreatherBetter sessions held in the community and plans are being developed to scale up the work across other practices in the neighbourhood



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Appendix Three – MLCO Neighbourhood stories

Examples and case studies of work taking place across MLCO's Integrated Neighbourhood Teams - February 2020

1. **Joint working** through Integrated Neighbourhood Teams is better coordinating services for people

Didsbury East and West, Burnage and Chorlton Park Integrated Neighbourhood Team (INT) was an early implementer of our new model of neighbourhood working across Manchester. The neighbourhood's social work and district nursing teams have been working together from their hub throughout 2019.

Teams have found they are now working together and can immediately share information and take action. Joint huddles take place and joint visits are also undertaken between health and social care. That approach is speeding up and better coordinating care for people.

Multi Agency Meetings have brought representatives from Southway Housing into the INT as well for a coordinated approach around needs of individuals. Meetings with the local Police community team have also allowed the team to look at some of the wider determinants of health in the neighbourhood – getting underneath key issues in the area in a way that hasn't been done before.

“The biggest single difference is the better exchange of information between health and social care staff on a daily basis. With that comes increased knowledge of what we all do day to day and the ability to get things done quicker and more efficiently for the people we are caring for.” - *Niikwae Kotey, social care lead for the INT.*

2. Wrapping care around the city's most vulnerable service users

High Impact Primary Care (HIPC) is a service that provides care and support to people with complex health and care needs. It has been piloted in three of the neighbourhoods. Mrs H is a service user with multiple issues including alcohol dependency, hearing and sight impairment, anxiety, depression and multiple long-term health conditions.

She had started detox several times but not completed the courses and had cancelled multiple social care packages – putting herself at risk of harm and self-neglect. She attended A&E almost every day and her alcoholism had created strained family relationships so she had no contact with her grandchildren. The HIPC team provided weekly support and developed a plan with Mrs H. They accompanied her to tests, arranged counselling and alcohol service support and organised attendance at social interaction groups to pursue her interest in drawing. With the support of the team, Mrs H's drinking significantly reduced and she agreed to go to residential detox.

She has had support from the HIPC GP and pharmacist to address her long term conditions and is much more willing to work with agencies. Her attendance at A&E reduced from once every day to around once every three weeks. Family relationships also improved greatly and her children and grandchildren now come to visit. The HIPC service is now being expanded across all 12 neighbourhoods in 2020 under the name of Manchester Case Management.

3. Improving **diabetes education amongst Urdu speakers** in Cheetham Hill and Crumpsall

Cheetham and Crumpsall has a high population of residents with Type II Diabetes. Diabetes education is provided in English despite the rich cultural make-up of the community and has a high 'did not attend' rate amongst BAME citizens. The neighbourhood team set out to increase education and knowledge in Urdu speakers who have recently been diagnosed with Type II Diabetes or are pre-diabetic.

The team worked with the community to create culturally relevant education and messages for the first time. Through Ramadan (where fasting can cause particular issues for those with diabetes) the team tested different ways of engaging with the community - including films on social media, educational voice recordings in Urdu, appearances on community radio, attending mosques and community meetings.

100% of people surveyed said that having culturally relevant education made a difference. Community champions educated the team on their experiences of care and then supported myth busting in the community. The Health Development Coordinator is now working with DESMOND (the national course for Type II Diabetes) to create a culturally sensitive course for Manchester's BAME communities.

4. Developing **Health Walks** in Hulme, Moss Side and Rusholme

Health walks are a simple yet incredibly effective way of getting people active.

The need for health walks was identified in Hulme, Moss Side and Rusholme INT neighbourhood plan and GP priorities. However, there was a gap around practical support of walks and lack of trained walkers following the decommissioning of Manchester Health Walks Scheme.

MLCO's Health Development Coordinators investigated the level of interest across community partners working with organisations and individuals and identified a huge demand for health walks. They identified staff for each ward who have capacity to develop walks and support groups and worked with partners to develop a new system for providing accreditation.

Getting the health walks moving in the INT will increase physical activity and decrease social isolation. Health walk leader training has been put in place, and the work has increased group work skills across partners and stakeholders in line with the Bringing Services Together work.

5. Improving **Asian women's health and reducing isolation** in Levenshulme and Gorton

The Health Development Coordinators, GPs and community partners identified with that there was an issue with low mood and isolation among women from the Pakistani Muslim community in the Levenshulme and Gorton neighbourhood. This was coupled with a low level of access to/ awareness of community activities available in the neighbourhood.

The team worked with local people, businesses and partner organisations to come up with solutions

They held a free health and wellbeing event at Levenshulme Old Library which brought together local women to socialise, relax and find out information about local services. Promotion of the approach was led in the community with GPs attending Friday prayers at local mosques, word of mouth and targeting through GP practice lists.

Over 40 women attended the first event and engaged with local services. There were 15 direct referrals to prevention services from the event. Further events have now taken place and a regular 'chai and chill' event for Asian women now takes place on a monthly basis. There's a better understanding of community assets which is spreading through word of mouth – with some of the women planning a media campaign to spread the message further.

6. Helping citizens manage **lung disease** in Wythenshawe

Wythenshawe has higher than average rates of Chronic Obstructive Pulmonary Disease (COPD) – a range of lung conditions. The neighbourhood team identified that supporting citizens to self-manage their condition would lead to improved quality of life and less medical input.

The INT worked with two GP practices (Bowland Road and Peel Hall) to deliver education sessions and develop peer support for citizens with COPD. Sessions were co-designed with citizens so they were based around what is important to them. Letters and texts from the practices allowed the team to target patients and invite them to the sessions.

77 citizens attended the events and had the opportunity to ask any questions about what matters to them as well as listen to the team. 63% said it gave them a better understanding of their COPD and 72% indicated improved confidence in noticing signs of becoming unwell. It's led to an increased attendance at regular BreatherBetter sessions held in the community by MLCO and plans are being developed to scale up the work across other practices in the neighbourhood.

7. Developing a **Health Zone at the Wythenshawe Games** to improve community wellbeing

Using exiting community assets and building on them is a vital part of the MLCO approach.

Rather than create a new event, MLCO's Health Development Coordinators for the two INT's covering Wythenshawe teamed up with Buzz, MCC and other partners to create a Health Zone at the Wythenshawe Games in July 2019.

The Health Zone brought together community health and social care teams, voluntary sector, charities and primary care - with a presence across all five days of the games. Teams were encouraged to think outside the box with engaging activities that shared wellbeing information but also sought knowledge from citizens about assets they know about that we could share with others. Health Zone flyers were widely distributed in the community in advance and a film was used across the neighbourhood's GP practices in waiting rooms.

Nearly 1600 citizens visited the stalls in the Health Zone over the five days. There were 755 health conversations, leading to 47 referrals to services. Over 1100 resources were given out. Local people, including elected members, volunteered in the Health Zone and a commitment has been made to further develop the approach with more partners for 2020.

8. Working to **reduce childhood obesity** in Newton Heath, Miles Platting and the city centre

Manchester is one of the worst areas in the country for rates of childhood obesity – particularly the case in North Manchester which is linked to children living in the most deprived areas being twice as likely to be obese.

Health Development Coordinators identified that some opportunities to work with children and their families were being missed due to lack of communication between services and inconsistent partnership working.

The project brought together school health, Health Visiting, Manchester Active, Infant Feeding, Primary Care and other partners to start a conversation about the issue and look at how to improve system working. It was agreed that Health Visitors would become more integrated in their allocated medical practice to improve communications and identification of children at risk of obesity.

A more simplistic way of health visitors making contact with GPs to discuss cases has been introduced with a generic email that is monitored daily. Health visitors now attend monthly practice multi-disciplinary meetings to discuss individual cases and raise any safeguarding concerns. Primary care have been informed of the referral pathway which health visitors follow and now have more understanding of the healthy school programme offered by Manchester Active and the nutritional support which is offered to families through MLCO and other services.