



Health and Wellbeing Board

Date: Wednesday, 3 July 2019

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension,
Manchester, M60 2LA

This is a **supplementary agenda** and contains information that was not available at the time that the original agenda was published.

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Membership of the Health and Wellbeing Board

Councillor Richard Leese, Leader of the Council (Chair)

Councillor Craig, Executive Member for Adults (MCC)

Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)

Councillor Bridges, Executive Member for Children's Services (MCC)

Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning

Dr Murugesan Raja GP Member (Central) Manchester Health and Care
Commissioning

Dr Claire Lake Member (South) Manchester Health and Care Commissioning

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Jim Potter, Chair, Pennine Acute Hospital Trust

Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust

Mike Wild, Voluntary and Community Sector representative

Vicky Szulist, Chair, Healthwatch

Dr Tracey Vell, Primary Care representative - Local Medical Committee

Paul Marshall, Strategic Director of Children's Services

David Regan, Director of Public Health

Bernadette Enright, Director of Adult Social Services

Dr Angus Murray-Browne, South Manchester GP federation

Dr Vish Mehra, Central Primary Care Manchester

Dr Amjad Ahmed, Northern Health GP Provider Organisation

Supplementary Agenda

- | | |
|--|---------------|
| 4. Minutes | 3 - 8 |
| To approve as a correct record the minutes of the meeting held on 5 June 2019. | |
| | |
| 7. Manchester Locality Plan Update - MLCO Phase 2 and Strengthening Governance and Accountability | 9 - 26 |
| The report of the Chief Executive, Manchester Local Care Organisation and Chief Accountable Officer, Manchester Health and Care Commissioning is enclosed. | |

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 **Wednesday, 26 June 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

Health and Wellbeing Board

Minutes of the meeting held on 5 June 2019

Present

Councillor Richard Leese, Leader of the Council (MCC) (Chair)
Councillor Bev Craig, Executive Member for Adult Health and Wellbeing (MCC)
Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)
Dr Ruth Bromley, Chair, Manchester Health and Care Commissioning
David Regan, Director of Public Health
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Vicky Szulist, Chair, Healthwatch
Jim Potter, Chair, Pennine Acute Hospital Trust
Paul Marshall, Strategic Director of Children's Services

Also present

Karen Dyson, Voluntary and Community Sector representative
Peter Blythin, Director SHS Programme – Manchester University Foundation Trust
Michael McCourt, Manchester Local Care Organisation
Matt Makin, Medical Director, Pennine Acute NHS Trust

Apologies

Mike Wild, Voluntary and Community Sector representative
Dr Tracey Vell, Primary Care representative – Local Medical Committee

HWB/19/14 Minutes

The Chair referred to a correction in the minutes relating to the title of Rebecca Livesey - CEO Manchester Active and the inclusion of Karen Dyson (Voluntary and Community Sector representative) to the list of those present at the meeting.

Decision

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 20 March 2019, subject to the above changes.

HWB/19/15 Manchester Locality Plan – Update - Single Hospital Service (NMGH) and MHCC Phase 2

The Board received a report from the Director of Planning and Operational Services, Manchester Health and Care Commissioning which provided progress on the Locality Plan: Our Healthier Manchester, with a focus on the following areas:

- Single Hospital Service (SHS) – an update on the benefits realised post-merger and the planned acquisition of North Manchester General Hospital; and

- Manchester Health and Care Commissioning (MHCC) – an update on Phase 2, the further development of MHCC as a strategic commissioning organisation and the phased transfer of operational commissioning responsibilities to the LCO.

Ed Dyson introduced the report and verbal updates were provided by Matt Makin (Medical Director NMGH) and Peter Blythin (Director SHS Programme – Manchester University Foundation Trust).

The Chair invited comments from Board members.

A member commented that there was frustration at the pace of change, however during this time there was a focus on ensuring that patient safety continues to be protected. An inspection by the CQC was anticipated and the organisation was confident and prepared for this test.

A member asked if the expected deadline for the transfer of NMGH to MFT set for April 2020 would be achieved.

It was reported that the April deadline was the ambition however, the NHS still has two complex transactions to resolve and this may potentially jeopardise the deadline.

The Chair referred to the changes in MFT and taking account of the future with NMGH and asked if this was included in the thinking in the progress being made around Theme 3.

It was reported that Theme 3 was included within the process and discussions within the Transaction Overview Group. Also the decisions on Theme 3 will be carried at a GM Commissioner level and would include planning of scenarios relating to the future of the NMGH site.

The Chair commented that the merger of hospitals can present problems however, the work being done at NMGH was working and producing the health benefits expected. Officers were congratulated on the progress being made. Officers were also asked to include information about changes in senior management and board level in the MHCC and MLCO report to a future meeting of the Health and Wellbeing Board.

Councillor Craig suggested that the next joint MLCO/MHCC report submitted to the Board will demonstrate the connection and ambition of the two organisations.

Decision

1. To note the report submitted, including the progress made toward completing the Single Hospital System (SHS) and Manchester Health and Care Commissioning (MHCC) Phase 2 transformation programmes.
2. To note the comments received.

3. To request that the next report of the MLCO MHCC to the Health and Wellbeing Board be presented as a joint report and include information about changes in senior management and board level in the MHCC and MLCO.

HWB/19/16 Locality Workplace Health and Wellbeing

The Board received a report from the Director of Workforce and Organisation Development, MHCC and the Director of Population, Health and Wellbeing. The report provided an overview of progress in the delivery of a locality based approach to improving workplace health and wellbeing systems and outcomes for the combined health and social care workforce within the city.

The Director of Population, Health and Wellbeing introduced the report.

The Director of Workforce and Organisation Development, MHCC also addressed the board on the work that has taken place since the presentation of the first report in July 2017. Reference was made to the report appendix which provided progress and next steps on the 2017 Baseline Assessment report recommendations.

The Work and Skills Lead officer (MCC) reported that an assessment tool had been developed for use by employers and was ideal for integrated health and social care working. This approach had been agreed and supported by a wide number of individual organisations.

The Chair invited questions from the Board

A board member commented that the wellbeing of GP's should also be considered and asked if there had been an outreach to independent organisations in view of the shortage of GP's and the strain on the current service.

It was reported that GP's could refer themselves or be referred to the Manchester Fit for Work service and the Working Well Early Help Service, as employees to support and enable them to stay in work and avoid long term illness. It was reported that extending the Employer Assistance Programme would be considered, as a possible option, across MHCC and the City Council.

Councillor Craig referred to issue of mental health and mental wellbeing across all employment sectors within the city and sought assurance that information learned from this area is helping to inform the mental health commissioning strategy. Officers were asked if recommendation 5 of the report could be reconsidered and looked at in a broader context than just employee assistance programmes to provide a wider and more generalised access to mental health services and enhancement of services already commissioned.

It was reported that programmes currently exist across Manchester in conjunction with other GM Colleagues, this will include the commissioning of a specialist employment service in partnership with the GMCA and the GM Health and Care Partnership. Also, tools put in place by employers were helping with collective

learning to help and support employees with mental health conditions and develop support to help unemployed residents.

A member referred to the health issues of staff and the initiatives that already exist that provide social value.

It was reported that the organisations are already taking part and offer activities to employees to help support employee health and the recruitment. Further information would be included in the next update report to the Board.

The Chair stated that the work referred to in the report is important and indicates that there is an ambition to expand the work to both the population and the workforce and currently the organisations involved include over 30000 people. The Health and Wellbeing Board has looked at the relationship between work and health with the view that being in work is good for health as opposed to being out of work. The report looks at work and health differently and enforces the link that work provides positives for employees, their organisations and the people who receive their services. Reference was also made to the Independent Prosperity Review and the research on the review that underpins the Manchester Local Industrial Strategy which will be launched shortly. Research taken from the strategy suggested that a reason for low productivity in the GM area is ill health and the promoting of good health of employees will benefit the productivity of organisations. The Chair also referred to the Good Employment Charter which currently has twenty employers involved with the organisations now working towards the agreement on a set of standards that will be rolled out later in the year to promote better engagement with local employers. The Chair stated that the organisations that work to engage their employees find that the employees were more likely to be retained than those not engaged.

Decisions

1. To note the findings of the report and the comments received.
2. To request officers to reconsider Recommendation 5 in view of the comments made.
3. To note that a further progress report will be submitted to the Health and Wellbeing Board in 2020.

HWB/19/17 Joint Strategic Needs Assessment Evaluation

The Board received a report from the Director of Population, Health and Wellbeing which described the interim findings of the Manchester Joint Strategic Needs Assessment (JSNA) and outlined the next steps for further evaluation and action. The final evaluation would be completed by September 2019.

The Chair invited questions from the Board.

A Board member welcomed the report and referred to the useful information it contains and asked officers what changes would be made to address the issue of ward boundary changes and would those changes be incorporated in future updates. It was reported that Office for National Statistics was working to address the 32 wards and new data would be available in the next few months.

The Chair referred to ward boundary data and reported that the Our Manchester Investment Board is working to harmonise existing boundaries of partner organisations to ensure joined up working and effective targeting.

The Chair of the MLCO reported that a report would be produced on joined up services to a future meeting of the Board.

Decision

To note the report and the comments received.

HWB/19/18 Health and Wellbeing Board Forward Plan

The Board received a report from the Director of Population, Health and Wellbeing presenting the cycle of Board meetings for 2019/20 Municipal Year. The Board was requested to comment of items for inclusion of work items in the Forward Plan for the meetings scheduled for the remainder of the year.

The Chair invited questions and suggestions from the Board.

Members made the following suggestions for inclusion in the Forward Plan:

- Frailty – relating to - in hospital, out of hospital and primary care.
- Children and Adult - multi agency safeguarding arrangements – implementation.
- Social prescribing and more innovative approaches to health and how this is working for Manchester.
- Changes to organisation and development changes at GM level in order to understand the changes at a locality level.
- Bringing services together in health and social care through the LCO.

Decisions

1. To note the report submitted.
2. To note the suggestions for future work items.

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Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 3 June 2019

Subject: Manchester Local Care Organisation – Phase 2 Update

Report of: Michael McCourt, Chief Executive – Manchester Local Care Organisation, and Ian Williamson, Chief Accountable Officer, Manchester Health and Care Commissioning

Summary

This report provides a jointly written update by MHCC and MLCO on the development of the Manchester Local Care Organisation (MLCO) and Phase 2.

Recommendations

The Board is asked to note the contents of this report including the work delivered by MLCO in 2018/19, and the work that is underway to deliver MLCO Phase 2.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The MLCO will deliver services and support which contributes towards the Health & Wellbeing Boards 7 strategic priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

Name: Tim Griffiths
Position: Assistant Director, Corporate Affairs
Telephone: 07985 448165
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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 four years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- GM Strategic Plan – Taking Charge of Our Health and Social Care Manchester
- Locality Plan – A Healthier Manchester
- Local Care Organisation Prospectus

1. Introduction

- 1.1 As the Board will be aware MLCO was established as a public sector partnership on April 1st 2018 through the agreement and signing of a Partnering Agreement.
- 1.2 This paper provides Health and Wellbeing Board with a joint update from both MLCO and MHCC on the work that MLCO delivered in 2018/19, and provides updates in regards to the production of Business Plan and the delivery of Phase 2.

2. Background

- 2.1 A key priority of the Our Manchester Strategy is to radically improve health and care outcomes, through public services coming together in new ways to transform and integrate services. This involves putting people at the heart of these joined-up services, a greater focus on preventing illness, helping older people to stay independent for longer, and recognising the importance of work as a health outcome and health as a work outcome. The Locality Plan, “Our Healthier Manchester”, represents the first five years of transformational change needed to deliver this vision.
- 2.2 Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city. The Locality Plan aims to overcome the significant financial and capacity challenges facing health and social care in order to reduce these inequalities and to become clinically and financially sustainable.
- 2.3 The plan sets out the complex, ambitious set of reforms that are needed to integrate services for residents. This included developing a Local Care Organisation for integrating out-of-hospital care, a single hospital service for integrating in-hospital care, and a single commissioning function for health and social care.
- 2.4 The Locality Plan is fully aligned with the Our Manchester approach to change ways of working. 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.

3. MLCO 2018/19

- 3.1 As the Board are aware MLCO assumed responsibility for delivering a range of services in April 2018. These included delivery of new care models: High Impact Primary Care; Manchester Community Response; and Integrated Neighbourhood Teams. MLCO assumed operational responsibility for delivering a range of community health and adult social care services.
- 3.2 An overview of the work of MLCO in 2018/19 is appended to the substantive report; ‘Our first year’ is MLCO’s draft annual report.

3.3 The work of MLCO in 2018/19 was led by Michael McCourt, Chief Executive and a senior team around him:

- Katy Calvin-Thomas – Deputy Chief Executive
- Mark Edwards - Chief Operating Officer
- Dr Sohail Munshi – Chief Medical Officer
- Laura Foster – Director of Finance
- Bernie Enright – Director of Adult Social Services
- Jon Lenney – Director of Workforce and Organisational Development

4. MHCC and MLCO

4.1 In April 2017, MHCC was established as a single commissioning function for health, public health, and adult social care. From its inception, it was always envisaged that, as the local health and care system matured, MHCC would become a 'Strategic Commissioner' focussing on:

- Setting clear and ambitious outcome goals for the system.
- Securing the right mix of health and social care provision working together in an evidence-based and systematic way.
- Creating the best possible conditions for providers, stakeholders, communities and individuals to optimise health outcomes.
- Monitoring and evaluating standards and outcomes to ensure the system continually improves.
- Looking beyond provision of health and care as the driver of people's health to create a systematic shift to the social determinants of health.

4.2 The main difference between this and the more traditional model of commissioning is that the design and development of new service models and care pathways, and the redesign of existing services, will become a role for provider organisations. This shift in function recognises the fact that those providing the service are better placed than commissioners to design and enhance services in collaboration with front line staff and those who use the services. In respect of community-based service, this role will become the responsibility of MLCO.

4.3 Over the last 3 months, MHCC has been carrying out an engagement and consultation process with staff and stakeholders to design a new organisational structure which is fit for purpose for a strategic commissioner, whilst providing MLCO with the additional capacity and capability required to take on its new role as described above.

4.4 As a result, over 60 members of staff will be deployed into MLCO from MHCC to work on health and social care commissioning, population health, and continuing health care. This includes a number of senior managers who will work with the existing management team to lead this next phase of MLCO's development.

4.5 Other leadership and governance developments which are supporting MHCC's strategic commissioning ambition include:

- Executive Member for Adult Health and Wellbeing being Deputy Chair of the MHCC Board and one of MHCC's representatives on the MLCO Partnership Board;
- Inclusion of Manchester City Council's Chief Executive and Executive Member for Children's Services as members of MHCC's Board;
- Assignment of some financial responsibilities from the City Treasurer to MHCC's Chief Finance Officer;
- Substantive recruitment to the Director of Adult Social Services post – this is shared role across MHCC, MLCO and MCC; and
- Re-alignment of MHCC Executive functions, including the creation of a new Director of Strategy post.

4.6 In addition to making MHCC a more effective partnership organisation, the changes will save over £650k in management costs, enabling a greater percentage of the city's health and care budget to be allocated to front line services.

5. Building Manchester Local Care Organisation

5.1 As described above MHCC are responsible for the commissioning of the health and care system in Manchester; this includes MLCO.

5.2 In the latter part of 2018 it was agreed by commissioners that the commissioning and procurement of MLCO would be achieved through the production of a comprehensive joint business case. This business case will be required to offer assurances in multiple areas, and will be assessed against the ability of MLCO to deliver the requirements placed upon it.

5.3 This business case will, as a minimum, offer an assurance against the following:

- There are clear transformational benefits envisaged for patients and populations;
- There is appropriate commissioning governance and management in place;
- The contracted services are financially sustainable for the local health economy;
- There is appropriate provider entity structure, financial capacity, governance and capability to transform and deliver;
- The contract documentation is appropriate; and,
- In the event of provider failure, there are contingency plans in place.

5.4 The business case also has to be compliant with NHS England's and NHS Improvement's Integrated Support Assurance Process (ISAP). The objectives of ISAP are aligned to the list of assurances set out above, as such it is appropriate that Manchester should be guided by this approach.

5.5 A key part of this process was to identify a lead health contractor – for MLCO this will be Manchester University Foundation Trust.

5.6 In adopting the approach described above at the latter end of 2018 it is envisaged that the procurement process be concluded by October 2019.

6. Producing the business case

6.1 In order to deliver the business case within the required timescale, a working group has been created. The membership of this group is comprised of senior representation from both commissioners and the provider organisations that formed MLCO.

6.2 The business case will be based on the delivery of those services that are scheduled to be transferred to MLCO from October 2019.

6.3 To support the process, MHCC has established an MLCO Contract Award Assurance Board (CAAB). The CAAB have set out their expectations in respect of the business case:

- The business case will need to be clear how the phasing of services from October 19 within the MLCO will start to have a profound impact on the health outcomes of the local populations. There needs to be a focus on outcomes across the system;
- Clear description of the approach to governance that enables the MLCO to take on the operational delivery of services within the host arrangement;
- Being clear on the proposals to maximise social value/inclusion;
- Ensuring that risks from potential constraints including estates, IM&T, and workforce are being addressed – acknowledging that not all risks will be fully mitigated; and
- The approach to working with the broad range of voluntary and community providers to help better meet the needs of our population.

6.4 The successful mobilisation of the services outlined within the business case will see MLCO grow significantly and as a result, through 2019/20, it will become responsible for the delivery of £287m of services (which is inclusive of the c£130m of services that MLCO were responsible for in 2018/19).

6.5 Subject to the satisfactory conclusion of the business case process, the budgets that transfer to MLCO management include Continuing Healthcare and Learning Disability Healthcare. The transfer of these budgets will enable MLCO to more effectively meet the needs of some of the most vulnerable residents within our city, ensuring that it can support people closer to home, and provides us with the opportunity to fully integrate provision for those with learning disabilities across the city.

6.6 It is expected that a number of primary care contracts will transfer to the MLCO including Out of Hours' Provision, Seven-day Access, and Primary Care Standards. The support of both Manchester Health and Care Commissioning and Manchester Primary Care Partnership in making this happen demonstrates

the proactive and positive commitment of the Manchester system to realise the ambition of the MLCO.

- 6.7 As described, the mobilisation of MLCO phase 2 relies on the role of lead contractor. It should be noted that for a number of legal and technical reasons the lead contractor is unable to assume contractual responsibility for the delivery of adult social care. However, the responsibility for a range of services including residential and nursing care, home care, extra care and sheltered housing will fall under the leadership of the Director of Adult Social Services, who will discharge these functions from within MLCO.
- 6.8 Numerous public health budgets will transfer to MLCO, and this will ensure that the city can deliver its population health plan and place prevention at the core of what the MLCO will deliver both within neighbourhood and across Manchester.
- 6.9 Whilst mental health contracts will not move in 2019/20 the criticality of embedding mental health teams within the neighbourhood offer is recognised. To support this, a clear integration plan between Greater Manchester Mental Health Trust and the MLCO for mental health provision with Integrated Neighbourhood Teams, High Impact Primary Care, and Urgent Care for 2019/20 will be developed.

7. MCLO governance

- 7.1 As set out at section six, a key component of the business case will be a clear description of the governance arrangements that will support MLCO to deliver phase 2.
- 7.2 To ensure that those arrangements are suitably robust and aligned with partner expectations a governance working group has been established. The work of this group follows on from the work of the governance working group that led on the development of the Partnering Agreement (which established MLCO).
- 7.3 The focus of this work will be to confirm the role and function of the current Partnership Board and work to ensure that the governance that support MLCO is robust; enhancing where required.

8. MLCO business plan

- 8.1 In addition to producing the business case, MLCO is in the process of finalising its business plan. The process to produce a business plan for MLCO is a relatively complex one, with the plan being built from 12 neighbourhood plans, 3 locality community service plans, one adult social care plan and citywide children's service plan.
- 8.2 To date all 12 neighbourhoods have produced neighbourhood (health and care plans), and MLCO are currently working on producing a 'plan on a page' from the neighbourhood plans which will include social care, mental and children's services. These are being developed and will be taken through the

Neighbourhood Partnerships, with an expectation that these are finalised during July 2019

- 8.3 As the Board will be aware 2019/20 is the second year of our ten-year journey to deliver improved health and care outcomes for people in Manchester. This is captured by our vision and way of working below, which lies at the heart of our 2019/20 Business Plan.
- 8.4 MLCO will also have an operating model clearly articulated, based on the risk stratified approach that will be taken through all of its service redesign and understanding how the services that are provided in collaboration with partners and other sectors begin to enable it to promote healthy living, build on vibrant communities, keeping people well in the community and support people in and out of hospital.
- 8.5 The business plan will set out the MLCO response to five overarching priority objectives:
- Population health delivery;
 - Achieving integrated working in neighbourhood teams;
 - Building strong relationships with primary care;
 - Delivering better system resilience;
 - Achieving Phase 2 for the MLCO.
- 8.6 It will support the MLCO to deliver against the 10 outcomes set by MHCC:
- We will have improved the number of people supported to stay well;
 - We will see fewer people dying early from preventable conditions;
 - Avoidable non-elective (unplanned) hospital activity will be reduced;
 - The overall cost of care packages will have reduced;
 - We will benefit from improved collaborative working in the city;
 - The outcomes that matter to local people will have improved;
 - We will have reduced variation in outcomes and access by place;
 - There will be reduced variation in outcomes and access by communities of identity;
 - The numbers of children who are school ready will have improved;
 - There will be more economically active households in Manchester;
- 8.7 As part of the work to develop finalise business plan joint work is now being undertaken to develop an appropriate risk management framework aligned to the business plan and key delivery priorities.

9 Recommendations

- 9.1 The Board is asked to note the contents of this report including the work delivered by MLCO in 2018/19, and the work that is underway to deliver MLCO Phase 2.



**Manchester Local
Care Organisation**

Leading local care, improving
lives in Manchester, with you

OUR FIRST YEAR

Manchester Local Care Organisation

2018-2019 year in review and key information



Powered by:

Welcome

It gives me great pleasure to welcome you to our first annual review and speak about our first year as Manchester Local Care Organisation.

It's been an incredible year as we have started to build an organisation that will have a major impact on the health and wellbeing of people right across the city. Over the last 12 months I think we have built really solid foundation. We have been bedding in a new culture, new ways of working and how we want to do things as a Local Care Organisation.

In this review you can read about some of the things that we have done as we bring together health and social care services, the new initiatives that have been launched and what we want to do next.

It's easy to focus on all the new things that are happening, but it is important to remember that we run day to day health and social care services in the community that reach hundreds of people each day.

One of our key aims was to ensure that we made a safe start so those services came to the new organisation in a way that ensured continuity of services. Bringing 3,000 staff into a new organisation from different places is not a simple task.

We had a key test of our safe start goal when the Care Quality Commission inspected our **healthcare** services just six months into our year. We were delighted to receive a good rating from the CQC for our community health care services following their inspection. It is highly positive that those who use our services can be assured of the quality and safety of the care we provide.

It's been a pivotal year in **adult social care** as well. Our social care improvement plan includes significant investment in the workforce to increase capacity. At the same time we are looking at assistive technology and how we can better use that to support people in the community - empowering them where possible.

We still have a lot to do. We are only 12 months in to a 10 year plus journey to improve outcomes for the people of Manchester. However, I believe we have made a great start. Things feel different and progress is being made. I am incredibly proud to be chief executive of Manchester Local Care Organisation and of all that we have achieved in our first year. My thanks to everyone who has supported us and who works with us as part of the organisation or in a partnership role across the city.



Michael McCourt
June 2019



Michael McCourt
Chief executive
Manchester Local Care
Organisation

"We are only 12 months in to a 10 year plus journey to improve outcomes for the people of Manchester. However, I believe we have made a great start. Things feel different and progress is being made."



1. About MLCO

Manchester Local Care Organisation is a pioneering new type of public sector organisation that is bringing together NHS community health and mental health services, primary care and social care services in Manchester. We're here to improve the health of local people in the city, working as one team across traditional organisational boundaries.

MLCO was formed on 1 April 2018. We are part of the public sector and a partnership organisation powered by Manchester University NHS Foundation Trust, Greater Manchester Mental Health, Manchester City Council, Manchester Health & Care Commissioning and the Manchester Primary Care Partnership.

We have brought together the teams from these organisations that provide community-based care in the city in a new way.

Over 3,300 staff from Manchester's adult and children's NHS community teams and adult social care teams have now been deployed to MLCO.

They include social workers, nurses, health visitors, therapists, support staff and many other health and care professionals. These teams are now working together as part of one single organisation for the first time.

What we do - our mission and vision

Our mission statement is **leading local care, improving lives in Manchester, with you**. We think that sums up what we want to do and how we want to do that by working with local people.

Our vision is that we believe that, by working together, we can help the people of Manchester to:

- Have equal access to health and social care services
- Receive safe, effective and compassionate care, closer to their homes
- Live healthy, independent, fulfilling lives
- Be part of dynamic, thriving and supportive communities
- Have the same opportunities and life chances - no matter where they're born or live.

So whilst we manage your community health and care services, we are here to do much more that by ensuring that we work in new ways and do things differently in the city.

"In simple terms, we manage your community health and care services in the city, but we are here to do much more that by ensuring that we work in new ways and do things differently to improve the health of the people of Manchester."

Our year one aims were:

1. Ensuring a Safe Start and transfer of the teams to MLCO
2. Preparing for Integrated Neighbourhood Teams
3. Developing the Manchester Community Response model across the city
4. Implementing the High Impact Primary Care model
5. Escalation to support the hospitals
6. Building for future years.





3. Ensuring a safe start for MLCO

Ensuring a safe start was one of our key priorities for the year to ensure that there was continuation of services without disruption as we formed MLCO.

Over 2,200 health and social care staff were deployed to MLCO in April 2018 as the new partnership organisation came into being. They were joined by staff from North Manchester community health in July. At the end of 2018-2019, the deployed community health and social care workforce totalled nearly 3,000.

Our healthcare services were visited by **Care Quality Commission** inspectors in autumn 2018 as part of their wider planned inspection of Manchester University NHS Foundation Trust. Inspectors spent three days in our services talking to staff, services users and carers.

The report was published in March 2019 and the outcomes were:

- Community health services for adults, children & young people, end of life care, inpatient services and community dentistry were all individually rated good by the CQC in their report released in March
- MLCO also achieved overall good ratings across all five domains the CQC measure – safe, effective, caring, responsive and well led.

What the CQC said

- Adult community services – staff cared for patients with compassion, dignity and respect.
- Inpatient settings – staff had the appropriate skills and experience to provide effective care and treatment
- End of life care – the approach to end of life care was multi-disciplinary with all partners working together to support patients at the end of their lives
- Community dental services – there were arrangements for patients requiring emergency treatment both in and outside normal working hours
- Community children's services – teams across the city understood and met the needs of local people.

2019 CQC ratings for MLCO community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Good	Good
Community health services for children and young people	Good	Good	Good	Requires Improvement	Good	Good
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community end of life care	Good	Good	Good	Good	Good	Good
Community dental services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good



4. Preparing for Integrated Neighbourhood Teams

A key part of our strategy for improving health and social care is a neighbourhood approach with integrated teams working together from hubs in the community. This is based on international evidence of the model and its outcomes.

Neighbourhood teams allow us to ensure that priorities are based on the needs of the people in that community - with staff working together to provide the best possible coordinated care.

During the year we have established our 12 Integrated Neighbourhood Teams (INTs). Each team has a neighbourhood leadership team of the neighbourhood team lead, GP lead, nurse lead, social care lead and mental health lead. They work alongside a Health Development Coordinator in each area and other partners.

An ambitious neighbourhood leadership development programme has commenced, focusing on projects that will make a real difference to health outcomes in the neighbourhood.

Early work from **Didsbury East & West, Burnage and Chorlton Park INT** early implementer has found:

- +** improved communication between health and social care teams
- +** better understanding of roles, speeding up of assessments and more joint visits
- =** **better coordinated care for local residents**

Did you know?

- The neighbourhood approach breaks Manchester into 12 neighbourhoods, each with a population of between 30,000 and 50,000 people
- Each neighbourhood has a hub that our INT staff work together from - usually a clinic or health centre in the heart of the community
- Each team will engage with its local community to identify priorities.

5. Developing Manchester Community Response

Manchester Community Response (MCR) is the umbrella term for a range of community services that aim to keep people at home rather than need hospital care.

During the year we've launched MCR crisis team services in central and south Manchester that prevent patients needing to be admitted to hospital by providing highly skilled crisis care in the community - based on a model already provided successfully in North Manchester.

Up to 72 hours of crisis care is delivered at home by advanced practitioners and a wider health & social care team before onward referral and support is arranged to prevent an issue escalating.

The central crisis team launched in November 2018 - accepting referrals from the ambulance service following 999 calls. The south crisis team launched in December - accepting referrals from hospital urgent care, GPs and social care. During 2019-2020 these teams will expand to provide the full range of services in each area of Manchester as recruitment is completed.

Central Community Crisis Response Nov-Feb

209 accepted amber referrals from NWS
177 patients treated in community and avoided A&E/admission

South Community Crisis Response team Dec- Feb

108 referrals accepted from GPs/urgent care and treated in community

Did you know?

As well as the crisis service, the other core elements of MCR are:

- **Intermediate care** - providing care at home or in beds in the community for up to six weeks
- **Reablement** - getting people back to independence by supporting daily living tasks
- **Discharge to assess** - allowing discharge assessments to be carried out at home rather than waiting in hospital
- **Community IV** - providing intravenous drug therapies at home or community settings that have traditionally only been provided in hospital.

How joint working through **Integrated Neighbourhood Teams** is better coordinating services for people

Manchester Local Care Organisation's Didsbury East and West, Burnage and Chorlton Park Integrated Neighbourhood Team (INT) has been an early implementer of our new model of neighbourhood working across Manchester. It's one of our 12 INTs in the city.

The neighbourhood's social work and district nursing teams have been working together from their hub at Withington Community Hospital in West Didsbury. Teams now work together and can immediately share information and take action. Joint visits are also undertaken between health and social care.

A great example was the district nurses going out to elderly service user who had a high level of dementia and mobility issues. They sadly found that their main carer and spouse, also elderly, had been diagnosed with cancer with a poor prognosis. The carer couldn't provide the care they previously had done and 24-hour care was going to be needed.

When a nursing needs assessment is requested by a social worker that process can traditionally take days, or even weeks. In this case, because the teams are now co-located, the nurses let the social work team know straight away of their concerns. The case was discussed in the district nurse huddle that day and the INT team was able to get the social care and nursing needs assessments completed in a day and the right care in place a couple of days later.

It's a simple example of an outcome of the teams being able to talk to each other on the spot about cases, but one that made a massive difference to the service user.

“

The biggest single difference is really 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.



6. Implementing High Impact Primary Care

High Impact Primary Care (HIPC) is a service that provides care and support to people with complex health and care needs.

The HIPC teams are led by a GP, working alongside a nurse, social worker, wellbeing adviser and pharmacist.

A small percentage (2%) of Manchester people are very vulnerable and have complex physical health, mental health and social care needs. They often find it difficult to navigate and access the standard healthcare system due to the multiple difficulties they are facing and end up using hospital-based services such as A&E as a default.

HIPC is designed to support these people - wrapping a bundle of care around them so they are less reliant on hospital and other urgent care services.

High Impact Primary Care has been piloted in three neighbourhoods in the city in 2018-2019 - Cheetham and Crumpsall; Gorton and Levenshulme; and Wythenshawe - with positive early results.

High Impact Primary Care

3 neighbourhood pilots in the city

911 people enrolled in HIPC by April 2019

With outcomes including

↓ 14.3% lower secondary care costs for HIPC users who've needed hospital care
↓ 25.8% reduction in length of stay in hospital for those users

Did you know?

- The High Impact Primary Care pilots have been extended until March 2020 and are being extended to a further three neighbourhoods across the city
- HIPC staff work with primary care to proactively identify service users who will benefit from the approach - using data on access to services as well as personal approaches.

7. Escalation to support the city's hospitals

Since the summer of 2018 we worked closely with Manchester University NHS Foundation Trust to look at solutions to improve patient flow at the Manchester Royal Infirmary.

We worked to identify medically fit patients who had been waiting for discharge from hospital for the longest time - known as 'stranded' and 'super stranded' patients.

Using our integrated role across community health and social care we have been able to better coordinate discharge of these complex patients back to the community by mobilising services to meet their, often complex, discharge needs. This helps ensure they have the most suitable care and frees up capacity at the hospitals.

The work has had a significant impact on numbers of stranded individuals and also on overall length of stay at the hospitals. Further winter planning funding was also identified to support this work into 2019.

As at close of project on 15 March 2019

164 super stranded and stranded patients discharged

with a combined length of stay in hospital of

16,900 days

Contributing to a reduction of around five days in average inpatient length of stay at MRI.

Did you know?

- The work to identify stranded patients contributed to a fall of around five days in the overall average length of stay at the Manchester Royal Infirmary
- The escalation programme will become an ongoing piece of work in partnership between the hospitals and MLCO moving forward.

High Impact Primary Care - wrapping care round the most vulnerable of our residents

A small percentage (2%) of Manchester people are very vulnerable and have complex physical health, mental health and social care needs. The High Impact Primary Care teams are led by a GP, working alongside a nurse, social worker, wellbeing adviser and pharmacist.

Mrs H is a service user with multiple issues including alcohol dependency, epilepsy, hearing and sight impairment, anxiety and 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. She attended A&E almost every day. Alcoholism had created a strained relationship with her children and she had no contact with her grandchildren.

The HIPC team provided weekly support and developed a plan with Mrs H. They accompanied her to hearing and eye tests, arranged counselling and alcohol service support and organised attendance at social interaction groups.

With the support of the team, Mrs H's drinking significantly reduced and she agreed to go to residential detox. She now has a hearing aid that has greatly improved her communication and has had support from pharmacy to improve how she uses her inhaler to control breathlessness; and the HIPC GP to prescribe a nebuliser to reduce anxiety.

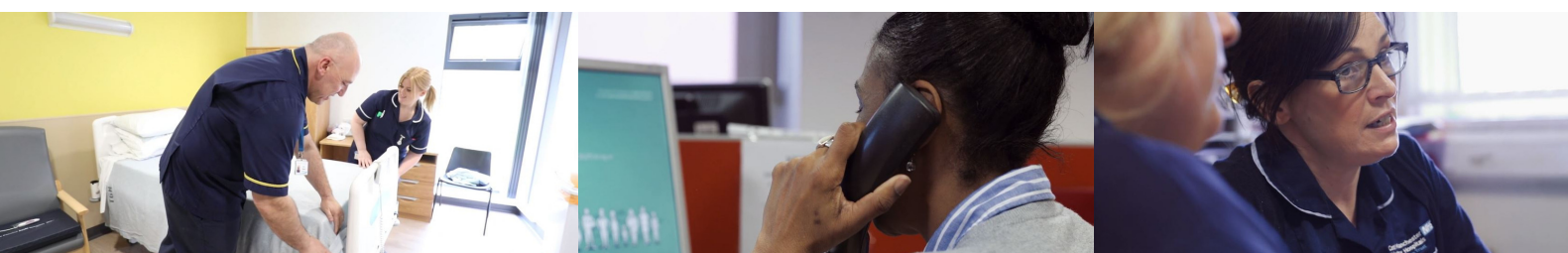
She is now much more willing to work with agencies and her attendance at A&E has reduced from once every day to around once every three weeks. Family relationships have improved greatly and her children and grandchildren now come to visit.

“

Each of our three pilot HIPC teams builds links with the local community and works in partnership with other local services. The HIPC service offer is tailored to the goals and aspirations of each individual person, joining up care and support to best meet their needs.

”

Emma Gilbey - lead for High Impact Primary Care.





8. A health and wellbeing prevention approach

The work of MLCO is underpinned by new approaches to health and wellbeing prevention in the city.

We're delivering a programme across the city to change the way services work with people and communities, to prevent ill-health and promote wellbeing.

We are supporting **people** to identify and build on their strengths, address the things that can cause poor health and wellbeing, and access support in their in their community.

We are supporting **communities** to build on their strengths, develop ways of supporting people's health and wellbeing, and influence and work together with health and care services.

Our vision is that people in Manchester will feel more in control of their health, that communities will be empowered to improve health and wellbeing, and that health and care services will work in a person-centred and community-centred way.

Core elements of our prevention approach are:

- **Be Well** - offers free, confidential, one-to-one advice and support for people referred by primary care or other health and care services. Be Well workers support people to identify what will improve their health and wellbeing, access community support and services, and develop understanding and skills to manage their own health. You may hear this approach referred to as 'social prescribing'.
- **Health Development Coordinators** - bring health and social care services and staff together with voluntary and community sector groups and services, and other public sector and neighbourhood services. They support neighbourhoods to identify priorities and opportunities, develop and deliver plans, co-design local solutions, and access resources to build community capacity.
- **Buzz neighbourhood health workers** - use community development approaches 'on the ground' to improve health and wellbeing for people in their neighbourhood. Buzz also provides a knowledge and information service for communities to access health and wellbeing information and training.

These services work alongside Care Navigators, targeted prevention schemes, the voluntary, community and social enterprise sector (VCSE) and existing health and social care services.

9. Building for future years

2018-2019 was year one of our long term vision to improve health outcomes in the city.

We have been working with our staff, partners and community groups across neighbourhoods and localities to develop our plans for 2019-2020.

In terms of services, 2019/20 will be a year of embedding our new care models like Manchester Community Response, High Impact Primary Care and Integrated Neighbourhood Teams and continuing to work at pace on integrating services based on a population health model.

By the end of 2018-2019, each of the 12 integrated neighbourhood teams has a plan. There are also plans for adult social care, community health and children's community health services.

Our emerging priorities for 2019-2020 are:

- **A population health approach** - Supporting prevention programmes to improve health of the people of Manchester
- **Playing a lead role in system resilience** - Helping people get the right care in the right place with a community first ethos
- **Delivering MLCO Phase 2** - Growing MLCO as an integrated health and care organisation
- **Putting Integrated Neighbourhood Teams into action** - Supporting our 12 Integrated Neighbourhood Teams (INTs) to make an impact on their communities
- **Linking with Primary Care Networks** - Creating a formal board level connection to MLCO to ensure joint working with the new Primary Care Networks.





**Manchester Local
Care Organisation**

Leading local care, improving
lives in Manchester, with you



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