

## **Manchester City Council Report for Information**

**Report to:** Health Scrutiny Committee – 9 October 2018

**Subject:** Manchester Local Care Organisation

**Report of:** Michael McCourt, Chief Executive, Manchester Local Care Organisation

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### **Summary**

Further to the establishment of the Manchester Local Care Organisation (MLCO) as a public sector partnership on April 1<sup>st</sup> 2018 through the agreement and signing of a Partnering Agreement, this paper provides Scrutiny Committee with a further update progress made across core business areas of MLCO. Scrutiny Committee are advised that this paper builds on the update provided in June 2018.

The paper provides an overview of the following:

- Background on the development and establishment of MLCO through the signing of the Partnering Agreement;
- The long term vision of MLCO;
- Update on Neighbourhood working; and,
- Update on progress against MLCO priorities including New Care Models and MLCO work to support system resilience.

### **Recommendations**

Scrutiny Committee is asked to note the contents of this report and in particular: Progress made to establish MLCO; progress made to mobilise New Care Models; and, the work MLCO has undertaken to support system resilience.

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**Wards Affected:** All

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### **Alignment to the Our Manchester Strategy Outcomes (if applicable)**

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Support Manchester residents to improve their health and wellbeing so they can benefit more from jobs created in the city

A highly skilled city: world class and home grown talent sustaining the city's economic success	Improve health and wellbeing so Manchester residents are better able to access the skills and learning they need to find and sustain jobs. Improve career pathways in health and social care and support residents to access these opportunities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Radically improve health outcomes and reduce health inequalities across the city. Integrate health and social care, and support people to make healthier choices, so that people have the right care at the right place at the right time.
A liveable and low carbon city: a destination of choice to live, visit, work	Better connect health and social care services to local people. Communities playing a stronger part in looking after residents in their neighbourhood, including those who are unwell, vulnerable, socially isolated and lonely.
A connected city: world class infrastructure and connectivity to drive growth	N/A

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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.

MLCO Introductory Video - <https://youtu.be/0eVUrSLA7BQ>

MLCO Business Plan Summary - <https://www.manchesterlco.org/s/MLCO-Summary-Business-Plan.pdf>

## **1. Introduction**

- 1.1 Further to the establishment of the Manchester Local Care Organisation (MLCO) as a public sector partnership on April 1<sup>st</sup> 2018 through the agreement and signing of a Partnering Agreement, this paper provides Scrutiny Committee with a further update of progress made across core business areas of MLCO. Scrutiny Committee are advised that this paper builds on the update provided in June 2018.
- 1.2 The paper provides an overview of the following:
  - Background on the development and establishment of MLCO through the signing of the Partnering Agreement;
  - Update on Neighbourhood working; and,
  - Update on progress against MLCO priorities including New Care Models and MLCO work to support system resilience.

## **2. Background to MLCO and the Locality Plan**

- 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.
- 2.5 On 2 October 2018, Cllr Bev Craig, supported by senior officers from across the Manchester Health and Care System, delivered an update on the delivery of the Locality Plan to full Council, which included an update on MLCO and care closer to home.

### **3. Establishing Manchester Local Care Organisation**

- 3.1 MLCO was formed on 1 April 2018 as a public sector partnership powered by Manchester University NHS Foundation Trust, Greater Manchester Mental Health, Manchester City Council, Manchester Health & Care Commissioning and the Manchester Primary Care Partnership.
- 3.2 MLCO is a pioneering new type of organisation bringing together the teams from these organisations that provide community-based care in the city in a new way. Over 2,700 staff from Manchester's adult and children's NHS community teams and adult social care and support teams have now been deployed to MLCO. They include district nurses, social workers, 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 putting Manchester's residents at the heart of care close to home.
- 3.3 Previous updates to Scrutiny Committee have noted that it would not be possible to establish MLCO as single legal entity owing to legal and financial issues, including implications for VAT costs to the Council, all of which are national constraints outside of the control of partners locally.
- 3.4 To maintain progress, in March 2018 each partner organisation of the MLCO: Manchester City Council (MCC); Manchester University NHS Foundation Trust (MFT); Manchester Primary Care Partnership (MPCP); Greater Manchester Mental Health NHS Foundation Trust (GMMH); and, Manchester Clinical Commissioning Group (CCG part of MHCC) signed the Partnering Agreement which established the MLCO from 1<sup>st</sup> April 2018. Under these arrangements and the terms of the Agreement existing health and social care contracts will remain with the current providers, however in scope services will be managed through MLCO.
- 3.5 Scrutiny Committee are reminded that as part of the Partnering Agreement a specific schedule was included which outlines the Service Level Agreement (SLA) for MCC. The SLA confirms those functions and services that will be delivered through MLCO, and confirms those functions that will not be delegated into it. The Agreement also makes provision for those decisions which would not be delegated to MLCO, including decision making that would still reside with the Council (or officers of).

### **4. Building the MLCO**

- 4.1 Working with the public and partners is a key part of the MLCO approach. The MLCO mission, vision and way of working (described above) was co-produced with staff, partners and residents through a series of engagement sessions called Future Search in 2017. Over 370 people took place in these discussions to shape the neighbourhood approach to integrated care.
- 4.2 Since MLCO was formed in April 2018, the team has put an extensive engagement programme in place working in partnership with Manchester Health and Care Commissioning. This has focused on jointly using our

resources to engage around the locality plan as a way of introducing MLCO, explaining the changes made in the system over the last two years and talking around priorities for the future. Over 800 residents have been engaged with at 30 plus sessions in GP practices, shopping centres and community events between July and September 2018. A full update on the locality plan engagement work so far was presented to full council in October.

- 4.3 Staff engagement has also been key throughout the creation of MLCO - 672 staff have attended engagement events in the build up to the launch of MLCO and first months of operation. This has supported one of our key aims of ensuring that services transfer safely in year one and has helped develop our priorities. A leadership event, Freedom to Lead, took place at the end of September with 200 attendees from community health, social care, primary care and the voluntary/community sector. The aim was to share progress, best practice and connect teams across the city.
- 4.4 MLCO is now planning a programme of neighbourhood engagement to support the creation of the 12 health and care Integrated Neighbourhood Teams across the city. Again, the approach is one of partnership and the approach will ensure that our work complements that of the MCC neighbourhood teams as part of an asset based approach to engagement - adding new capacity and ideas for engagement work alongside that carried out by MHCC and MCC. The Neighbourhood Partnership Approach is described in further detail later in the report, and as part of this approach Elected Members will form part of the governance that will be put in place at neighbourhood level.

## **5. MLCO Strategy and vision**

- 5.1 It is through the engagement described at Section Four that the mission statement of MLCO was developed - 'leading local care, improving lives in Manchester, with you'. In simple terms, there are two main things that MLCO has been set up to do:
- Make a positive contribution to help people in Manchester live longer and enjoy better health than many do now
  - To improve community and neighbourhood care for people in the city.
- 5.2 So whilst MLCO will manage our community health and care services, it is here to do much more than by ensuring that we work in new ways and do things differently in the city.
- 5.3 By working together with partners including the VCSE, MLCO will 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.

- 5.4 To ensure that MLCO is able to deliver what needs delivering there is a focus on four clear ways of working which guide how we work and how we structure our services. These are:
- **Promoting healthy living** - helping people to stay well through prevention, supporting them to lead healthier lives and tackling health issues before they escalate
  - **Building on vibrant communities** - using all the resources available in the wider communities people live in and identify with in a true neighbourhood approach, improving population health and wellbeing
  - **Keeping people well in the community** - helping people who have existing health needs and complex health issues to stay as well as possible in their homes through 12 integrated neighbourhood based teams and citywide services
  - **Supporting people in and out of hospital** - ensuring community-based care helps people to avoid unnecessary hospital admissions; or to discharge them from hospital care, quickly and safely, as soon as they are ready if they do need time in hospital.
- 5.5 By working as one team for the first time, under the single MLCO management structure, we have the opportunity to do these things better than we have ever been able to do before in Manchester.
- 5.6 Longer term by 2028 there's a number of things that we will have seen by working as one team across the city through MLCO :
1. We will have improved the number of people supported to stay well
  2. We will see fewer people dying early from preventable conditions
  3. Avoidable non-elective (unplanned) hospital activity will be reduced
  4. The overall costs of care packages will have reduced
  5. We will benefit from improved collaborative working in the city
  6. The outcomes that matter to local people will have improved
  7. We will have reduced variation in outcomes and access by place
  8. There will be reduced variation in outcomes and access by communities of identity
  9. The number of children who are school ready will have improved
  10. There will be more economically active households in Manchester.

## 6. 2018/19 Business Plan

- 6.1 The MLCO 2018/19 business plan was approved by Partners at the MLCO Partnership Board in March 2018. The business plan provides an update on the progress made to date in the establishment of the organisation, including the context set out in section 2. It also describes what MLCO will do in 2018/19 to deliver its strategy (as set out in Section 5).
- 6.2 As part of their ongoing joint working arrangement MLCO and Manchester Health and Care Commissioning (MHCC) have been working to identify priority areas as from the 2018/19 key deliverables that with additional resource from MHCC could have progress accelerated.

- 6.3 Four priority areas have been identified:
- Integrated Neighbourhood teams
  - High Impact Primary Care
  - Manchester Community Response
  - System resilience and escalation
- 6.4 Initial strategic aims and action plans have been developed against each of the work streams, with these actions progressing. It was agreed that in order to make swift progress a gateway model will be utilised, which will enable focus to ensure that alongside delivery of better outcomes, these schemes will contribute towards the system financial targets as well as improved patient flow.
- 6.5 As well as being responsible for the delivery of the priority areas identified above MLCO is responsible for delivery of a host of services across the city including:
- Childrens Community Health Services, including - Health Visiting, School Health Service, and Speech and Language Therapy;
  - Adults Community Health Services in North Manchester, including – Bladder and bowel, District Nursing, Intermediate Care and Palliative Care;
  - Adults Community Health Services in South Manchester, including – Intermediate Care, Coronary Heart Disease and Failure, District Nursing, and Palliative Care;
  - Adults Community Health Services in Central Manchester – including Care Home Support, Integrated Neighbourhood Teams, Intermediate Care and Home Physiotherapy;
  - Adult Social Care, including – Learning and Physical Difficulties Supported Accommodation, Shared Lives, and Day Services.
- 6.6 A more comprehensive overview of services provided in 2018/19 is appended to this report.
- 6.7 Over 2019/20 and 2020/21 the breadth of services provided through MLCO will expand significantly to include amongst other things Home Care and Residential and Nursing Homes. Further detail on the scoping and phasing of MLCO is appended to this report.

## **7. Governance of MLCO**

- 7.1 As set out in Section Three, the MLCO was established as an organisation through the signing of the Partnering Agreement. However, the MLCO is not a recognised statutory body or legal entity, it is a virtual organisation responsible for the delivery of a range of services including community health services, and adult social care.
- 7.2 Whilst the MLCO is responsible for delivering a range of services, due to the way the organisation was established. i.e. not through the award of a single health and care contract, the accountabilities for provision remain unchanged. Adult Social Care, whilst delivered through the ambit of the MLCO, remain the statutory responsibility of Manchester City Council (MCC), and likewise

community health provision including services previously delivered under contract in North Manchester through the Northern Care Alliance and Pennine Acute Hospitals NHS Trust specifically.

- 7.3 As part of the Partnering Agreement (Schedule One), the MLCO is overseen by a Partnership Board, the membership of which is comprised of the parties to the Partnering Agreement detailed in Section Three. The role of the Board is to maintain strategic oversight of and accountability for the MLCO and to support the MLCO's Executive in carrying out their functions, including assistance to remove any barriers within the partner organisations which the MLCO Executive are unable to resolve through normal channels. The operational responsibility for the delivery of the services within the MLCO rests with the MLCO Executive Team.
- 7.4 With the launch of MLCO in April 2018, the organisation mobilised its internal governance arrangements. To meet the MLCO's ambitions for service delivery which include delivering safe and effective care, the internal governance for the organisation was built upon appropriate design principles. These are that the MLCO's governance must:
- be effective, efficient, functional and safe;
  - reflect and support the organisational functions of the MLCO and the accountability framework with partner organisations;
  - be clear and simple, and easily understood by MLCO staff;
  - be clinically and professionally led, with strong GP input;
  - be person centred;
  - emphasise the importance of 'place' and local neighbourhoods across the city;
  - recognise the contribution of the Voluntary, Community and Social Enterprise (VCSE) sector and engage with it appropriately at all levels;
  - enable the MLCO to deliver system-wide change to improve population health and wellbeing;
  - support innovative leadership, the maximum appropriate devolution of decision-making and appropriate risk-taking at team-level (Tight/Loose);
  - allow the MLCO to operate safely and efficiently within existing regulatory frameworks;
  - be affordable, deliverable and maintainable; and
  - be cognisant of existing organisational and place based governance arrangements and structures.
- 7.5 Furthermore, whilst the MLCO is responsible for £170 million worth of services in 2018/19, the governance that has been created has been designed to ensure it is able to have effective oversight of in excess of £600 million worth of services per annum from 2019/20 onwards. As part of this it is critical that the MLCO embeds discipline around its internal governance in 2018/19 to ensure that the MLCO can operate safely and effectively in 2019/20 without having to mobilise new governance arrangements.
- 7.6 Embedding that discipline involves: mobilising a regular and recognised cycle of meetings; embedding clear accountability arrangement through the organisation; ensuring that organisation is able to think forward as well as

understand today; and, ensuring that onward accountabilities are clearly understood and managed.

- 7.7 The governance that has been mobilised to support the delivery of the MLCO, will continue to iterate as the organisation develops particularly in regards to the governance that will be developed to support Integrated Neighbourhood Teams.

## **8. Integrated Neighbourhood Team Leads**

- 8.1 One of the principal building blocks for MLCO was the creation of 12 Integrated Neighbourhood Teams, operating across the city. Each of these teams would be brought under a single leadership structure managed by a team leader. The 12 neighbourhoods are:

- Ancoats, Clayton and Bradford;
- Ardwick and Longsight;
- Cheetham and Crumpsall;
- Chorlton, Whalley Range and Fallowfield;
- Didsbury East and West, Burnage and Chorlton Park;
- Fallowfield (Old Moat) and Withington;
- Gorton and Levenshulme;
- Higher Blackley, Harpurhey and Charlestown;
- Hulme, Moss Side and Rusholme;
- Miles Platting, Newton Heath, Moston and City Centre;
- Wythenshawe (Baguley, Sharston, Woodhouse Park); and,
- Wythenshawe (Brooklands) and Northenden.

- 8.2 Conversations regarding the development of the 12 integrated neighbourhood teams began in late summer 2017 involving staff side and trade union colleagues. Initially it was envisaged that the 12 new INT lead roles could be advertised as additional new posts. However, following discussion within the Manchester LCO and with MCC it was recognised that there was an advantage in realigning the existing locality and neighbourhood services at the same time as appointing to the INT lead roles.

- 8.3 The MLCO has been working together with staff, partners and trade unions, to develop plans to create new structures for our public-facing services, including the creation of 12 Integrated Neighbourhood Teams (INTs) and 3 new Manchester Community Response Teams.

- 8.4 The new arrangements include an investment in professional leadership in both health and social care, and will provide opportunities for career development for staff, as well as benefits for the public as outlined below:

- They support integrated working, through developing and enabling neighbourhood-based service delivery models which focus on building relationships with local communities, to better meet their needs;
- They provide opportunities for career progression for existing staff from both health and social care. The ambition, both now and in the future, is that MLCO roles will attract people from diverse backgrounds, which reflect our communities;

- The MLCO have strengthened professional leadership capacity across health and social care, with clear lines of professional and management accountability; and
- The structures support delivery of a consistency of service offer across the city, and the investment in the development of neighbourhood delivery and professional leadership for the next two years will help to create the most successful and sustainable delivery models in the future.

8.5 Because these new structures have the effect of displacing a number of existing posts, a management of change process is being followed in line with agreed MLCO principles and existing organisational policies. To this end, a formal consultation process with 'in-scope' staff who are most directly affected by the proposed changes commenced on 20<sup>th</sup> August 2018. The consultation period concluded 17<sup>th</sup> September 2018, with no issues raised to date. Once details of new structures have been finalised at the end of the consultation period, a further series of briefing sessions for staff across MLCO will be arranged, so that all staff understand the changes and anticipated benefits of the new arrangements.

8.6 It is expected that internal appointments from 'in-scope' staff into new roles will be confirmed by the end of September 2018, with the remainder being recruited through agreed channels through early Autumn.

8.7 The recruitment to the 12 INT Lead posts is critical to ensuring that MLCO can transition to the neighbourhood model of delivery that its Target Operating Model was built on. The importance of the roles cannot be overstated as they will lead the implementation of a health and care service delivery model that is reflective of the needs of the populations that they serve for the first time at scale, and will ensure that services from all sectors can be better connected at a local level.

## **9. Integrated Neighbourhood Team Hub**

9.1 As work to recruit the 12 INT Lead post progresses so does work to ensure that there are appropriate estate solutions in place to accommodate integrated working. The hubs for the Integrated Neighbourhood Teams (INTs) across Manchester continue to be mobilised, which will ensure that staff from across health and social care are physically co-located. The locations of the hubs are as follows:

Central –	Chorlton
Central –	Gorton District Office
Central –	Vallance Centre
Central –	Moss Side Health Centre
North –	Victoria Mill
North –	Cheetham Hill PCC
North –	Cornerstones
North –	Harpurhey District Office
South –	Etrop Court
South –	Burnage

South – Parkway Green House  
South – Withington Community Hospital

- 9.2 To date estates and IMT work has been completed in six of the hubs (Chorlton, Gorton District Office, Vallance Centre, Burnage, Moss Side Health Centre, and Withington Community Hospital) with health staff operating out of all six of these. Significant progress has been made at the Cornerstones site with estates work completed and IMT work underway, it is expected that the site will be available for use in October 2018.
- 9.3 In regards to the remaining five hubs, progress has been made in terms of completing lease arrangements with Partners. The process to create the INT hubs is a relatively complex one with a range of inter-dependencies that have to be considered and mitigation identified where required. A number of the outstanding sites will require existing occupants to decant elsewhere (much like a chain process in a residential property transaction) and there remains both IM&T and estate issues to resolve. Partners from across the system are working to ensure that all works relating to other are completed by Quarter Four 2018/19 (subject to relevant leasing arrangements being agreed).

## **10. Neighbourhood Partnership Approach**

- 10.1 Critical to the success of the INTs was building a different model of governance at a neighbourhood level, capable of ensuring MLCO services are better connect aligned to the neighbourhoods that are served. Throughout Quarter One and the early part of Quarter Two MLCO continued the development work that it had started in 2017/18. The arrangements that have developed, which will include member representation, will be mobilised when the INT Leads are in place.
- 10.2 Scrutiny Committee are asked to note that the neighbourhood partnership approach does not abdicate MLCO of its responsibilities in relation to the delivery of any contractual, regulatory or statutory obligations, and the model that will be implemented will sit as part of MLCO agreed governance framework and not instead of.
- 10.3 Scrutiny Committee are also asked to note that MLCO is working closely with colleagues at the Council to ensure that the implementation of MLCO neighbourhood approach is aligned to other reform programmes within the city.
- 10.4 Bringing Services Together for People in Places (BST) is a joint delivery plan across MCC, MHCC and the MLCO and wider partners to improve system and citywide collaboration. The aim is to reduce complexity for residents and our collective workforce by reducing duplication and strengthening relationships in places.

10.5 This aims to support the Neighbourhood Partnership Approach by:

- Developing a plan to agree the relationship between Neighbourhood Partnerships, Ward Coordination, Place Groups and Locality Provider Partnerships;
- Helping to align the flow of plans and priorities across the system so that Neighbourhood plans add value to Ward plans and Place plans;
- Creating more informal networking spaces to help build relationships before Neighbourhood Partnerships are established. Working through system challenges in a bottom up approach with frontline and operational managers;
- Working collectively with VCSE and universal services to address 'system' challenges that could impact Neighbourhood Approach e.g. capacity of organisations; and,
- Joining up resident engagement activities to ensure insight and stories are shared.

10.6 This aims to support INTs by:

- Bringing organisations together to shape the induction and development programme for key connector roles e.g. Neighbourhood Leads and Health Development Co-ordinators;
- Bringing together footprints (1:3:12:32) to further inform outcomes based commissioning;
- Bringing together risk stratification and data/insight from wider reform programmes to inform INTs and Neighbourhood Plan; and,
- Increased knowledge of the local offer through multi-disciplinary team meetings or 'huddle' spaces, where practitioners can broker a more holistic offer for the people they are working with.

10.7 To support the development of the neighbourhood based approach upon which MLCO is built, 12 bespoke neighbourhood plans will be produced that recognise the different needs that exists across the city. These are due to be produced in Quarter Four of 2018/19.

## **11. New Care Models**

11.1 The development and mobilisation of the New Care Models (NCM) continues with regular reporting via MLCO internal governance and agreed arrangements with MHCC. Scrutiny Committee are asked to note:

- The Health Development Coordinator roles for Central and South are being recruited to and the services will go live as the Coordinators commence in post. At the time of drafting the Community Links for Health (Be Well) service is still on track to go live on 1<sup>st</sup> October 2018.
- Following the full mobilisation of the High Impact Primary Care pilot across the City (in three neighbourhoods), the service is going through its planned evaluation and investment review. Proposals are in development for the next phase of the service delivery.
- The Enhanced Home from Hospital service is currently being repocured as part of the Citywide Support Services procurement led by MHCC.

- Crisis Response, Discharge to Assess and Reablement, which form three core aspects of the Manchester Community Response (MCR) service model, continue with their implementation as follows:
  - Crisis Response for Central Manchester is scheduled to go-live in November for North West Ambulance Service (NWAS) referrals. South will follow once remaining staffing roles have been filled. Crisis Response already operates in North Manchester.
  - The roll out of Discharge to Assess has started in North and South with preparations for Central still underway. Staff continue to be recruited into the teams to increase service capacity and support rollout.
  - The expansion of the Reablement service continues with significant progress made against the recruitment target of 62 additional Reablement Support Worker staff.
- All of the other mobilised models remain on track. There are, however, system recruitment challenges relating to Advance Nurse Practitioners, Therapists and reablement workers. The MLCO team is actively reviewing recruitment approaches to address this.
- The NCMs that remain at business case stage all continue to progress through the drafting and approval process.

11.2 The MLCO has recently commissioned the development of internal activity reports. This reporting will ensure that MLCO led services are able to accurately report their activity. This reporting is a core component of the work to understand the efficacy of NCMs as it will ensure that the MLCO is able to accurately track the level of activity in community services to ascertain whether there is a deflection of activity as a result of NCMs. This work forms part of a broader performance development programme that is being produced jointly with the MLCO, MFT and MHCC.

11.3 High Impact Primary Care, which provides primary care-led, multi-disciplinary, proactive, intensive person-centred support for people living with the most complex medical, psychological and social needs and those who are the most frequent users of acute care services continues to run across three neighbourhood areas site: Cheetham and Crumpsall; Gorton and Levenshulme; and, Wythenshawe.

11.4 Overall the HIPC programme is running as expected although referral rates are still slightly lower than would be required to extract the maximum level of benefit. Both the Central and South team are now proactively supporting some GP practices to identify and refer potential patients. The time limited nature of the programme (it is initially funded as a pilot) has delayed recruitment into some key posts, however MLCO is working to address these delays to ensure that the anticipated outcomes and benefits can be delivered.

11.5 In North (Cheetham and Crumpsall), as of September 13th, there are currently 137 people enrolled and being actively supported by the service, from a total of 191 referrals made since Nov 2017 and a total of 9 people discharged.

- 11.6 In Central (Gorton and Levenshulme) as of September 13th, there are a total of 60 people enrolled and being actively supported in the service, from a total of 136 referrals made since Feb 2018 and a total of 19 people discharged.
- 11.7 In South (Wythenshawe), as of September 13th, there are a total of 54 people enrolled and being actively supported in the service, from a total of 94 referrals made since Feb 2018 and a total of 14 people discharged.
- 11.8 Work is now underway to complete recruitment into vacant posts, increase the level of referrals into the services, and to undertake detailed planning for rolling out implementing HIPC from 2019 onwards (which will be subject to the relevant investment review business planning processes).

## **12. System Resilience and Escalation**

- 12.1 Alongside leading the programmes of work bringing together health and social care services and delivering transformation activity, MLCO is working with Manchester University NHS Foundation Trust (MFT) to support local people by working to prevent the need for admission to hospital wherever possible, and getting people home from hospital in a timely and safe manner when they do need hospital care. With support from partners including Manchester City Council and Greater Manchester Mental Health NHS Foundation Trust, there has been an initial period of focussed activity to support people who have faced a long length of stay in hospital. Alongside this, plans have been developed around medium to long term improvements to support system-flow between the community and acute hospitals and to develop sustainability plans. Both of these are summarised below.
- 12.3 MLCO is now working with MRI to redesign historical organisational processes and develop new system-wide processes between the hospital and community. The aim is to sustain improvement in patient flow in the medium to long term. This will assist in ensuring that people are not only prevented from becoming stranded, but more importantly, that they are better supported in the community to avoid admission wherever possible in the first place. MLCO is working with Manchester Health and Care Commissioning (MHCC) to review resource allocation to ensure that this work can be sustained as a key priority.
- 12.4 MLCO will continue to escalate the short term work with MRI in its system-wide co-ordination role over the next few weeks, up to the point that Manchester Community Response is mobilised. This New Care Model, partly based on the solution in North Manchester, will help support and manage this demand moving forward.
- 12.5 MLCO is also part of the Manchester Royal Infirmary's Patient Flow Improvement Board, supporting work programmes and bringing a system and partnership viewpoint where appropriate. An example of the MLCO's involvement is the development of a frailty unit on the MRI site. This has helped to co-ordinate support from primary care and North West Ambulance Service to design and deliver a system solution rather than an MRI solution. A number of these initiatives were prioritised outputs from a system-wide flow workshop co-

ordinated by the MLCO and held on the Oxford Road campus in July 2018. This identified issues and opportunities to help improve flow in Central Manchester.

- 12.6 Further to the focused work programmes in development at the MRI, MLCO is also working collaboratively with colleagues at the Wythenshawe and North Manchester hospital sites. It is expected that a number of the programmes of work will be scaled up to ensure that there is a consistent offer for people across the City of Manchester.
- 12.7 In addition to the work identified above, MLCO continue to identify and develop programmes that will look to make both an immediate and medium term impact on patient flow across Manchester. This is in conjunction with the development of new models of care and includes a range of schemes such as: development of a control centre to co-ordinate out of hospital care across the City of Manchester, review of the current urgent primary care model with all providers, increasing resources for packages of care for short stay patients and expansion of the High Impact Primary Care service. MLCO is in discussion with MHCC and Partners regarding resourcing solutions.

### **13. MLCO Achievements**

- 13.1 Despite only being operational since April, MLCO has made significant progress. Since April 2018 MLCO has focused on six key priorities that are outlined in our business plan. Perhaps the most important priority has been to ensure a safe transition of services to MLCO in year one. Staff have now been deployed to MLCO and are working under one organisation and one single integrated leadership structure for the first time.
- 13.2 Alongside this, work has been taking place to develop and pilot a range of new ways of working. These include three new prevention schemes starting this year - Winning Hearts and Minds, Healthy Start to Life (focusing on childhood obesity, food poverty and wellbeing in young children) and Healthy Ageing (focusing on falls prevention) - which are aiming to help people in Manchester improve their health and lifestyles now, hopefully preventing ill health in future years.
- 13.3 One of MLCO's current priorities is to work with Manchester's hospitals, with MLCO staff, primary care, commissioners and providers of care homes and home care, to try to join up care planning to reduce the time someone might wait to be discharged. It might seem contradictory to prioritise hospital when we are a community organisation. However, if someone is in hospital who now doesn't need to be, it has to be our priority to get them home to their community. As set out above, MLCO has had significant success in supporting people out of hospital and into care closer to home.
- 13.4 MLCO has three priorities for the remainder of 2018/19, alongside the population health work; Manchester Community Response, High Impact Primary Care and establishing our 12 Integrated Neighbourhood Teams. Significant progress has been made to ensure that these services are mobilised:

- **Manchester Community Response (MCR)** will be launched late autumn and will provide a bundle of health and social care services to help prevent admissions through A&E and support early discharges wherever possible. This is our key service to keep care as close as home to possible, even when there is a need for an urgent response and includes new pathways to the residents are kept out of hospital.
- **High Impact Primary Care (HIPC)** is a service modelled on the best national and international evidence for managing the care of people with multiple care needs. HIPC is currently being piloted in three neighbourhoods and it aims to support people with known long-term health needs. In its first few months it has helped improve care delivery and reduced many unnecessary (and unhelpful for the person) attendances at A&E, to their GP, or calling 111 as examples. We are now looking to roll this service out across all 12 neighbourhoods of the city. The effectiveness of this approach is well documented and we can expect it to reduce hospital demands and improve the lives of people living with complex health needs.
- **The 12 Integrated Neighbourhood Teams (INTs)** will be at the heart of MLCO and the bedrock for place based care. Our current priority is to secure 12 senior leaders who will be the leader for each neighbourhood. Several months of work with staff side representatives from health and social care has agreed a pioneering solution to agree job descriptions and terms and conditions that ensure these leaders can come from either side of the health and care spectrum. This team leader will be supported by a quartet of leaders - a GP, a nurse, a mental health practitioner and a social worker - in each neighbourhood. Together they will lead the integration of care close to people's homes. Better joined up community care and expanded health prevention services will help improve care and health outcomes where people live.

## 14. Recommendations

- 14.1 Scrutiny Committee is asked to note the contents of this report and in particular: progress made to establish MLCO; progress made to mobilise New Care Models; and, the work MLCO has undertaken to support system resilience.