IMPOWER

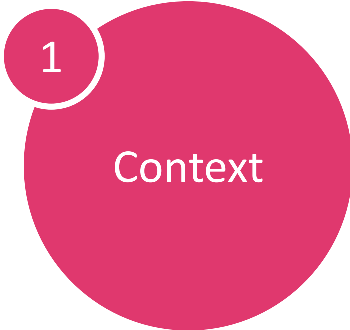
Manchester Local Care Organisation

EDGE WORK

Better Outcomes, Better Lives
Health Scrutiny Committee

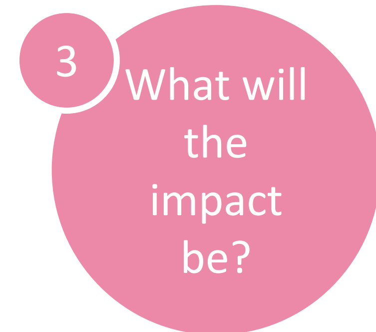
March 2021

Areas to cover today



Slides: 3-8

Slides: 9-11



Slides: 12-16

1

Overview of the diagnostic phase

Future vision

- Building on the 2 years of progress, there is a clear vision set out in the re-set of Our Manchester strategy, refresh of the locality plan, future shape of the Council and work to further integrate Health and social care services
- The objectives of this work aligned with the vision are to build robust evidence of avoidable demand to improve outcomes and reduce costs, developing a programme enabled at delivering change with the frontline
- The evidence shows the levers to affect this change exist, driving towards the 20% spend reduction ask over 2 years

How to change

- Reducing long term care costs is central to becoming more financially sustainable in the future
- Through qualitative and quantitative analysis **10** insight based focus areas have been identified
- Building from these, **9 critical opportunity areas to avoid demand** have been developed

New norm

- Establishing the programme with a grip on performance is our focus
- The net savings from this is £18.4m, which includes investment in preventative interventions

Current situation

- We spent **12 weeks (Jul-Oct)** building the demand and financial evidence base to support change against the backdrop of a **20% saving ask** for adult social services
- Evidence shows there is a significant opportunity to reduce, prevent and delay demand - **49% of cases reviewed**
- **76%** of financial resources support long term care demand

What to protect

- We have worked across the system to develop these insights – keeping frontline ownership, an evidence-based mindset, and stakeholder engagement is central to the success of change moving forward
- There is a need to foster and develop the delivery focus, agile approach to change with the LCO

What are the consequences

- Financial pressures in long term care costs will increase by £40m over the next four years
- If a programme of change is not enacted you may be forced to look a non-sustainable, finance focused change
- The approach outlined will avoid demand, realise cost savings, and support a sustainable service

IMPOWER

Manchester Local Care Organisation

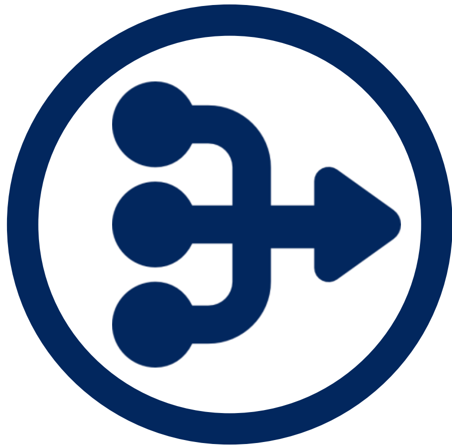
EDGE WORK

Our Manchester is our guiding framework

Important foundations

- Journey towards Integration with the creation of the MLCO and increased joint working across health & social care
- ASC Improvement Programme – significant investment in ASC, improvement activity to establish firmer foundations
- LD Transformation Programme – staff engagement identified themes & issues, case studies & observations identified demand & current responses. Draft operating principles & joint duty pilot will be picked up through Communities of Practice
- Enabling greater strengths-based ways of working…

A bold ambition; Better Outcomes, Better Lives



- An opportunity to accelerate our work and set a bold ambition
- A programme to 'house' all this work and orientate momentum
- Working in partnership with IMPOWER, drawing on their expertise and experience with health and social care in other LAs and organisations
- Better Outcomes, Better Lives aims to improve outcomes for our residents; supporting greater independence
- Achieving this will help us to meet the financial challenges that we face

Better Outcomes, Better Lives

1 What, 3 Why's, and 6 How's

WHAT

A long-term programme of practice-led change focused on supporting the people of Manchester to achieve better life outcomes with less dependence on formal care.

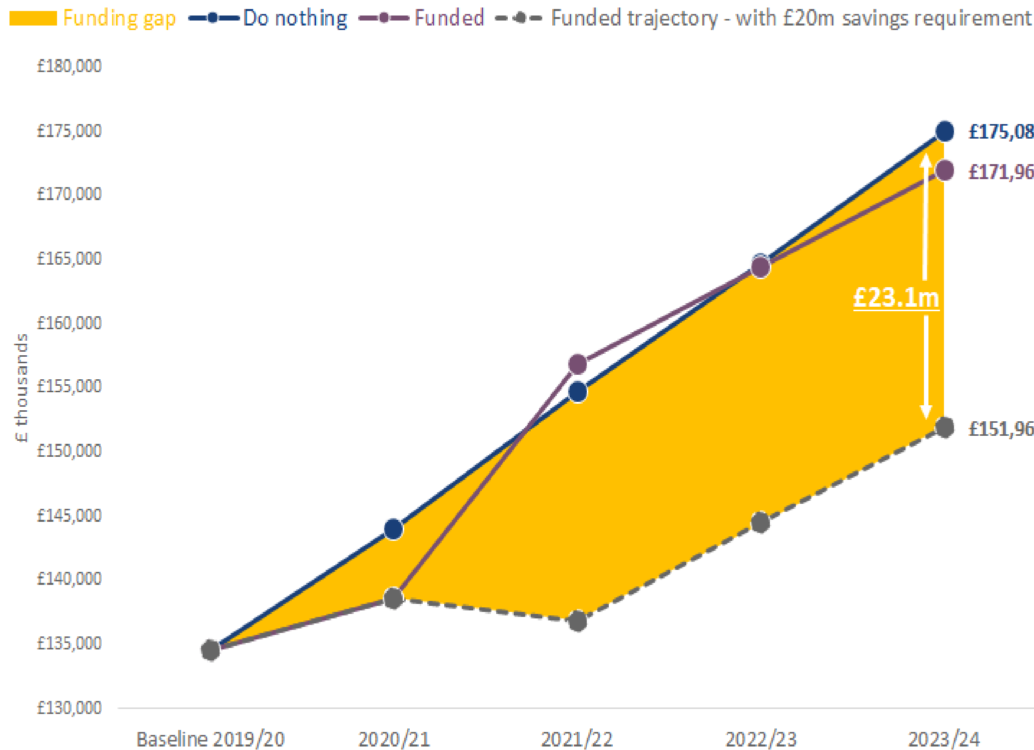
WHY

- Because we know there is more we can do to improve the **care experience** and **manage care demand** in Manchester
- Because there is more we can do to **support our frontline workers and integrated teams** with the technology and enablers they need
- Because we need to make **significant, sustainable savings** this year and over the next four, to avoid service cuts

HOW

- Embedding strengths based practice across our teams to maximise independence
- Enable residents to independently access early help resources within communities
- Create a community reablement offer focused on optimising independence
- Transforming Community and Specialist Teams, enabling neighbourhoods
- Creating a responsive service offer that meets the changing needs of residents in maximising their independence
- Embed a performance approach that uses an evidence to drive improvement

Through the Finance and Performance group a 30% cost pressure was identified



There is expected to be an **8%** increase in demand over the coming years and a related cost increase of 30%. This results in an increase in long term care net spend of **£40m by 2023/24.**

Given the existing £20m savings ask, this results in a £23.1m funding gap by 2023/34.

76% of resources are within long term care costs and this represents the greatest opportunity for sustainable change in meeting new financial requirements.

Delivering ASC financial sustainability requires a focus on reducing, preventing and delaying demand for long term care, thus improving outcomes and reducing costs.

The Better Outcomes Better Lives programme seeks to address the financial challenge by increasing independence for residents, improving their outcomes and reducing demand and cost. It seeks to take a holistic approach, recognising that Adult Social Care is a complex system.

What is in scope for the programme?

The Better Outcomes, Better Lives programme is divided into 6 workstreams. Although each workstream has its own focus, due to the inherent complexity of the system there are dependencies across workstreams, this will be managed. A high-level description of scope for each workstream is included on the following slides.

Maximising Independence

- Embedding strengths-based practice applying behavioural change ●
- Proportionate reviewing

Early Help

- Cohesive initial contact ●
- Online offer
- Maximise community offer

Short Term Offer to Support Independence

- Building reablement capacity ●
- Embed TEC & digital ●
- Hospital discharge

Transforming Community & Specialist Teams

- LD transformation
- INTs

Responsive Commissioning

- Responsive commissioning ●
- Extra care
- Provider services review
- Carers support ●

Performance Framework

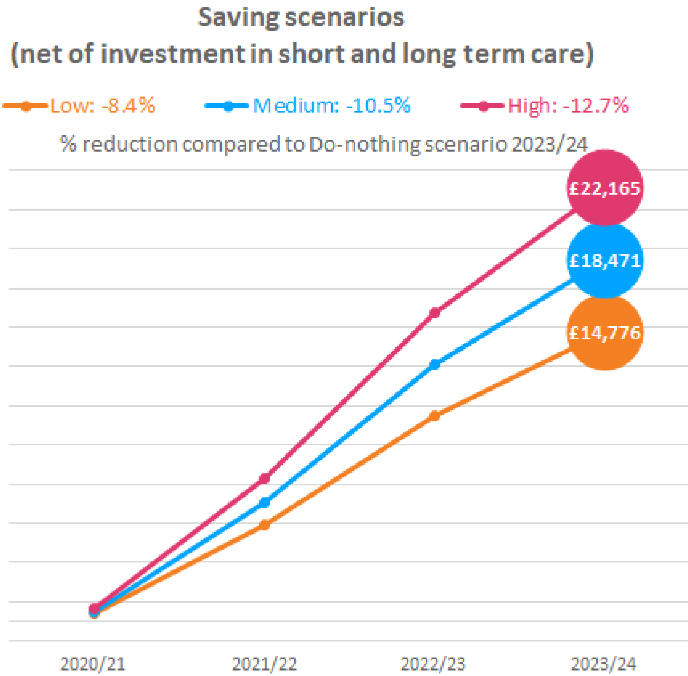
- Embedding a primed performance approach

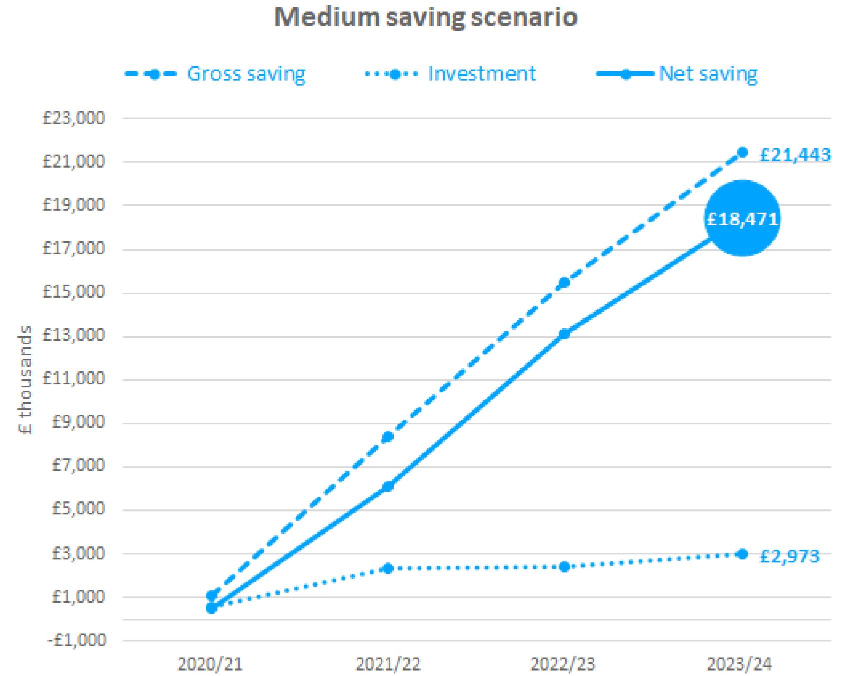
The highest impact workstreams have been prioritised

Workstream	Scope
Maximising Independence	• Facilitate frontline teams improving outcomes for citizens through a detailed programme of strength-based and behavioural science training, interventions and communities of practice across teams to embed and remove barriers to strength-based practice. • Develop and deliver proportionate and prioritised reviewing model. • Continuous impact tracking and learning routine.
Short Term Offer	**TEC & Digital** • Increase awareness and confidence to use TEC through champions and engagement activity with the frontline. • Increase ease of access to TEC by reviewing current pathways and processes. • Review the TEC offer to develop a strategic approach to TEC, run prototyping trials of TEC and agree an investment approach to TEC **Building Reablement Capacity** • Deliver maximising independence within the reablement assessment function. • Support implementation of new reablement capacity. • Support ongoing investment and recruitment approach within reablement. • Understand current operating model and identify opportunities to alter and prototype a new operating model.
Responsive Commissioning	• Create clear feedback loops between commissioning and maximising independence interventions to identify commissioning gaps and opportunities. • Develop a prototype approach to responding to gaps identified. • Develop a commissioning plan to reflect transformation programme requirements. • Develop working groups for key activities to build prioritised market support requirements.
Performance Framework	• Create a performance framework with frontline teams to enable reporting and action-taking at this level. • Re-baseline and agree trajectories for the budget. • Develop an MLCO performance and finance report reflecting demand, trajectories and costs. • Monitor delivery of the programme through reports and through lessons logs.

Predicted net savings of £18.5m were agreed – 10.5% against the do-nothing baseline

3





- The savings trajectories indicate a medium scenario net saving of £18.5m by 2023/24. This represents a 10.5% savings compared to the do-nothing scenario.
- This is net savings and includes investment in preventative interventions to enable the demand to be managed effectively. The total investment cost across the four years is £8.3m. The investment in reablement is the same as Option 1, the investment in TEC/equipment/adaptations and community support is higher as this has been modelled based on a proportion of savings achieved. No costs have been included for any investment in change capabilities and capacity needed to deliver the programme successfully.

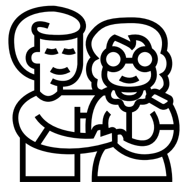
What will it feel like in 4 years time

How will service users experience our Manchester service

- We know that if we don't do something different now, we are likely to see:
  - **700 people in nursing care and over 1,400 people in residential care**
  - **An increase of 45 people more than now in supported accommodation, close to 800 in 2024**
  - **Almost 3,000 people receiving home care support, and c. 43k hours a week of home care packages – over 6k per day. Compare that to 4.25k hours per day now.**
- Through building a service that supports earlier needs, better, through a strength-based approach we have evidence that we can increase the levels of independence for Manchester residents.
- When done this will provide the right support at the right time, based on individual needs, and delivered at neighbourhood level by integrated teams.

What will it feel like in 4 years time

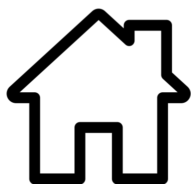
How will service users experience our Manchester service



For users:

- Discussions with health and social care staff will be consistent and focus on how they would like to **live their lives** and enabling them to explore different creative options to do this
- Better **early help** by developing a cohesive initial contact at the front door, and more adaptive online offers so those who need support can help themselves as quickly as possible.
- Maximising **independence for residents,** enabling more people to do things for themselves and remain in their own homes
- If leaving hospital, or in need of a step-up of support, an **enhanced reablement service** with technology enabled support throughout it, will be there. This will mean that residents will be more likely to be supported **at home or in your local neighbourhood in 2024**, rather than in residential care.

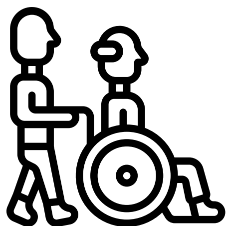
When I need help, I receive what I need first time when I contact social care



I am supported to be at home, with local teams supporting me

What will it feel like in 4 years time

How will service users experience our Manchester service



For families and carers:

- The outcomes and lives of the carer and their families will be as important a consideration when discussing support required for their relatives; this will enable them to support their relatives for **as long as possible**

- Through the new **Carers Manchester Contact Point**, proactive reach-out to carers and support will be provided. This will enable the provision of early intervention and diverse support which improves the wellbeing of carers and sustains carers in their caring role.

- Community teams will be supported so that users can access LD and autism support services. Practitioners will be part of the wider investment in **integrated neighbourhood teams** across Manchester, so that local support is provided that understands your local need.

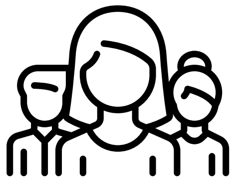
I feel like professionals are partnering with me and understand the pressures on me as a carer

The support I need is managed in my neighbourhood

What will it feel like in 4 years time

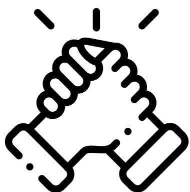
How will service users experience our Manchester service

For frontline teams working in Manchester:



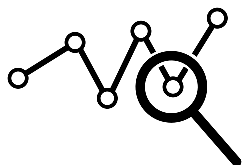
- Frontline teams will have more freed up **capacity** to focus on delivering the right support to the right people. Further, teams will have more confidence in having a conversation with service users, families and their carers focused on outcomes and practical opportunities to living more independent lives.

I'm supported to spend more time with those that need it, rather than on admin or meetings



- Teams will have increase **awareness and confidence in community alternatives** linked to neighbourhoods, through training and new information links. This will support a more place-based, neighbourhood response.
- Teams will work more **closely with colleagues** in hospital and other sections of the NHS. They will also work more closely with colleagues in the neighbourhood, such as district nursing, and with commissioning (linking ops and commissioning).

I feel like I'm part of a bigger neighbourhood team, and that they have my back



- Practitioners will have more support and freedom to put in place the right **technology into people homes**, through responsive commissioning.
- Managers and practitioners will have more confidence to **use and trust data** to understand how change is happening. This will support them to be empowered to make change, as the important changes will be prioritised.

I can see how my efforts are leading to real change

The programme is moving at pace with impact starting to be evidenced……more to follow!

From (trial):
50% of cases a package was ended or larger package of care was avoided
100% of SWs reported techniques / tools changed outcome of practice interaction

Examples of good practice in using TEC to achieve better outcomes for citizens have been identified through group discussions in the STO workstream: these examples are being written up to inspire other practitioners.

We have seen increasing enthusiasm and positivity for the programme from key stakeholders.

In the STO workstream Service managers are taking ownership of initiatives to change behaviours; they see the programme as a positive opportunity

'I changed the way I asked questions…This changed the outcomes, I have had a case where no care was actually needed to be put in place." ***Practitioner at CoP***

"Stuff like this is what we have missed over the past 12 months…very useful."
Practitioner at CoP after reflective practice

'"I worked a case where I was the intervention…after my work, the person didn't need a package of care."
Practitioner at CoP

'I feel like I can see how we will make change happen, this is a really exciting time in the programme' STO workstream SRO

'I feel confident that I can deliver positive change' MCC Head of Re-ablement

Questions