

## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 10 November 2021

**Subject:** Manchester Local Care Organisation

**Report of:** Chief Executive MLCO

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### Summary

This report has been written to provide the Health Scrutiny Committee with an update on Manchester Local Care Organisation and the delivery of its key priorities. The report focusses on seven core areas:

- Operational planning;
- Neighbourhood working;
- Recovery, reform, and transformation;
- Addressing inequalities;
- Resilience and winter planning;
- Population health and managing long term conditions;
- Vaccinations; and
- Workforce.

### Recommendations

The Committee is asked to support the contents of the paper.

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**Wards Affected:** All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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No
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<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	The effective use of resources underpins the Council's activities in support of its strategic priorities as set out in the Corporate Plan which is underpinned by the Our Manchester Strategy
A highly skilled city: world class and home grown talent sustaining the city's economic success	

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Development of winter plans considers the positive impact the voluntary sector has in our health and care system.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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**Background documents (available for public inspection):**

Not applicable.

## **1.0 Introduction**

1.1 This paper has been written to provide the Committee with an update on the work of Manchester Local Care Organisation (MLCO).

1.2 Given the breadth of activities that MLCO is responsible for the report is split into seven sections:

- Operational planning;
- Neighbourhood working;
- Recovery, reform, and transformation;
- Addressing inequalities;
- Resilience and winter planning;
- Population health and managing long term conditions;
- Vaccinations; and
- Workforce.

## **2.0 Background**

2.1 A key priority of the Our Manchester Strategy is to radically improve health and care outcomes in the city. Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city.

2.2 Manchester Local Care Organisation was established in 2018 as the delivery vehicle for reducing health inequalities and improving population health of people in Manchester. It is primarily responsible for the delivery of community health services and the provision and commissioning of adult social care across the city.

2.3 As the Committee may be aware, as part of delivering on the Manchester Partnership Board commitment to 'supercharge' MLCO, the Council and Manchester University NHS Foundation Trust (MFT) have entered into a section 75 agreement which will enable a strengthened MLCO and builds upon the original partnering agreement that was agreed in advance of the launch of MLCO in April 2018.

2.4 Under section 75 of the National Health Service Act 2006, local authorities and NHS bodies can enter into partnership arrangements for the exercise of certain NHS functions by NHS bodies and certain health-related functions of local authorities. Section 75 provides for three flexibilities that NHS Bodies and local authorities can use: pooled budgets, lead commissioning and integrated provision. As part of the arrangement between MCC and MFT the Council has agreed to delegate some of its adult social care functions to MFT in order to strengthen integration of community health and social care. This builds on the existing partnership arrangements set out in the 2018 Partnering Agreement. The Committee may be aware that the adult social care workforce is already deployed into MLCO, working alongside health colleagues. For 2021/22 this means that health and care budgets will be aligned rather than pooled. There is scope to revise partnership arrangements in future. The mobilisation of a

section 75 agreement is considered to be a significant step forward in the journey to integrated placed based care delivery.

### **3.0 Operational planning**

3.1 The MLCO Operating Plan 2021-22 covers community adult and children's health services and Adult Social Care services. It outlines how the MLCO will work with wider partners in the City during this financial year through its Transition Programme to 'Supercharge' the MLCO as per the approach agreed through the Manchester Partnership Board in January 2021.

3.2 The operational planning process has run alongside the development of a financial plan and strategy undertaken in partnership with colleagues in Manchester Health and Care Commissioning, Manchester City Council, and Manchester University Foundation Trust.

3.3 The Operating Plan is underpinned by service plans for our Citywide and locality-based specialist services-and 13 Integrated Neighbourhood Team (INT) service plans.

3.4 The plan seeks to outline:

- The context in which the MLCO operates.
- A reminder of the services we provide and how we operate day to day.
- Our achievements during 2020-21; how we delivered our priorities as an organisation and how we adapted to respond to the needs of residents and partners during the pandemic.
- Our plans for 2021-22 and the work we are doing and intend to do (aligned to our 6 priorities).
- The priorities / strategic objectives of the partner organisations in Manchester.

3.5 The six priorities that the plan responds to are:

#### A population health approach

Our unique position as a health and social care provider means we are ideally placed to be the provider delivery vehicle to support the delivery of improved population health and reduced health inequalities. Working in partnership with Primary Care Networks (PCNs), INTs will be piloting specific health and social care actions in each of our 12 neighbourhoods this year.

#### Safe and effective services

We have been listening to our staff as we recover community services after the COVID-19 pandemic to understand how we can support their wellbeing. The MLCO Section 75 agreement has been signed to support the continued integration of health and social care in the city and we will also build on our good CQC rating in health.

## Developing our neighbourhoods

Scrutiny Committee will note that Our Integrated Neighbourhood Team (INT) model has been integral to the support provided to communities during the pandemic and work continues to bring our community health and social care teams together. Our INTs are also a core partner in the Teams Around the Neighbourhood (TAN) enabling a coordinated approach across wider public services to support residents. This provides the foundations from which to build a proactive approach in our neighbourhoods to support people with long term conditions and mental health conditions.

## Working with primary care

We'll ensure that GP leadership is at the heart of the LCO. That means building on our links between community health, adult social care and primary care; and co-producing priorities with the city's Primary Care Networks to tackle health inequalities.

## Building system resilience

Our integrated community health and social care role means we're crucial to system resilience by keeping people well in the community - reducing pressure on other services. This year we'll develop our community urgent care model and review community bed-based care to help keep more people out of hospital. We'll also deliver a sustainable financial position.

## Building the future for MLCO

We'll deliver the phased approach to increasing the scope of the LCO. We'll also develop a 'Think Family' approach so the needs of wider family members are considered in our interactions with individuals. We'll also play a key role in the wider transitional system developments in Manchester.

- 3.6 In order to enable MLCO to demonstrate progress and impact of ~~against~~ the six priorities outlined in the Operating Plan, a set of high-level measures are set out that MLCO will measure its performance against on a quarterly basis. This is in addition to the performance framework that will be reported to MLCO Accountability Board on a monthly basis as part of the MLCO assurance arrangements.
- 3.7 A summary of the MLCO Operating Plan 2021-22 is attached as an appendix to this paper.

## **4.0 Neighbourhood working**

- 4.1 The Committee is reminded that that MLCO Integrated Neighbourhood Teams (INTs) in Manchester operate in 12 neighbourhoods across the city and work in the city centre (which as per above has a discreet neighbourhood plan).

- 4.2 Each of the teams developed a neighbourhood plan (for health and care) for 2021-22. These were developed with partner organisations and citizens using neighbourhood intelligence drawn from citywide intelligence, as well as a locally driven understanding of the needs of residents. These plans look at joint solutions to key issues impacting health and wellbeing with the neighbourhood.
- 4.3 The Committee is reminded that the foundations of the INT model were built from approaches developed by primary care. Through MLCO's INT Leads, Health Development Coordinators (HDCs), and GP Neighbourhood Leads, strong working relationships have been developed by each of our INTs and 14 Primary Care Networks (PCNs) across the city.
- 4.4 HDCs, an integral part of the neighbourhood leadership teams, have been able to support the cascade of important (and where required, targeted) information to residents and community groups across the city, and support partner organisations with their communications by sharing existing distribution lists. In each neighbourhood, groups were established to support daily and weekly huddles between key partners to share intelligence and join up approaches and ensure no one was missed.
- 4.5 As with last winter the criticality of a comprehensive uptake of the flu vaccine cannot be understated. To support this, a neighbourhood approach has been developed to ensure that GP Neighbourhood Leads, INT Leads and MHCC representatives are working closely together to ensure local plans are supported; as part of this HDCs have developed a Flu Communications plan for each neighbourhood.
- 4.6 A selection of case studies that highlight the work of MLCO's neighbourhood teams is appended to this report.

## **5.0 Recovery, reform, and transformation**

- 5.1 The LCO's Recovery and Reform Programme provides a framework for the recovery and reform of our community services in Manchester. The programme aims to:
- Rapidly and safely restore services for patients and their families, whilst continuing to deliver our current Operating Model;
  - Reform how services work to provide the very best in community health and care for residents in Manchester; and
  - Provide assurance of delivery of the relevant planning guidance through the MLCO operating plans and corresponding service and neighbourhood plans.
- 5.2 As the Committee will be aware, throughout the pandemic MLCO were required to step back and recommence services in line with national guidance, and the restoration process has now seen all services recommence delivery. As services were stood back up again, they were subjected to a quality impact assessment (QIA) and Equality Impact Assessment (EQIA) if any changes were planned. As a result of the changing demand placed upon MLCO (ie our

support to the vaccination programme etc), services have been kept under review, and it should be noted that activity levels across community health services now exceeds the levels that were seen pre-pandemic.

5.3 As set out above the MLCO recovery and reform programme will enable the organisation to best respond to the needs of residents across Manchester recognising that the characteristic of demand has changed. The programme consists of four principal key lines of enquiry:

- To review our community services to ensure that our services are delivered as efficiently as they can be to meet the changing needs of the population.
- To review our urgent care offer to improve the offer available to residents at the time they need it the most (the MLCO programme will form part of broader urgent care reform programmes).
- To review how we manage our community bed based provision to make best use of the small number of beds that are available.
- To review our palliative care model and embed it into the MLCO operating model.

5.4 The Committee is advised the transformation of adult social care through the Better Outcomes, Better Lives programme is a key organisational priority for MLCO, and that a comprehensive update is included on this Committee's agenda.

5.5 The delivery of the programme is overseen through MLCO's internal governance and the MLCO Accountability Board, which is co-chaired by the Executive Member for Health and Care.

## **6.0 Resilience and winter planning**

6.1 As the Committee is aware it is expected that winter 2021-22 will be exceptionally challenging for health and care services across the country and this will be no different for community health and social care services. Likewise the Committee has been advised that a core organisational priority is 'building system resilience' and, as with every year, effective winter planning is a key organisational priority to ensure that the organisation (and broader system) is able to cope with both the known and potentially unknown demand.

6.2 The MLCO plan incorporates learning from across a number of core areas and sets out a number of key interventions.

6.3 To support effective flow through the hospital system, 44 'Discharge to Assess' beds were commissioned in the community on a block-booked basis and agreement was reached to extend current provision for Q3/4. Subject to agreement this will be expanded to 80 beds.

6.4 As part of the Urgent Care programme, work is underway to test centralised single triage and referral point for all intermediate care beds to review and improve flow through the pathway, ensure robust process for step ups from

community including access to rapid swabs, and agree a contingency plan for mutual aid at times of escalation.

6.5 As the Committee will be aware, the role of the care sector will be critical to ensuring that the MLCO has a resilient and coherent offer through winter, although it should be noted that the adult social care market remains under significant pressure in Manchester as it does across GM and nationally. MLCO is taking a suite of actions to ensure that the market remains resilient and is supported. This includes:

- Undertaking a review of payment arrangements to create a more sustainable and commercially viable market;
- Supporting a Greater Manchester wide recruitment campaign for homecare, with a focus on younger people via social media platforms and greater.jobs;
- Working with North West Association of Directors of Adult Social Services to improve provider resilience;
- Expanding the MLCO contract management team to further improve provider oversight and support;
- Hosting multi-disciplinary team meetings to tackle provider performance issues and regulatory activity; and,
- Working with providers to plan for and deliver mandatory vaccination and supporting a mitigation of associated workforce risks.

6.6 As with previous winters, patient choice will present MLCO and hospitals with challenges. To address this an information leaflet for all Manchester patients is in the final stages of development and will form a key part of the Patient Choice policy, managing patient and family expectations, and providing clear information to support families understand the need for timely and safe discharge from hospital beds to the community.

6.7 MLCO will continue to deliver its admission avoidance schemes including two-hour crisis response. Crisis Response provides a rapid response and assessment service to people in urgent need of health and social care interventions at home. It provides specialist short term involvement (up to 72 hours) for people in their own homes allowing them to remain there safely and avoid any unnecessary A&E attendance. The service is ready to respond to an anticipated increase in referrals over winter.

6.8 To ensure MLCO is able to support an alleviation of children's related hospital admission pressures it has established a virtual ward for children with wheeze and bronchiolitis. Pathways will begin operating across all three main hospital sites from 8am to 10pm seven days per week from early October 2021. A further pathway, newborn jaundice, is in development and anticipated to go-live in the coming weeks. The virtual ward enables safe earlier discharge and admission avoidance – providing a better experience for families and releasing hospital capacity for elective activity recovery.

6.9 A key component of the planning in Manchester is to ensure that there are resilient measures and activities in place to support capacity management. The

key tool in enabling this to happen in MLCO is the utilisation of an established control room function to manage demand and increasing its functionality and resilience by recruiting senior nursing capacity into it. The control room will be responsible for review, design and continuous improvement of an integrated discharge pathway function across hospital and community services and plays a pivotal role in overseeing and facilitating flow between hospital and community services.

## **7.0 Addressing inequalities**

- 7.1 Reducing inequality remains a core strategic objective for MLCO and its entire operating plan is built from this fundamental principle. MLCO's neighbourhood plans, developed annually, are the cornerstone of our approach and each tackle a suite of issues that are particular to that local population. These objectives are identified within neighbourhoods and respond to issues that require local intervention to improve population health outcomes that vary from other areas in Manchester.
- 7.2 To enable MLCO to deliver an increasingly targeted response to addressing health inequality in Manchester it has established a Population Health Management Board which brings together partners from across the city to identify opportunities and mobilise appropriate responses. It is expected that this forum will be the platform from which the majority of all MLCO responses to addressing health inequalities will be built.
- 7.3 To ensure that Manchester is able to deliver equitable and accessible vaccination programmes, MLCO continues to work extensively to engage those communities that are seldom heard. 'Seldom heard' refers to underrepresented groups of people who are potential service users, but who are difficult to involve in public participation and whose voices therefore go unheard and their needs unmet. As the Committee is aware the current pressures on the health care system mean it is more important than ever we make every effort to deliver an effective immunisation programme.
- 7.4 Over the course of the last 12 months this has included both COVID-19 and influenza vaccines. As the Committee will be aware one of the key responsibilities of the neighbourhood teams in Manchester is their focus on prevention as such the neighbourhood teams have delivered a targeted local approach to vaccinations (with partners including primary care) within those neighbourhoods.
- 7.5 Beyond neighbourhood working, MLCO's Long-Term Conditions (LTC) programme has been mobilised with two key objectives: firstly shifting care and support upstream into neighbourhoods and communities, and secondly to tackle and reduce the long standing inequalities in LTC outcomes we see across Manchester. COVID-19 has had a huge impact on health and care services and continues to have a disproportionate impact on people from minority ethnic communities, and people living with chronic diseases such as type 2 Diabetes. Using data collected in Primary Care we can now analyse and see differences in Diabetes prevalence and hospital activity by ethnicity in a Neighbourhood or

Primary Care Network area. Using a population health management approach we have started a project to look at and tackle entrenched inequalities in Diabetes outcomes for people from an African Caribbean Black British background in one of our neighbourhood areas as an early adopter of this change in approach.

## **8.0 Population health and managing long term conditions**

- 8.1 Population Health Management (PHM) is an approach that uses data and insight to help health and care systems to improve population health and wellbeing. It is a way of understanding the current and future needs of our populations, including health inequalities<sup>1</sup> and targeting support where it will have most impact.
- 8.2 In Manchester, there is a vision to realise this through a data-enabled, neighbourhood-led approach that is part of a clear city-wide population health strategy and agreed set of priorities. The MPB has endorsed the MLCO as the provider delivery vehicle in the city to improve health and wellbeing and reduce inequalities. To support the delivery of this MLCO has established a PHM Board lead and organise the provider response to the population health strategy on behalf of the MPB. The citywide recovery framework for population health and Manchester's Population Health Plan will inform the setting of aims and objectives in neighbourhoods so that the two are complimentary and aligned.
- 8.3 It is estimated that healthcare accounts for approximately 10% of the wider determinants of what keeps people well. By working with its partners MLCO can affect these wider determinants of health and help the people of Manchester to:
- Have equal access to health and social care services;
  - Live healthy, independent, fulfilling lives;
  - Be part of dynamic, thriving and supportive communities;
  - Receive safe, effective and compassionate care, closer to their homes; and,
  - Have the same opportunities and life chances, no matter where they live.
- 8.4 As the Committee will be aware, today's lifestyles are increasing the risk of preventable disease, residents are living longer with more multiple long-term conditions, and the health inequality gap is widening. Manchester is diverse with the life expectancy gap between the least and most deprived neighbourhoods being seven years.
- 8.5 PHM improves the understanding of what residents need now, and in the future, so services can be planned accordingly. It also helps identify where best to allocate resources to achieve the biggest improvements in health and wellbeing and to reduce health inequalities. We can use data to explore what the future might look like – and how we can get better value from the NHS pound by
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changing how we deliver services locally, avoid duplication, and improve the working lives of our front-line staff.

8.6 Specifically for MLCO this means delivering a programme of work that will:

- Implement early tests of concept in at least two neighbourhoods to qualify and quantify the health and care needs of the city centre population, gaps in support and how those might best be bridged, working with the PCN and other partners to develop an appropriate and equitable offer for the 13th Neighbourhood (the City Centre).
- To understand and improve the inequalities in outcomes for Black British people living with type 2 Diabetes; and,
- Engage PCNs in the further design of the PHM approach by aligning with and supporting the delivery of the 'Tackling Neighbourhood Health Inequalities' requirements.

## **9.0 Vaccinations**

9.1 A key delivery priority for MLCO has been to support the delivery of a comprehensive vaccination programme across the city including to its own staff. As winter approaches MLCO, with key partners, will work to build upon the success of the programme delivered to date including through the work of INTs.

9.2 The Committee will be aware that in September 2021, the UK's Chief Medical Officers announced that all 12-15 year olds will be offered a first dose of the Pfizer/BioNTech COVID-19 vaccine (commonly known just as the Pfizer vaccine) as the next phase of the national COVID-19 vaccination programme. In Manchester, this cohort is approximately 33,000 children who are being offered a vaccine. As part of this programme, vaccinations are being delivered where possible at the school by MLCO via their NHS School Health Immunisation Service. This is the NHS team who deliver a range of other vaccinations in the city's school as part of their regular work. They will be supported by the School Nursing Service. The Committee are advised that this particular programme was subject to discussion at Children and Young People Scrutiny Committee in October 2021 and to date a 100% offer has been made.

## **10.0 Workforce**

10.1 The MLCO workforce is the organisation's biggest asset and as with all of the health and care workforce it has responded admirably to pressures of the pandemic but continues to operate under significant pressure.

10.2 MLCO has taken a multi-dimensional approach to supporting its staff through which has included facilitating the redeployment of staff to support pandemic role requirements, supporting managers to better understand what is happening with their workforce, and providing clear and regular communications to staff across the organisation.

10.3 MLCO's 'Our LCO' platform launched at the end of April and provides a one stop place to go for staff support, reward and recognition, wellbeing and

development. MLCO is also working with its staff from black and minority ethnic backgrounds and as part of the work to ensure that colleagues are supported to develop and realise their potential a number of staff from diverse backgrounds have been supported to access the NHS Elizabeth Garret Anderson Leadership Programme.

10.4 Despite the steps that have been taken, and as set out above, the MLCO workforce remains under pressure with absence remaining above pre-pandemic levels, and MLCO continue to support staff across the organisation.

## **11.0 Recommendations**

11.1 The Committee is asked to note the contents of the report.