

**Manchester Health and Wellbeing Board
Report for Information**

Report to: Manchester Health and Wellbeing Board – 23 January 2019

Subject: Manchester Local Care Organisation Update

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

Summary

This report provides an update on the development of the Manchester Local Care Organisation (MLCO).

Recommendations

The Health and Wellbeing Board are asked to note the contents of this report and specifically the following:

- The significant progress made in the establishment of a Local Care Organisation (LCO) for the City of Manchester initially outlined in the LCO Prospectus and realised from April 2018 through the establishment of the MLCO;
- The signing of the Partnering Agreement by each of the partner organisations of the MLCO; Manchester University NHS Foundation Trust, Manchester City Council, Manchester Primary Care Partnership, Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning, enabling the MLCO to establish in April 2018;
- The continued progress made in implementing and delivering the New Care Models associated with the Greater Manchester Transformation Fund and Adult Social Care Grant and continued development of Integrated Neighbourhood Team hubs;
- The creation of a co-designed and all-encompassing approach to the MLCO key deliverables for 2018/19 to ensure that it is best placed to meet the needs of communities and neighbourhoods of Manchester in regards to integrated health and social care;
- Approve the proposal to recognise the Manchester LCO Clinical Advisory Group as the clinical and professional leadership group for Manchester reporting to the Manchester Health and Wellbeing Board; and,
- Note the proposed priority of the Clinical Advisory Group to develop a clinical strategy for Manchester and the resourcing required to enable the Group to deliver that.

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	

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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.

- 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 Further to the establishment of the Manchester Local Care Organisation (MLCO) as a public sector partnership on April 1st 2018 through the agreement and signing of a Partnering Agreement this paper provides Health and Wellbeing Board 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:

- Integrated Neighbourhood Team Development;
- New Models of Care;
- Winter resilience and system escalation;
- Phase 2; and,
- Clinical Advisory Group.

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. Integrated Neighbourhood Team Leads

3.1 Integral to the success of the MLCO will neighbourhood working and key to that will be the recruitment of 12 Integrated Neighbourhood Team leads. At the last

HWB the MLCO advised that conversations regarding the development of the 12 integrated neighbourhood teams began in late summer 2017 involving staff side and trade union colleagues.

3.2 The arrangements, which are currently being mobilised, 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.

3.3 Following a robust consultation period, the MLCO have been actively progressing with an external recruitment process to recruit to 12 INT Lead posts. Following an interview process in November 2018, nine of the 12 posts have been filled. The first three of the Integrated Neighbourhood Team leads have started in post, and it is expected that the remaining leads will start in post in February and March 2019.

3.4 In addition to the leadership roles outlined above, the MLCO is also in the process of confirming the rest of the INT leadership quintet. In terms of the GP Leads, it has been agreed that these posts will undertake two sessions a week as part of this role, increasing from the one session a week that is currently in place. All 12 of the GP Leads are in place. Each of the GP Leads will receive a personalised plan and 2 sessions of coaching to support them in this role. It should be noted that the funding for the GP Leads has only been secured on a one-year basis, with the future funding yet to be agreed.

3.5 In regards to the rest of the roles, the majority of these have now been recruited to. There are six Mental Health Leads who have been assigned two neighbourhoods each. The 12 Nursing Leads have been confirmed and are in the process of being allocated neighbourhoods and the Social Care Leads recruitment process is currently ongoing.

3.6 The NESTA 100-day challenge will launch on 9th January with a workshop comprised of senior leaders from across the Manchester system. Between now and 1st April the first four neighbourhoods (to be determined) will work with partners within the neighbourhood to create a 100 day plan based on the needs

and priorities that are jointly identified. These plans will be mobilised from 1st April.

4. Integrated Neighbourhood Team Hub

- 4.1 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

- 4.2 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 with all significant works being completed.

5. Manchester Community Response

- 5.1 Manchester Community Response (MCR) is a seven-day service that provides community based intermediate care, reablement and rehabilitation services to patients. These are often older people, after leaving hospital or when they are at risk of being sent to hospital. These services offer an interface between hospitals and where people live, working across the health and social care system. It is an evolution of the highly-effective North Manchester Community Assessment and Support Service. Two component parts of the MCR model are Crisis Response and Discharge 2 Assess services. An update on the mobilisation of these services and some associated activity to date is provided below.

Crisis Response

- 5.2 The Crisis Response Team, which supports patients who need urgent support at home, but who do not need to be admitted to hospital. The team accept referrals from North West Ambulance Service (NWAS) and the service is being mobilised across the City.

- 5.3 The team provides urgent assessments and interventions for people who have a health or social care crisis, to support people to remain at home, while the crisis situation is addressed.
- 5.4 The Crisis Response service in Central Manchester went live, 5th November 2018. Although implemented ahead of schedule, due to staffing and recruitment issues only the amber pathway element of the service is operational, with the whole service expected to be operational by March 2019. During the first four weeks of operations, the service has had a total of 57 referrals, 41 of which were accepted. This has a direct impact on admission avoidance with 34 of the 41 referrals being cared for in the community. Work is ongoing with the North West Ambulance Service to increase the referrals and usage of this service further.
- 5.5 The Crisis Response service launched in part in South Manchester, 3rd December 2018. The community referral element of the model was launched, with there being the aim to operationalise the whole model by March 2019, subject to recruitment. The service is currently operational 7 days a week from 08:30 to 18:30, accepting three out of the four available pathways.

Discharge 2 Assess

- 5.6 Discharge 2 Assess (D2A) helps people home from hospital, quickly and safely. The essence of the approach is that the person, once medically optimised, leaves hospital and is assessed for their ongoing needs in their home or other place of residence. The aim is to reduce unnecessary delays in discharge when people could be back at home or in a more appropriate place to receive ongoing assessment, short term interventions and support from community teams. Funding has been provided to design, implement and roll-out D2A across the entire city.
- 5.7 The rollout of Discharge to Assess has commenced in both North and South Manchester. The service commenced in North Manchester in May 2018 and South Manchester in September 2018. Similarly, to other care models, there have been recruitment challenges, which have influenced the roll out of the service. Staff continue to be recruited into the teams to deliver the required capacity as quickly as possible.
- 5.8 In North Manchester, the rollout of the service is complete. By the end of October 2018, the service had supported the discharge of 135 patients through Pathway 1 alone. In contrast in South Manchester, the service is still ramping up. It is planned that the South rollout should be complete by end February 2019.

6. High Impact Primary Care

- 6.1 High Impact Primary Care (HIPC) is being delivered across the City of Manchester with there being a HIPC team based in three neighbourhoods, which span across each of the localities. This service is a vital component of local care organisation models and is supported by international evidence in

terms having a positive impact on population health, specifically for those at high risk of admission to acute and secondary care.

- 6.2 There are numerous patient case studies being collected and shared, demonstrating the quality impact of the service of patient lives. In terms of quantitative activity data, information has been provided below. From an activity perspective, the service is having a demonstrable impact on the cohort of patients, with the cost of emergency activity reducing by 65%. Further 75% of the discharges have had no further emergency activity at all. In addition, the service has met or exceeded its performance targets since they were agreed in October 2018.

7. System Resilience and Escalation

- 7.1 Alongside leading the programmes of work bringing together health and social care services and delivering transformation activity, the MLCO is working with 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.
- 7.2 To date this work has focussed predominantly on the pressures at the Manchester Royal Infirmary with the MLCO senior leadership working closely with colleagues to expedite the movement and discharge of patients from an acute to the most appropriate community setting. As at the end of December 2018, this programme of work led by the MLCO has supported the discharge of 93 patients with an accumulated length of stay of just under 10,000 days. This programme of work, has supported a significant reduction in the average length of stay at the MRI, indicating the impact this is having on acute flow, as well as ensuring that patients are treated in appropriate community settings and home where possible.
- 7.3 Given the relative success of interventions to date MLCO will now increase collaborative work with colleagues at other hospital sites across Manchester to support the discharge for Manchester residents there, as well as broadening the target cohort. In addition to this MLCO is currently mobilising a number of winter schemes. Progress against the delivery of these will be overseen through MLCO governance arrangements, and reported into the Urgent Care Board, which MLCO continues to proactively engage with.

8. Phase Two development

- 8.1 As previously updated the HWB will be aware the MLCO will realise its full potential in a three year phased approach. The majority of services that were transferred in year one were community health services (including North Manchester Community Health Services) and directly provided Adult Social Care.

8.2 Year two will see a range of other services move under the management of MLCO including a host of commissioned services such as Home Care and Residential and Nursing Care. The MLCO are now in the process of developing a range of road maps that will support the development and growth of the organisation to enable it to realise the potential that was outlined in the original prospectus.

9. Clinical Advisory Group

9.1 As previously updated MLCO established a Clinical Advisory Group in 2017/18, and it was subsequently agreed by HWB that the CAG be viewed as a system wide piece of architecture and not solely a piece of MLCO governance. As a result of this it was agreed that convening responsibility pass to Manchester Health and Care Commissioning.

9.2 Following the success of CAG in its first 12 months and the significant levels of support the system have offered to it, a separate Children's Clinical Advisory Group will be established. This will be established as a formal sub-group of CAG.

9.3 A more comprehensive update on CAG is found on the substantive agenda.

10. Recommendations

10.1 Health and Wellbeing Board is asked to note the contents of this report and the progress made to mobilise New Care Models and the work to support system resilience.