

Manchester City Council Report for Resolution

Report to: Health and Wellbeing Board – 30 October 2019

Subject: Better Care Fund 2019/20 Plan

Report of: Executive Director of Strategy, Manchester Health and Care
Commissioning

Summary

The Better Care Fund (BCF) has been established by Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

The BCF allocation is managed as part of the Manchester Health and Care Commissioning (MHCC) Pooled Budget. The purpose of the report is to provide the Health and Wellbeing Board with an outline of the Manchester Better Care Fund Plan 2019/20, the linkages to support performance with regards to Delayed Transfer of Care (DTOC) and associated key performance metrics.

Recommendations

The Health and Wellbeing Board is asked to:

- i) Support the jointly developed Better Care Fund plan for 2019/20, including the agreed plan for the Adult Social Care Winter Pressure grant and associated submission to Department of Health.

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	<p>The Better Care Fund supports the integration of health and social care.</p> <ul style="list-style-type: none">• To improve the health and wellbeing of people in Manchester• To ensure services are safe, equitable and of a high standard with less variation• To enable people and communities to be active partners in their health and wellbeing• To achieve a sustainable system
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.

- Report Better Care Fund and Improved Better Care Fund Submission 2017-19 – Health and Wellbeing Board 30 August 2017
- Better Care Fund 2018/19 Manchester Health and Wellbeing Board – 31 October 2018
- Manchester Health and Care Commissioning - Adult Social Care Business Plan and Pooled Budget contribution -2019/20 Executive - 13 February 2019

1. Introduction

- 1.1 The Better Care Fund (BCF) allocation for Manchester in 2019/20 is £80.793m which is managed as part of the £1.1 billion Manchester Health and Care Commissioning Pooled Budget.
- 1.2 As in previous years the Department of Health and Social Care (DHSC) has provided national planning and reporting requirements to be adhered to for the BCF in 2019/20. The 2019/20 guidance and allocations were issued in July 2019 and the guidance includes the national conditions for the receipt of funding, including the required metrics and timetables.
- 1.3 The main change in the BCF Planning Requirements compared to 2017-2019, is that separate narrative plans will be replaced with a single template that will include short narrative sections covering:
 - the local approach to integration;
 - plans to achieve metrics; and
 - plans for ongoing implementation of the High Impact Change Model for Managing Transfers of Care.
- 1.4 In addition, BCF planning and reporting will incorporate the separate processes for the improved BCF (iBCF) and the Adult Social Care Winter Pressures grant, removing duplication in collection and reducing the reporting burden overall.
- 1.5 This report provides a summary of the jointly agreed plan for 2019/20 BCF and iBCF which was submitted on the 20th September to Greater Manchester Health and Social Care Partnership (GMH&SCP) and the 27th September 2019 to the national team. The submission is included in Appendices 1-3.
- 1.6 The purpose of the report is to provide the Health and Wellbeing Board with an outline of the Manchester Better Care Fund Plan 2019/20, the linkages to support performance with regards to Delayed Transfer of Care (DTC) and associated key performance metrics and the jointly agreed plan for the ASC Winter Pressures grant.

2. Background

- 2.1 The BCF guidance was issued in July 2019 in relation to the 2019-20, further to the 2019-20 BCF Policy Framework published in April 2019. The guidance contains the BCF planning requirements which support the core NHS Operational Planning and Contracting Guidance for 2019-20 and the BCF Operating Guidance.
- 2.2 The BCF supports the aims of integration and the policy framework and programme are jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

2.3 The policy framework confirms the Government's ongoing commitment to supporting the integration of health and care and confirms:

- A one-year framework that will cover transition to a new policy, following the review of the BCF announced in 2018 and decisions on Local Government in the Spending Review.
- BCF National conditions are very similar to 2017-19.
- The national ambition for managing Delayed Transfers of Care (DToC) will continue to reduce DToCs to less than 4,000 daily delays.
- The CCG minimum contribution to the BCF will increase to £3.84 billion in 2019-20, in line with average NHS revenue growth.

3. BCF Policy and Planning Requirements in 2019/20

3.1 The Better Care Fund Policy Framework for 2019/20 provides continuity from the previous round of the programme. The four national conditions set by the government in the policy framework are:

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care.

1. Plans to be jointly agreed

The Manchester system continues to make progress with the delivery of its Locality Plan, which is predicated on the integration of health and social care services. The Manchester Local Care Organisation (MLCO) went live on 1st April 2018, bringing together both community and social care services under one leadership team. The initial focus has been to form 12 multi-disciplinary, Integrated Neighbourhood Teams (INTs) designed to wrap services around the needs of patients/service users within community settings with the next phase of INTs being delivered from October 2019.

2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution. £15,379,111 is the planned adult social care spend from the CCG allocations.

3. Agreement to Invest in NHS commissioned out of hospital services, which include 7 day services and adult social care. As part of the MLCO-led work across Manchester, Connected Urgent Community Care; seven day services is included within the scope to integrate urgent and enhanced primary care provision.

4. Managing Transfers of Care The main delivery is via MLCO with patient needs understood through the work of the Integrated Neighbourhood teams. The next phase of the INTs is going live in October 2019 which will include multi-disciplinary team including social workers, GPs and community workers to meet the needs of patients.

3.2 Manchester has identified and implemented a number of short term and identified long term actions in order to tackle the increasing numbers of Delayed Transfers of Care and Long Stay patients (7+ and 21+). This includes daily monitoring of DTOC patients and weekly reporting of length of stay patients against targets shared with all organisations. Urgent Care services are being redesigned to integrate between Accident and Emergency departments, GP out of hours services, urgent treatment centres, NHS 111 and ambulance services with a focus on deflection away from acute settings.

3.3 The Policy Framework also sets out the four national metrics for the fund:

- Non-elective admissions (Specific acute);
- Admissions to residential and care homes;
- Effectiveness of reablement; and
- Delayed transfers of care (DToC).

1. Non-elective admissions (specific acute)

The new care models including Crisis Response, Discharge to Assess, Reablement and the new Manchester Case Management programmes support the wider integration, both preventing service users from having to attend acute services and supporting their early discharge when they do. Services such as Manchester Case Management are actively working with the most at risk 5% of the Manchester population providing personalised services to meet patient needs.

The MLCO operating model will support the delivery of MHCC outcomes including:

- Improving the number of people supported to stay well
- Having fewer people dying from preventable conditions
- Reducing avoidable hospital activity
- Reducing the overall cost of care packages.

This will be supported by a range of New Care models and community activity including respiratory provision and Manchester Case Management which provide targeted interventions to support people who are at the highest risk of needing acute services.

2. Admissions to residential and care homes

The new Homecare provision will work more flexibly with service users to provide a better care package which supports them to be more active and independent and stay at home for longer. This along with the support that service users are receiving from reablement and the use of assistive technology is expected to reduce the number of people who will need to

enter residential and nursing care. There is also an expansion of the shared lives provision and the commissioning of additional community accommodation which should support more people to remain in the community for longer.

3. Effectiveness of reablement

Reablement is at the heart of the community offer and of the supported early discharge policy from secondary care. Discharge to Assess provision as reablement support is available to support the discharge process, and this provision has expanded further during 2019/20. The core reablement provision primarily supports people to who may have required home care. By supporting people to do more for themselves the provision is being successful in that approximately 50% of service users do not require homecare after receiving homecare support.

4. Funding Sources and Expenditure Plans

As per previous years, it will be a condition of the BCF that plans for spending all funding elements are jointly agreed by local authority and CCG partners and approved by the Health and Wellbeing Board. Plans should confirm that individual elements of the mandatory funding have been used in accordance with their purpose as set out in the BCF policy framework, relevant grant conditions and planning requirements.

- 3.4 NHS England has published allocations from the national ring-fenced mandate of £3.84billion in 2019/20 to be pooled into the BCF. The allocation for each CCG includes funding to support local authority delivery of reablement, carers' breaks and implementation of duties to fund carer support under the Care Act 2014. The table below shows the minimum contributions for Manchester:

	2018/19	2019/20
Funding Sources	Income	Income
Disabled Facilities Grant (DFG)	£6,928,325	£7,476,077
Minimum CCG Contribution	£40,144,419	£42,501,178
Improved Better Care Fund (iBCF)	£14,761,644	£28,149,724
Winter Pressures Grant	£0	£2,666,050
Total	£61,834,388	£80,793,029

- 3.5 The policy framework sets a higher growth rate (5.3%) for CCG contributions to the BCF and to fund a 'minimum contribution' to Adult Social Care, now set at 5.3% uplift rather than the 1.79% given in December 2018 guidance.

- Minimum Contribution to Adult Social Care - The understanding is that additional national funding will be made available to CCGs (subject to satisfying the national conditions). NHS England will require regions to give assurance that conditions two and three have been met for this element of the BCF.

- Remaining increase on Fund (Non-social care element) – can be spent on NHS commissioned services and GM encourage CCGs to consider plans carefully to avoid additional financial pressures i.e. some CCGs are already making contributions to BCF and these should count towards the new minimum contribution or by reviewing existing plans for community spending which can be added to the BCF.

4. Performance Metrics

- 4.1 The BCF requires plans to be agreed for the four metrics outlined in paragraph 3.3 above. This should build on planned and actual performance on these metrics in 2018/19. The following plans have been agreed for 2019/20;

Non-Elective Admissions (NEA) metric planning

- 4.2 Collection of the NEA metric plans are based on the NEA CCG Operating plans submitted annually. For MHCC this was 76,088 from April 2019 to March 2020 which represents a 5.3% increase from 2018 / 19 of 72,290 as follows;

Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
6,237	6,444	6,237	6,444	6,444	6,237	6,444	6,237	6,444	6,444	6,028	6,448	76,088

Residential Admissions (RES) planning

- 4.3 This metric captures the planned number of council supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care).
- The numerator is the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
 - The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
 - The annual rate (per 100,000 population) is then calculated and populated based on the planned total number.

	2018/19 Plan	2019/20 Plan
Annual rate	261	784
Numerator	133	405
Denominator	50,967	51,631

- 4.4 The 2018/19 figure only appears to include the Residential over 65 placements and excluded Nursing based on a model which was built back in 2016/17, this has been updated for the 2019/20 plan.

Reablement (REA) planning

- 4.5 This metric captures the planned number of older people discharged from hospital to their own home for rehabilitation or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home. It measures the proportion who were still at home 91 days after discharge. For MHCC the following plan has been set at 80% meeting the target;

	2018/19 Plan	2019/20 Plan
Annual %	73%	80%
Numerator	721	824
Denominator	987	1,030

Delayed Transfers of Care (DToC) planning

- 4.6 This metric captures the number of DToC per day (daily delays) from hospital (aged 18+). Local expectations set in the BCF Operating Guidance for 2018-19 have been retained at 210.5 days. HWBs were asked to include a brief narrative associated with meeting this target. Key actions for MHCC were outlined as;
- Manchester Local Care Organisation (MLCO) and Trafford Council to work comprehensively with all Manchester Hospital sites to support the movement of patients with on-going care needs as swiftly as possible
 - Optimise resourcing for the Manchester Control Room
 - Review a plan under discussion for enhancing the Integrated Discharge Team at the MRI to mobilise at pace any actions which will have short term positive impacts on flow
 - CCG support on site in order to expedite delay transfers of care across Manchester and Trafford, and signposting for out of area patients
 - MLCO mobilising the roll out of two major programmes of work that will have benefits for the Manchester system ahead of winter 2019/20; new information management infrastructure across Manchester City Council (Liquid Logic) and a change happening now around home care contracts which will enhance links into our neighbourhood model of working
 - MLCO to strengthen provider relationships with our neighbourhood teams to optimise home care in preference to residential care placements. Staff are undertaking a range of discharge functions within the MRI and perform key assessment when patients are discharged across the city in order to make the discharge process as efficient as possible.
 - Trafford General Pilot to manage appropriate ambulatory care patients following an urgent care or GP referral. Improvements expected as processes embed.

5. Adult Social Care Winter Pressures Grant

- 5.1 In October 2018, the DHSC announced £240m of additional funding for councils to spend on adult social care services to help alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. The allocation to the City Council, which is based on the Relative Needs Formula, totalled £2.666m in both 2018/19 and 2019/20.
- 5.2 The funding is intended to enable further reductions in the number of patients that are medically ready to leave hospital but are delayed because they are waiting for adult social care services. The agreed key priorities are focused on:
- Improving performance in relation to DTOC;
 - Reducing extended lengths of stay which has been a significant issue in Manchester;
 - Improving weekend discharge arrangements;
 - Preventing admissions;
 - Alignment with the MLCO target operating model; and
 - Ensuring delivery of statutory Care Act duties over the winter period.
- 5.3 For 2018/19 the funding was deployed to support the significant increase in costs on packages of care including those from the focus by MLCO on discharge of people from hospital with delayed transfers of care. At the end of 2018/19 financial year £0.560m of funding was carried forward to cover resilience commitments in 2019/20 as agreed by the Council's Executive in December 2018.
- 5.4 For the 2019/20 grant allocation of £2.666m further detail on the intentions for permanent recruitment were set out in the MHCC – Adult Social Care (ASC) Business Plan reported to MCC Executive in February 2019. This approved recruitment to permanent posts at a cost of £1.456m funded from the £2.666m 2019/20 funding, with the balance of £1.210m available for non-recurrent workforce and other schemes. The £1.456m was part of a wider permanent investment of £4.225m for adult social care to support improvement and resilience.
- 5.5 The planned use of the £0.560m carried forward from 2018/19 and £1.210m for 2019/20 (a total of £1.770m) available for non-recurrent schemes is summarised as follows:
- £113k for a further investment in homecare hours to ensure capacity is immediately available to support discharge within 24 hours of referral;
 - £64k mental health schemes;
 - £100k to allow full spend against the commitments made for transitional beds commissioned in north Manchester inclusive of medical cover, therapy and social care support. In addition, provision for physiotherapy and occupational therapy interventions in care homes;
 - £343k to allow for the timing of recruitment of complex reablement workers and crisis clean for a six month period; and
 - £120k to provide for Neighbourhood Apartments and Homelessness flats.
 - £42k for two contract officer posts to support transitional arrangements between providers following the award of the homecare contract; and

- £311k to provide a social work team to undertake reassessment of people within in-house learning disability supported accommodation.
- Additional senior ASC capacity in hospital integrated discharge teams to support discharge planning. (2 FTE £143k);
- Primary Assessment Team (PAT) capacity re better system flow through the Reablement Service (6 FTE £222k);
- Further interim capacity to support the deployment of capital funding for Disabled Facilities Grant (DFG) on complex equipment (5 FTE £240k);
- Further capacity to support Assistant Directors to deliver the improvement and resilience plan (2 FTE 6 months £72k)

5.6 The table below summarises the locally agreed plans for use of the ASC Winter Pressures funding available in 2019/20 on a recurrent and non-recurrent basis:

Adult Social Care Winter Pressures Funding	Recurrent element (agreed by MCC Executive Feb 2019)		Non-recurrent element	
	FTE	Cost £	FTE	Cost £
WORKFORCE CAPACITY				
Primary Assessment Team			6.0	222,000
Senior Capacity Hospital Discharge Teams			2.0	143,000
Senior Social Worker	3.0	143,647		
Social Work Team Manager	4.0	216,583		
Social Worker Localities	13.0	500,625		
Social Workers - Supported Accommodation			7.5	311,000
Support for the Improvement Plan			2.0	72,000
Mental Health Social Worker for GMMH	3.0	124,324		
Social Worker Learning Disabilities	2.0	82,883		
Commissioning/Contract officers			2.0	42,000
Mcr Supported Independent Living	2.5	109,029	5.0	240,000
Sub-total - Social Care	27.5	1,177,090	24.5	1,030,000
Private Rented Sector Worker	3.0	92,918		
Homelessness Support Work Manager	1.0	41,441		
Homelessness Support Workers	4.0	144,550		
Sub-total - Homelessness	8.0	278,909	0.0	0
NON-WORKFORCE CAPACITY				
Homecare to support discharge with 24 hours				113,000
Mental health schemes				64,000
Transitional beds and support in care homes				100,000
Complex reablement				343,000
Neighbourhood apartments/ Homelessness accommodation				120,000
Sub-total				740,000
Total	35.5	1,456,000	24.5	1,770,000

6. Assurance, Approval and Intervention

6.1 Plans will be assured and moderated regionally, which will be a joint NHS and local government process. Recommendations for approval of BCF plans will be made following cross regional calibration of outcomes to ensure consistent application of the requirements nationally. Moderation of HWB BCF plans will be carried out at the new NHS regional footprint, with full involvement of local government.

6.2 The main planning requirements are:

Condition / Requirement	Collection Method	Assurance Approach
Jointly agreed plan including; <ul style="list-style-type: none">• Confirmation of funding contributions• National conditions• Scheme level spending plan	Collected through single Planning Template, submitted to Better Care Managers and copied to england.bettercaresupport@nhs.net	Assured regionally by relevant NHS teams and local government assurers, with regional moderation involving the LGA and ADASS at NHS regional level, supported by collation and analysis of data on national conditions and expenditure plans carried out nationally.
National Metrics	Submitted through UNIFY (NEA) and through the Planning Template (Effectiveness of Reablement and Residential admissions)	Collated and analysed nationally, with feedback provided to relevant NHS teams and local government assurers for regional moderation and assurance process. Regional assurance will also confirm that the area has a coherent plan for achieving these metrics.

6.3 The plans were to be submitted to GMH&SCP by 20th September and nationally by 27th September, having been approved or scheduled to be approved by HWB.

7. Recommendations

7.1 The Health and Wellbeing Board is recommended to support the jointly developed Better Care Fund plan for 2019/20 including the agreed plan for the Adult Social Care Winter Pressure grant and associated submission to Department of Health.

Appendix 1

Part 1: Delivery of the Better Care Fund

Statement:	Response:	Comments:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	No further comments. Single function and wider pool supersedes BCF.
2. Our BCF schemes were implemented as planned in 2018/19	Agree	No further comments.
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Agree	No further comments.
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Neither agree nor disagree	Difficult to establish cause and effect
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Dedicated team now established and seen an improvement in recent months
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The iBCF has funded the expansion of our reablement service
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Strongly Agree	The iBCF has funded the expansion of extra care and neighbourhood apartments

Part 2: Successes and Challenges

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.		Response
Success 1	8. Pooled or aligned resources	Partnering arrangement with CCG has facilitated the expansion of the pooled budget to approx. £1.1m of which BCF is a subset
Success 2	9. Joint commissioning of health and social care	There is now a single commissioning function across Manchester
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.		Response
Challenge 1	3. Integrated electronic records and sharing across the system with service users	Can be difficult due to GDPR / data sharing
Challenge 2	2. Strong, system-wide governance and systems leadership	Legalities can be an hindrance to achieving the vision

Appendix 2

Progress against local plan for integration of health and social care

There are 5 Key Work Programmes which are designed to support wider system flow:

1. Manchester Community Response (MCR) - Umbrella for six programmes of work including Community Crisis Response, Discharge to Assess, Reablement and others that provide short term care to help prevent hospital admission/expedite discharge. The three main aims of MCR are to:

- Help people avoid going into hospital unnecessarily.
- Help people be as independent as possible on discharge from hospital.
- Prevent people from having to move into a residential home until they really need to.

Update

- Central crisis team launched in November has accepted 135 referrals from NWS, 116 patients treated in the community and avoided A&E admissions.
- South crisis team launched in December and has accepted 65 referrals from GP/urgent care and treated in the community.
- Discharge to Assess programmes now running in North and South Manchester.
- IV business case in development for city wide expanded service

2. High Impact Primary Care (HIPC) - 3 pilot HIPC programmes across the city providing GP led, integrated community care to most vulnerable residents who are high users of other services.

Update

- Users of service increasing with 463 residents accessing HIPC in November 2018 and 540 in December.
- Investment review and evaluation activities to expand on evidence of impact – as currently information available on patient benefits / outcomes is mixed.
- Future strategy of HIPC in development – likely to include focus on integration with INT and risk stratification approach for MLCO.

3. Escalation and Patient Flow Support - Joint work with team at Manchester Royal Infirmary to support discharge of super stranded patients medically fit for discharge back to community settings with right support.

Update

- Programme of work since August 2018
- On-going identification of super stranded patients and coordination work to expedite discharge
- Joint health and social care approach through MLCO team
- 114 super stranded patients discharged with a combined length of stay of 12,806 days. Contributing to a reduction of around five days in average inpatient length LoS at MRI

4. ASC Improvement Plan - As part of ASC business plan for 19/20, ASC improvement plan has been approved. This work focuses on getting the right foundations in place through work to embed streamlined processes, effective practice, and an enabled workforce with the right resources in place to manage demand.

Update

- Investment of c£4m in 2019/20 will be made to support the implementation of the

plan.

- Permanent roles will be established as part of the plan (circa 100 FTEs), counter acting issues with temporary recruitment currently experienced.
- Funding will provide for additional capacity in Social Work, Safeguarding, the Citywide Care Homes Team, the Learning Disability service and other specialist services.

5. Integrated Neighbourhood Teams (INTs) - 12 neighbourhood teams, co-locating health and social care services around populations of 30k to 50k residents. Each team has leadership including overall lead and GP, nursing, social care and mental health leads. Initiative is core to MLCO target operating model (TOM).

Update

- MLCO is currently working to finalise its neighbourhood operating model, neighbourhood governance arrangements, and accountability and assurance arrangements.
- Recruitment to 9 of the 12 overall leads complete, all 12 GP leads in place as well as nurse and mental health leads.
- Estates work to complete hub bases for each INT progressing with 6 complete and others underway/in negotiation
- Didsbury East and West, Burnage and Chorlton Park INT have been an early implementer at Withington Community Hospital since November 2018.
- 12 2019/20 neighbourhood plans to be developed to under pin MLCO business plan.
- Business case to be developed to review potential benefits

Integration success story highlight over the past quarter

MHCC has started its next phase of transformation because we believe that it will increase our ability to make the transformation to support Manchester's people to live healthier lives and ensure the system's long term sustainability for generations to come.

Phase 2 has been designed to maximise the potential of our workforce at this time. Given the maturity of Manchester's health and care system, this means prioritising the development of the Manchester Local Care Organisation (MLCO) so that it can support people to live healthier lives in their communities and reduce our dependency on acute hospital services. Our second priority, at this time, is to take a more strategic approach to how we as the City's health and care commissioners create the best possible conditions for providers, stakeholders, communities and individuals to optimise health outcomes. We can do this by working together in evidence based and systematic way to set clear and ambitious outcome goals and secure the right mix of health and social care provision.

Appendix 3

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
Additional iBCF funding by purpose	39%	49%	12%

	Success 1	Success 2	Success 3
3 key areas of success associated with the additional iBCF funding during 2018/19	Partnership working with other organisations / voluntary sector	Workforce – recruitment	Health and social care integration
Brief comments on key successes	Supported the establishment of the Manchester Local Care Organisation which is a partnership organisation of statutory and voluntary organisations.	Recruited staff from the Social Value programme which is about getting Manchester residents back into work	Supported the mobilisation of the MLCO and new care models
	Challenge 1	Challenge 2	Challenge 3
3 key areas of challenge associated with the additional iBCF funding	Financial pressure	Prevention	Other
Other', please specify			Non recurrent funding
Brief comments on key challenges	Increased the capacity in reablement but not realised the expected benefits in home care in year	The iBCF has been targeted against changing system flow and a potential different offer of care support but hasn't been targeted specifically against the prevention agenda.	Difficult to maintain investment schemes in an environment when significant savings are required and the level of funding not continuing.

	Initiative / Project 1	Initiative / Project 2	Initiative / Project 3
Project title	Meeting social care needs and NHS pressures - Extra Care, Reablement and Discharge to Assess	Supporting health and social care interface - DTOC	Market Capacity and Sustainability
Project category	5. Managing Demand	3. DTOC: Reducing delayed transfers of care	1. Capacity: Increasing capacity
Planning stage	Completed	In progress: showing results	In progress: no results yet
Brief commentary	Extra care and neighbourhood apartments established . Reablement and Discharge to Assess is mobilised.	Started to see a downward trend in DTOC numbers	A new approach to delivering home care - Our Manchester Home Care - is going live in summer 19/20