Manchester Local Care Organisation

Leading local care, improving lives in Manchester, with you

OUR FIRST YEAR

Manchester Local Care Organisation

2018-2019 year in review and key information

Powered by:

NHS Manchester University NHS Foundation Trust

NHS Greater Manchester Mental Health NHS Foundation Trust

MANCHESTER CITY COUNCIL

Manchester Health & Care Commissioning
A partnership between Manchester City Council and NHS Manchester CCG

THE MANCHESTER PRIMARY CARE PARTNERSHIP

Michael McCourt
Chief executive
Manchester Local Care Organisation

"We are only 12 months in to a 10 year plus journey to improve outcomes for the people of Manchester. However, I believe we have made a great start. Things feel different and progress is being made."

Welcome

It gives me great pleasure to welcome you to our first annual review and speak about our first year as Manchester Local Care Organisation.

It's been an incredible year as we have started to build an organisation that will have a major impact on the health and wellbeing of people right across the city. Over the last 12 months I think we have built really solid foundation. We have been bedding in a new culture, new ways of working and how we want to do things as a Local Care Organisation.

In this review you can read about some of the things that we have done as we bring together health and social care services, the new initiatives that have been launched and what we want to do next.

It's easy to focus on all the new things that are happening, but it is important to remember that we run day to day health and social care services in the community that reach hundreds of people each day.

One of our key aims was to ensure that we made a safe start so those services came to the new organisation in a way that ensured continuity of services. Bringing 3,000 staff into a new organisation from different places is not a simple task.

We had a key test of our safe start goal when the Care Quality Commission inspected our **healthcare** services just six months into our year. We were delighted to receive a good rating from the CQC for our community health care services following their inspection. It is highly positive that those who use our services can be assured of the quality and safety of the care we provide.

It's been a pivotal year in **adult social care** as well. Our social care improvement plan includes significant investment in the workforce to increase capacity. At the same time we are looking at assistive technology and how we can better use that to support people in the community - empowering them where possible.

We still have a lot to do. We are only 12 months in to a 10 year plus journey to improve outcomes for the people of Manchester. However, I believe we have made a great start. Things feel different and progress is being made. I am incredibly proud to be chief executive of Manchester Local Care Organisation and of all that we have achieved in our first year. My thanks to everyone who has supported us and who works with us as part of the organisation or in a partnership role across the city.

Michael McCourt
June 2019

1. About MLCO

Manchester Local Care Organisation is a pioneering new type of public sector organisation that is bringing together NHS community health and mental health services, primary care and social care services in Manchester. We're here to improve the health of local people in the city, working as one team across traditional organisational boundaries.

MLCO was formed on 1 April 2018. We are part of the public sector and a partnership organisation powered by Manchester University NHS Foundation Trust, Greater Manchester Mental Health, Manchester City Council, Manchester Health & Care Commissioning and the Manchester Primary Care Partnership.

We have brought together the teams from these organisations that provide community-based care in the city in a new way.

Over 3,300 staff from Manchester's adult and children's NHS community teams and adult social care teams have now been deployed to MLCO.

They include social workers, nurses, health visitors, therapists, support staff and many other health and care professionals. These teams are now working together as part of one single organisation for the first time.

"In simple terms, we manage your community health and care services in the city, but we are here to do much more that by ensuring that we work in new ways and do things differently to improve the health of the people of Manchester."

What we do - our mission and vision

Our mission statement is **leading local care, improving lives in Manchester, with you**. We think that sums up what we want to do and how we want to do that by working with local people.

Our vision is that we believe that, by working together, we can help the people of Manchester to:

- Have equal access to health and social care services
- Receive safe, effective and compassionate care, closer to their homes
- Live healthy, independent, fulfilling lives
- Be part of dynamic, thriving and supportive communities
- Have the same opportunities and life chances - no matter where they're born or live.

So whilst we manage your community health and care services, we are here to do much more that by ensuring that we work in new ways and do things differently in the city.

Our year one aims were:

1. Ensuring a Safe Start and transfer of the teams to MLCO

2. Preparing for Integrated Neighbourhood Teams

3. Developing the Manchester Community Response model across the city

4. Implementing the High Impact Primary Care model

5. Escalation to support the hospitals

6. Building for future years.

3. Ensuring a safe start for MLCO

Ensuring a safe start was one of our key priorities for the year to ensure that there was continuation of services without disruption as we formed MLCO.

Over 2,200 health and social care staff were deployed to MLCO in April 2018 as the new partnership organisation came into being. They were joined by staff from North Manchester community health in July. At the end of 2018-2019, the deployed community health and social care workforce totalled nearly 3,000.

Our healthcare services were visited by **Care Quality Commission** inspectors in autumn 2018 as part of their wider planned inspection of Manchester University NHS Foundation Trust. Inspectors spent three days in our services talking to staff, services users and carers.

The report was published in March 2019 and the outcomes were:

- Community health services for adults, children & young people, end of life care, inpatient services and community dentistry were all individually rated good by the CQC in their report released in March
- MLCO also achieved overall good ratings across all five domains the CQC measure – safe, effective, caring, responsive and well led.

What the CQC said

- Adult community services - staff cared for patients with compassion, dignity and respect.
- Inpatient settings - staff had the appropriate skills and experience to provide effective care and treatment
- End of life care - the approach to end of life care was multi-disciplinary with all partners working together to support patients at the end of their lives
- Community dental services - there were arrangements for patients requiring emergency treatment both in and outside normal working hours
- Community children's services - teams across the city understood and met the needs of local people.

2019 CQC ratings for MLCO community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Good	**Good**
Community health services for children and young people	Good	Good	Good	Requires Improvement	Good	**Good**
Community health inpatient services	Good	Good	Good	Good	Good	**Good**
Community end of life care	Good	Good	Good	Good	Good	**Good**
Community dental services	Good	Good	Good	Good	Good	**Good**
Overall	**Good**	**Good**	**Good**	**Good**	**Good**	**Good**

4. Preparing for Integrated Neighbourhood Teams

A key part of our strategy for improving health and social care is a neighbourhood approach with integrated teams working together from hubs in the community. This is based on international evidence of the model and its outcomes.

Neighbourhood teams allow us to ensure that priorities are based on the needs of the people in that community - with staff working together to provide the best possible coordinated care.

During the year we have established our 12 Integrated Neighbourhood Teams (INTs). Each team has a neighbourhood leadership team of the neighbourhood team lead, GP lead, nurse lead, social care lead and mental health lead. They work alongside a Health Development Coordinator in each area and other partners.

An ambitious neighbourhood leadership development programme has commenced, focusing on projects that will make a real difference to health outcomes in the neighbourhood.

Early work from **Didsbury East & West, Burnage and Chorlton Park INT** early implementer has found:

+ improved communication between health and social care teams

+ better understanding of roles, speeding up of assessments and more joint visits

= **better coordinated care for local residents**

Did you know?

- The neighbourhood approach breaks Manchester into 12 neighbourhoods, each with a population of between 30,000 and 50,000 people
- Each neighbourhood has a hub that our INT staff work together from - usually a clinic or health centre in the heart of the community
- Each team will engage with its local community to identify priorities.

5. Developing Manchester Community Response

Manchester Community Response (MCR) is the umbrella term for a range of community services that aim to keep people at home rather than need hospital care.

During the year we've launched MCR crisis team services in central and south Manchester that prevent patients needing to be admitted to hospital by providing highly skilled crisis care in the community - based on a model already provided successfully in North Manchester.

Up to 72 hours of crisis care is delivered at home by advanced practitioners and a wider health & social care team before onward referral and support is arranged to prevene an issue escalating.

The central crisis team launched in November 2018 – accepting referrals from the ambulance service following 999 calls. The south crisis team launched in December – accepting referrals from hospital urgent care, GPs and social care. During 2019-2020 these teams will expand to provide the full range of services in each area of Manchester as recruitment is completed.

Central Community Crisis Response Nov-Feb

209 accepted amber referrals from NWAS

177 patients treated in community and avoided A&E/admission

South Community Crisis Response team Dec- Feb

108 referrals accepted from GPs/urgent care and treated in community

Did you know?
As well as the crisis service, the other core elements of MCR are:

- **Intermediate care** - providing care at home or in beds in the community for up to six weeks
- **Reablement** - getting people back to independence by supporting daily living tasks
- **Discharge to assess** - allowing discharge assessments to be carried out at home rather than waiting in hospital
- **Community IV** - providing intravenous drug therapies at home or community settings that have traditionally only been provided in hospital.

Case study

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How joint working through **Integrated Neighbourhood Teams** is better coordinating services for people

Manchester Local Care Organisation's Didsbury East and West, Burnage and Chorlton Park Integrated Neighbourhood Team (INT) has been an early implementer of our new model of neighbourhood working across Manchester. It's one of our 12 INTs in the city.

The neighbourhood's social work and district nursing teams have been working together from their hub at Withington Community Hospital in West Didsbury. Teams now work together and can immediately share information and take action. Joint visits are also undertaken between health and social care.

A great example was the district nurses going out to elderly service user who had a high level of dementia and mobility issues. They sadly found that their main carer and spouse, also elderly, had been diagnosed with cancer with a poor prognosis. The carer couldn't provide the care they previously had done and 24-hour care was going to be needed.

When a nursing needs assessment is requested by a social worker that process can traditionally take days, or even weeks. In this case, because the teams are now co-located, the nurses let the social work team know straight away of their concerns. The case was discussed in the district nurse huddle that day and the INT team was able to get the social care and nursing needs assessments completed in a day and the right care in place a couple of days later.

It's a simple example of an outcome of the teams being able to talk to each other on the spot about cases, but one that made a massive difference to the service user.

> "The biggest single difference is really the better exchange of information between health and social care staff on a daily basis. With that comes increased knowledge of what we all do day to day and the ability to get things done quicker and more efficiently for the people we are caring for."
>
> **Niikwae Kotey -** social care lead for the INT.



6. Implementing High Impact Primary Care

High Impact Primary Care (HIPC) is a service that provides care and support to people with complex health and care needs.

The HIPC teams are led by a GP, working alongside a nurse, social worker, wellbeing adviser and pharmacist.

A small percentage (2%) of Manchester people are very vulnerable and have complex physical health, mental health and social care needs. They often find it difficult to navigate and access the standard healthcare system due to the multiple difficulties they are facing and end up using hospital-based services such as A&E as a default.

HIPC is designed to support these people - wrapping a bundle of care around them so they are less reliant on hospital and other urgent care services.

High Impact Primary Care has been piloted in three neighbourhoods in the city in 2018-2019 - Cheetham and Crumpsall; Gorton and Levenshulme; and Wythenshawe - with positive early results.

High Impact Primary Care

3 neighbourhood pilots in the city

911 people enrolled in HIPC by April 2019

With outcomes including

14.3% lower secondary care costs for HIPC users who've needed hospital care

25.8% reduction in length of stay in hospital for those users

Did you know?

- The High Impact Primary Care pilots have been extended until March 2020 and are being extended to a further three neighbourhoods across the city
- HIPC staff work with primary care to proactively identify service users who will benefit from the approach - using data on access to services as well as personal approaches.

7. Escalation to support the city's hospitals

Since the summer of 2018 we worked closely with Manchester University NHS Foundation Trust to look at solutions to improve patient flow at the Manchester Royal Infirmary.

We worked to identify medically fit patients who had been waiting for discharge from hospital for the longest time - know as 'stranded' and 'super stranded' patients.

Using our integrated role across community health and social care we have been able to better coordinate discharge of these complex patients back to the community by mobilising services to meet their, often complex, discharge needs. This helps ensure they have the most suitable care and frees up capacity at the hospitals.

The work has had a significant impact on numbers of stranded individuals and also on overall length of stay at the hospitals. Further winter planning funding was also identified to support this work into 2019.

As at close of project on 15 March 2019

164 super stranded and stranded patients discharged

with a combined length of stay in hospital of

16,900 days

Contributing to a reduction of around five days in average inpatient length of stay at MRI .

Did you know?

- The work to identify stranded patients contributed to a fall of around five days in the overall average length of stay at the Manchester Royal Infirmary
- The escalation programme will become an ongoing piece of work in partnership between the hospitals and MLCO moving forward.

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High Impact Primary Care - wrapping care round the most vulnerable of our residents

A small percentage (2%) of Manchester people are very vulnerable and have complex physical health, mental health and social care needs. The High Impact Primary Care teams are led by a GP, working alongside a nurse, social worker, wellbeing adviser and pharmacist.

Mrs H is a service user with multiple issues including alcohol dependency, epilepsy, hearing and sight impairment, anxiety and depression and multiple long-term health conditions.

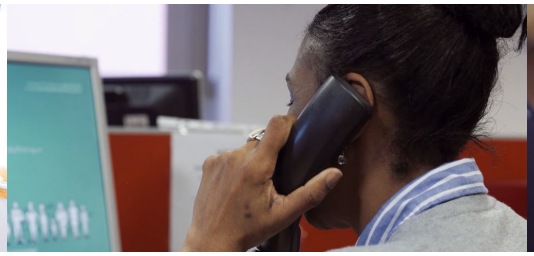
She had started detox several times but not completed the courses and had cancelled multiple social care packages – putting herself at risk of harm. She attended A&E almost every day. Alcoholism had created a strained relationship with her children and she had no contact with her grandchildren.

The HIPC team provided weekly support and developed a plan with Mrs H. They accompanied her to hearing and eye tests, arranged counselling and alcohol service support and organised attendance at social interaction groups.

With the support of the team, Mrs H's drinking significantly reduced and she agreed to go to residential detox. She now has a hearing aid that has greatly improved her communication and has had support from pharmacy to improve how she uses her inhaler to control breathlessness; and the HIPC GP to prescribe a nebuliser to reduce anxiety.

She is now much more willing to work with agencies and her attendance at A&E has reduced from once every day to around once every three weeks. Family relationships have improved greatly and her children and grandchildren now come to visit.

> "Each of our three pilot HIPC teams builds links with the local community and works in partnership with other local services. The HIPC service offer is tailored to the goals and aspirations of each individual person, joining up care and support to best meet their needs."
>
> **Emma Gilbey -** lead for High Impact Primary Care.


8. A health and wellbeing prevention approach

The work of MLCO is underpinned by new approaches to health and wellbeing prevention in the city.

We're delivering a programme across the city to change the way services work with people and communities, to prevent ill-health and promote wellbeing.

We are supporting **people** to identify and build on their strengths, address the things that can cause poor health and wellbeing, and access support in their in their community.

We are supporting **communities** to build on their strengths, develop ways of supporting people's health and wellbeing, and influence and work together with health and care services.

Our vision is that people in Manchester will feel more in control of their health, that communities will be empowered to improve health and wellbeing, and that health and care services will work in a person-centred and community-centred way.

Core elements of our prevention approach are:

- **Be Well** - offers free, confidential, one-to-one advice and support for people referred by primary care or other health and care services. Be Well workers support people to identify what will improve their health and wellbeing, access community support and services, and develop understanding and skills to manage their own health. You may hear this approach referred to as 'social prescribing'.
- **Health Development Coordinators** - bring health and social care services and staff together with voluntary and community sector groups and services, and other public sector and neighbourhood services. They support neighbourhoods to identify priorities and opportunities, develop and deliver plans, co-design local solutions, and access resources to build community capacity.
- **Buzz neighbourhood health workers** - use community development approaches 'on the ground' to improve health and wellbeing for people in their neighbourhood. Buzz also provides a knowledge and information service for communities to access health and wellbeing information and training.

These services work alongside Care Navigators, targeted prevention schemes, the voluntary, community and social enterprise sector (VCSE) and existing health and social care services.

9. Building for future years

2018-2019 was year one of our long term vision to improve health outcomes in the city.

We have been working with our staff, partners and community groups across neighbourhoods and localities to develop our plans for 2019-2020.

In terms of services, 2019/20 will be a year of embedding our new care models like Manchester Community Response, High Impact Primary Care and Integrated Neighbourhood Teams and continuing to work at pace on integrating services based on a population health model.

By the end of 2018-2019, each of the 12 integrated neighbourhood teams has a plan. There are also plans for adult social care, community health and children's community health services.

Our emerging priorities for 2019-2020 are:

- **A population health approach** - Supporting prevention programmes to improve health of the people of Manchester
- **Playing a lead role in system resilience** - Helping people get the right care in the right place with a community first ethos
- **Delivering MLCO Phase 2** - Growing MLCO as an integrated health and care organisation
- **Putting Integrated Neighbourhood Teams into action** - Supporting our 12 Integrated Neighbourhood Teams (INTs) to make an impact on their communities
- **Linking with Primary Care Networks** - Creating a formal board level connection to MLCO to ensure joint working with the new Primary Care Networks.

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