

# Better Outcomes Better Lives

## Responsive Commissioning

The MLCO Commissioning Plan  
How we work and what we will set out to  
do over the coming year

April 2023-December 2024



This plan has been produced as a refresh to the Commissioning Plan we produced in 2021/22 which set out our first set of priorities for commissioning in the MLCO, aligned to our Better Outcomes, Better Lives transformational programme in adult social care.

## This plan is for:

- **Providers** – to help understand our priorities to support working together
- **The VCSE** – to enable delivery on our shared priorities in partnership
- **Frontline practitioners** – enabling a shared understanding of the work we do in commissioning
- **Our Commissioning Teams** – to ensure clarity on our priorities for the next 12-18 months and how they can support delivery
- **Citizens and their carers** – who are at the heart of all our work and the people we serve.

Since we produced the first plan, we have delivered on many aspects, working with providers and internal stakeholders including frontline practitioners to ensure that we are commissioning in a more responsive way.

We have continued to work on bringing together health and social care commissioning within MLCO. In 2022 the Greater Manchester Integrated Care Board (GM ICB) was established, replacing Clinical Commissioning Groups (CCGs).

In Manchester this means that Joanne Roney, Chief Executive of Manchester City Council is now also Place-Based Lead in Manchester for the GM ICB and leads the locality team with support from the Deputy Place-Based Lead, Tom Hinchcliffe. MLCO and the locality team are working together to identify opportunities for further integrated working in commissioning, linked to many of the priorities set out in this plan. Commissioning teams in MLCO, including our teams supporting ASC commissioning and community health, will support this work.

Contents	Page
Foreword	3
Plan on a page	4
What our partners say	5
<b>1.About Adult Social Care in Manchester</b>	6
<b>2. Introduction to the commissioning plan</b>	12
<b>3. Our vision</b>	15
<b>4. Working towards our vision</b>	19
<b>5. Our progress from last year</b>	24
<b>6. A brief overview of responsive commissioning in action</b>	35
<b>7. A forward looking commissioning plan</b>	43
<b>8. Measures of success and governance.</b>	53

# Foreword



**Cllr Thomas Robinson**

Executive Member for Healthy Manchester & Adult Social Care

"In Manchester we know the value the VCSE sector, the wider care market and our whole Adult Social care workforce adds to what we do. Your efforts are crucial to our success as a city. To that end, I am delighted to introduce the second Commissioning Plan for MLCO, following on from the hugely successful Plan in 2021.

**Commissioning plays a pivotal role in supporting our residents to lead independent lives, through safe and effective external and partner-led services.**

We've made great progress since we published the first Commissioning Plan but we know there is more to do.

For example, we know that there are continued challenges around recruitment and retention for care and support roles nationally, and locally. We're playing a significant role as a leading authority to address this and ensure that Mancunians who need essential care and support services, receive high quality care from reputable providers and familiar faces.

I believe this Commissioning Plan helps set out our direction of travel and supports the important work we do together between the care sector and our VCSE partners. Once again thank you to each of you for being part of this journey with us, we really could not do it without you."



**Bernie Enright**

Executive Director of Adult Social Services

"I'm delighted to introduce this year's Commissioning Plan. It demonstrates how we are building on our improvement journey in Adult Social Care through our Better Outcomes Better Lives transformation programme, where Responsive Commissioning has enabled us to focus on getting the basics right as well as developing innovative approaches, first proposed by our frontline staff.

**By having this Plan, it enables transparency with our partners, stakeholders and providers on our priorities and progress so that there is a wider understanding of our goals - always with a central aim of putting Manchester citizens at the heart of everything we do.**

I'd also like to recognise the wider working we undertake with system partners and colleagues in GM NHS Integrated Care, where commissioning benefits from working across Greater Manchester, sharing and collaborating to deliver best practice.

Finally, I just want to take this opportunity to say a huge thank you to everyone who has worked so hard to deliver this ambitious Plan."



**Katy Calvin-Thomas**

Chief Executive Manchester Local Care Organisation

"As we move into our 5th year delivering health, care and wellbeing services and support to the residents of Manchester, I wanted to thank you, our staff and partners, for all your hard work and dedicated in supporting people who live and work in the city.

For the next 12 months I want us to ensure that we deliver safe, accessible and responsive services, supporting the philosophy of prevent, reduce and delay.

The Commissioning Plan is one of a number of strategic plans in MLCO that supports our aims of focusing on people's strengths in their own homes and communities, and working with all of our partners, providers and stakeholders to deliver innovative care solutions for the people in Manchester.

**I look forward to seeing the results of another busy year of transforming people's lives through this work."**

# The MLCO Plan on a Page 2023-2024

## Our vision at the LCO is

Working together we can help the people of Manchester:



Live healthy, independent, fulfilling lives



Have the same opportunities and life chances, no matter where they live



Have equal access to health and social care services



Be part of dynamic, thriving and supportive communities



Receive safe, effective and compassionate care, closer to their homes

We all work to make our vision happen by:

1

Promoting healthy living

2

Building on vibrant communities

3

Keeping people well in the community

4

Supporting people in and out of hospital

Every member of the LCO team, in community health and adult social care, play a part in this through the work they do every day.

This year we need to:

Deliver

Deliver joined up community services for adults and children

Quality Improvement

Deliver transformation and service improvement priorities through a focus on continuous improvement

Address health inequalities

Champion health and wellbeing and ensure our services are equitable

Tackle climate change

Play our part as a major employer and influencer to support climate change initiatives

## Our six core priorities this year are:



### A population health approach

We will work with partners to target the population health challenges in Manchester of hypertension, coronary vascular disease and bowel cancer screening working to reduce health inequalities. We will work to put population health management at the heart of service delivery



### Developing our neighbourhoods

Our Integrated Neighbourhood Team model will deliver core health and care community services, focused on addressing health inequalities; our community health and social care teams working together will build a proactive approach in our neighbourhoods.



### Safe, effective & efficient services

Ensuring core and specialist community health and care services meet core performance metrics, working across care pathways with partners to continually improve the service offer.



### Working with primary care and VCSE

We'll ensure that GP and VCSE 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.



### Resilience

Our integrated community health and social care role means we're crucial to system resilience by keeping people well in the community. We'll continue to ensure only people who need to be in hospital are. We'll also deliver a sustainable financial position.



### Building the future for the LCO

We'll deliver the phased approach to increasing the scope of the LCO through the MLCO Commissioning Plan, embedding Think Family and an Early help approach, focused on prevent, reduce, delay. We'll also play a key role in the wider system developments in Manchester.

Underpinned by:

- Our people plan
- Inclusion, equality & diversity
- Financial sustainability
- Strategic estates plans
- Use of information and a performance framework
- MLCO commissioning plan
- Quality, safety and being well-led
- Communications & engagement framework
- Business change framework.

Powered by



# What our partners say



Manchester Council have been incredibly supportive as commissioners.

We have developed an open, honest and effective working relationship which has meant better outcomes for the people we support. The impact we can achieve together for the people of Manchester has been at the heart of the commissioners approach, in working with us as an organisation

**Sharon Lowrie**, Chief Executive



It's clear to see the commitment and passion to make a positive difference for the people of Manchester from all involved in the Better Outcomes, Better Lives programme. There's some big challenges that exist and new ones emerging and commissioners working with the voluntary sector to address them is the only way we can do this. I really value being a voluntary sector voice to help shape and develop the plans and I'm seeing first-hand how new ways of working are being embedded and that the value of the insight and contribution from my voluntary sector colleagues and wider community is being embraced by Manchester City Council.

**Darren Knight**, Chief Executive Officer

A close-up, profile view of a woman with dark hair, wearing a blue and white striped shirt, talking on a black mobile phone. She is holding the phone to her ear with her right hand, which has a silver ring on the ring finger. The background is an office environment with a blurred computer monitor and a red vertical element.

Section 1  
**About Adult Social Care in  
Manchester Local Care  
Organisation**

MLCO is the public sector partnership organisation that delivers and commissions Community Health, Adult Social Care and wellbeing services. We describe ourselves as We Are Community because of the services we provide and the way we work.

- MLCO was formed in 2018 as a partnership organisation that is part NHS and part local authority. Over 2,100 NHS adults and children's community healthcare from Manchester University NHS Foundation Trust and 1,400 adult social care staff from Manchester City Council are formally deployed to be part of MLCO.
- They include district nurses, social workers, health visitors, community dentists, therapists, school nurses, reablement teams, rehabilitation teams, intermediate care staff, end of life care professionals, disability supported accommodation staff and many other health and care professionals.
- The LCO brings these staff together as integrated teams to provide better care to the people of Manchester, keeping people well in the community and out of hospital.
- In August 2019 health commissioning was deployed into the MLCO from Manchester Health and Care Commissioning and in April 2021 Adult Social Care commissioning was deployed into the MLCO; integrating into our operating model and described in the MLCO Commissioning Plan.
- MLCO is accountable to MFT for its community health services and to MCC through the DASS for its ASC services, but a Provider Section 75 agreement between MFT and MCC enables joint accountability.
- Commissioning of Community Health Services delivered by the MLCO with MFT are commissioned by more than five different organisations. NHS Greater Manchester commissions most adult community health services while Manchester City Council commission children's 0-19 services and public health services such as sexual health and alcohol and drug services. NHS England is responsible for commissioning a handful of community health services, including dentistry and national screening programmes.

## In a typical day in MLCO

**3300** people are seen or in contact with our community health services providing care in homes, clinics and other venues

**700** new referrals come into our community health services

**15** new people are referred through our crisis services - helping keep them out of hospital

**5** people are assessed for equipment

**165** people in our reablement services helping them stay independently at home

**150** people are supported through our integrated care teams

**1100** people have care commissioned in residential and nursing homes through contracts we hold.

**1825** people receive homecare through contracts we hold.

# Introduction to Manchester

- **Manchester is already a fantastic place to live, work and study.** It has bold plans for how the city will become even more of a place that is economically thriving, filled with talent, fair, a great place to live in and buzzing with connections by 2025 (ref: Our Future Manchester 2025).
- However, we know that the **opportunities to make the most of our places are not equally spread out across our whole population**, and that some Manchester citizens do not always feel the full benefits of living in our city.
- **Adult Social Care in Manchester is pioneering, operating within an integrated health and social care system.** Delivery of Adult Social Care, including commissioning, is managed within Manchester Local Care Organisation (MLCO). The benefit of MLCO is the teams working together to provide a holistic approach to Manchester's residents, coordinating care around a person's aspirations and needs.
- The intention of the **deployed commissioning team** is to deliver the five aims of Population Health Management across community health services: Enhance experience of care; Improve health and wellbeing of the population; Reduce per capita cost of health care and improve productivity; Address health and care inequalities; Increase the wellbeing and engagement of the workforce. For Community health (adults) commissioning all functions of the commissioning cycle except contracting and procurement were deployed from (what is now NHSGM). The functions such as need assessment, service / pathway review and redesign, implementation with frontline teams and evaluation have been deployed and completing a full stocktake of the adult community health services in MLCO. The procurement and contracting for the services remain with NHSGM and are managed within MFT as part of the overall community health services contract.
- Our work is also greatly influenced by policy development at the newly-established NHS GM integrated care, and through the Association of Directors of Social Services (ADASS). We seek to play an active part in health & social care developments across the region and beyond.
- **There are a number of projects across Manchester that will improve outcomes by supporting citizens to live more independently.** This will result in less restrictive support packages, more innovative support options and reduced costs. Manchester has been on a positive change journey for the last two years and has made clear investments which have created solid foundations. We want to support Manchester citizens to have the best outcomes and be independent as possible in their communities, living their best lives.

# Looking ahead - what it will feel like in 3 years time

## How residents will experience our Manchester services

The **Better Outcomes, Better Lives programme** is wide-ranging and is focused on **embedding strengths based approaches** with frontline health and social care staff, improving short term support for citizens to live their best lives in their communities, and making sure that there is support in communities for citizens, carers and families to **connect to when they need it**. These are our aspirations for what social care will feel like after the BOBL programme is complete in 2024:

### For citizens in contact with Adult Social Care:



- Discussions with health and social care staff will be consistent, person-centred and focus on how citizens would like to **live their lives** and enabling them to explore different creative options to do this, including assistive technology.
- Better **early help** by making the most of all points of contact that citizens have with health and care, including a **better online presence** so those who need support can help themselves as quickly as possible.
- Enabling more people to do things for themselves and remain in their own homes, or have care closer to home so that they can be **connected to their communities** in a way that is right for them.
- If leaving hospital, or in need of a step-up of support, an **excellent reablement** service with technology enabled support throughout it, will be there. This will mean that citizens will be more likely to be supported **at home or in their local neighbourhood in 2024**, rather than in residential care.



## How families and carers will experience our Manchester Services

### For families and carers:



- The lives of **carers and families** will be as important as a person in direct receipt of care when discussing support. Carers will be supported to have fulfilled caring experiences in a way that is right for them for as **long as possible**
- Through the new **Carers Manchester Contact Point**, carers can expect proactive and flexible support. This will enable any challenges to be identified early, and will for diverse support to be put in place which improves the wellbeing of carers and sustains them in their caring role.
- Community teams will be supported so that users can access specialist support services, including for **learning disability, mental health and autism**. Health and care staff will be part of **integrated neighbourhood teams** across Manchester, so that local support is provided that understands the strengths and needs of local people.



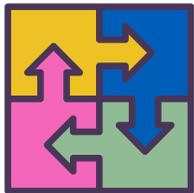
- Community teams will be supported so that users can access specialist support services, including for **learning disability, mental health and autism**. Health and care staff will be part of **integrated neighbourhood teams** across Manchester, so that local support is provided that understands the strengths and needs of local people.
- Continue to develop a range of **supported housing options** for older and disabled people (including learning disability, mental health needs and physical disability) to live independently through improved housing solutions.
- We will develop models of care that respond to the needs of specific cohorts of the population who currently experience the **worst health outcomes**. This heralds a need for commissioning on a neighbourhood footprint, or as close to the resident as possible to meet the varied needs of people of Manchester.

## How staff will experience our Manchester services

### For health and care staff working on the frontline in Manchester:



- Teams will have more freed up capacity to focus on delivering the right support to the right people. Teams will have more confidence in having a conversation with citizens, families and their carers focused on their strengths and practical opportunities, like assistive technology, to living more independent lives.



- Teams will have increased awareness and confidence in community resources in the areas they work, through training and new information links.
- NHS, hospital and social care teams will work more closely together. They will also work more closely with colleagues in their neighbourhood, such as district nursing, and with health and care commissioners.



- Staff will have more support and freedom to put in place the right technology into people's homes, through responsive commissioning.
- Staff will have more confidence to use and trust data to understand how change is happening. This will support them to be empowered to have the biggest positive impact that they can, as important changes can be prioritised.

Section 2  
**Introduction to the  
commissioning plan**



# Commissioning Plan: What it will do

- Historically, 'commissioning' has been how we work to arrange and buy services for people who need adult social care in Manchester. **In MLCO, we want commissioning to be much more than that.** Effective, strategic, compassionate commissioning will be how we work with system-wide partners to respond to local needs in a truly place-based way. Citizens are at the heart of everything we do. We will be relentlessly focused on cross-cutting, inclusive outcomes that matter to local people, from all backgrounds and walks of life.
- Our approach to commissioning will **support integration between health and social care services in the coming years** – in whatever form that may take as plans for the GM Integrated Care System (ICS) are finalised, and the role of MLCO in health commissioning at a local level develops. Given the current responsibilities of MLCO, this plan is currently aimed at commissioning in Adult Social Care, but over time it may adapt and expand so that its vision, design principles and workstreams also support health and social care commissioning. It will also provide a platform to strengthen links with Children's Services, to make sure that people are supported across their entire life journey.
- It will be how we **innovate with providers and shape local markets** to respond to the short, medium and long-term challenges that we collectively face as we recover from the Covid-19 pandemic. It will help us grapple with an ever-complex landscape, where we increasingly recognise that social determinants of health will be crucial not just to social care, but also to health services.
- For the majority of community health (adults) services this is the first time commissioning is being discharged on a **Manchester basis** rather than the historic tri-CCG legacy commissioning arrangements and how we respond to the growing and differing needs in our neighbourhoods.
- This Plan is the start of the transition toward a new model of **strengths based commissioning**. It will help us take the first steps toward implementing our vision, design principles and workstreams – but we know that this will be a longer term journey. We may not be able to achieve all that this Plan sets out in a 12 month period, but we are committed that this is our direction of travel: for the benefit of Manchester residents, our staff, partners and providers.

# Commissioning Plan: What is it?

**We want our Commissioning Plan to be the start of the conversation.**

It will be updated every 12 months (this is our second annual refresh), and future versions will update on areas of success and new priorities. It should help focus in on areas for us to talk to people – be they residents, staff, local businesses, or anyone who wants to be part of driving Manchester’s future.

“I know how I can be heard and get more involved in how services are commissioned and designed, and understand how services impact citizens who are in contact with Adult Social Care”



**With citizens**

“I understand what strengths-based commissioning looks like, and can see how this will be part of my day-to-day work”



**With staff**

“I can see how I can contribute to the LCO’s outcomes, and how I can discuss new ideas to improve outcomes for Manchester”



**With partners and providers**

Section 3  
Our vision



# Commissioning Plan - Our Vision

These 'I' Statements are important for the Commissioning of health, care and wellbeing services.. Our vision for citizens, staff and partners and providers will also support the five aims of population health management.



## For citizens, families and carers

I am able to live my best life safely, happily and independently in my home

I am connected to my community – my family and friends – in a way that is right for me

I know where I can get support for myself and my family in my community when I need it, where I need it

I feel that the support I have is world-class and right for me

I feel fulfilled as a carer and supported in my caring role

I feel resilient and able to live my best life, and know how I can be resourceful and supported in challenging situations



## For staff

I'm thriving in my role, and I am making a difference to people's lives, have the tools to do my best, and am proud to work for the LCO

I'm challenged and inspired by our aspirations

I feel part of a system with citizens, communities, health, providers and different teams from across the LCO, and I am confident that my role provides a valuable contribution to maximising citizens' independence

I know what's going on in LCO and in communities

I feel able to identify problems and work with my colleagues and citizens to co-produce solutions



## For partners and providers

We are intrinsically linked to the people in our community. They support us and we support them

Our partnership with MLCO helps us to support people to live more independently and to be proactive about the challenges we all face

MLCO is fair, supportive, trustworthy, ethical, low-carbon and sets a high standard for care and innovation

I am financially viable, agile and pay staff the Manchester Living Wage

MLCO has connected me with my local community, e.g. via schemes to help young people with LD to find employment – there is loads I can do for my local community!

Improve health and wellbeing of the population

Increase the wellbeing and engagement of the workforce

Reduce per capita cost of health care and improve productivity

Enhance experience of care

Address health and care inequalities

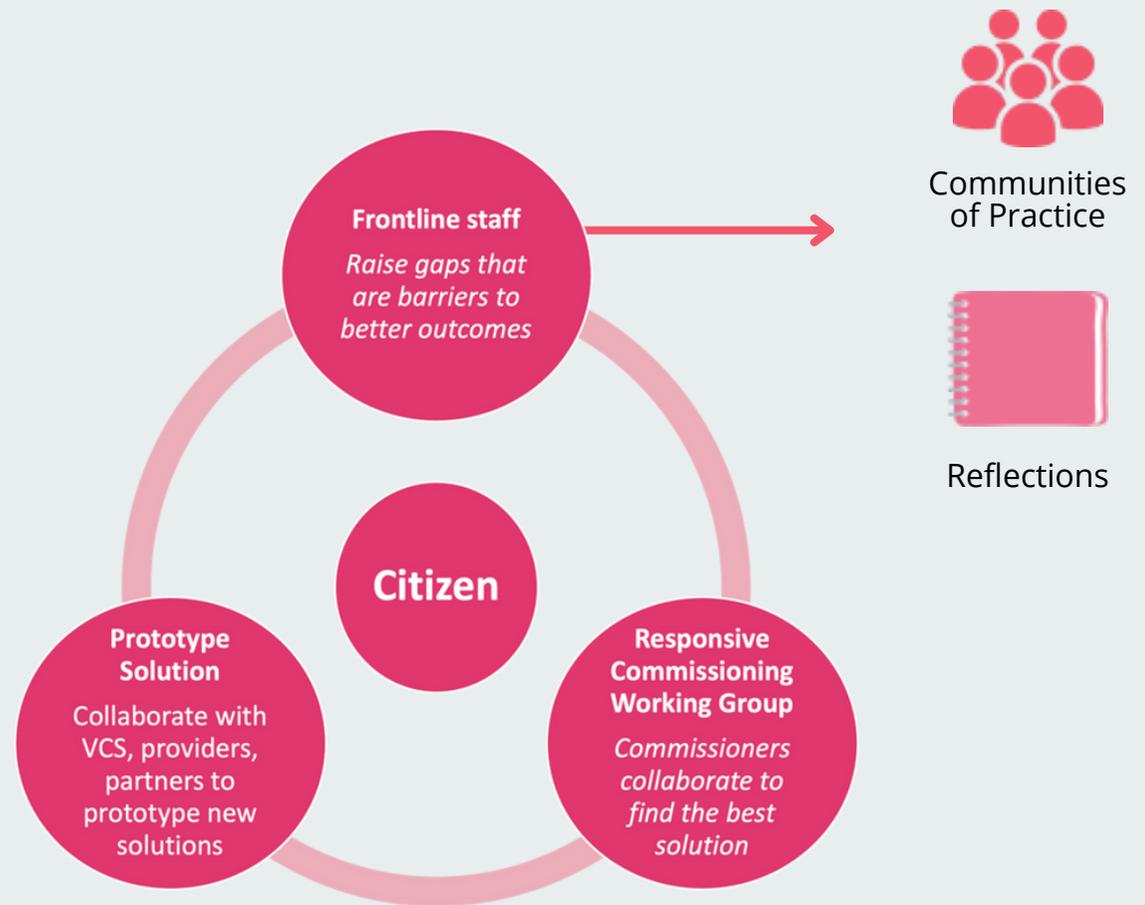
The Five Aims of Population Health

# Practice Led Commissioning

A central feature of our Responsive Commissioning Plan is focused on listening to our frontline practitioners, who are carrying out Strength-Based Practice and gaining a better understanding of where the commissioning gaps exist.

After each assessment, the Social Care Assessor will reflect on how they have met the citizen's or carer's needs and, through that process, identify where there are service gaps, either in the locality or beyond.

Commissioners screen these reflections and invite practitioners to talk through their findings. This leads to new ideas on how best to meet need through commissioning solutions.



# The 8 commissioning priorities we set out to deliver – 2021/22

The priorities set out below were identified as key areas to develop first in Adult Social Care, which is wide-ranging and reaching and covers the care and support needs for all adults, and carers, aged 18+ years. Our focus is on Early Help and helping prevent, reduce and delay the need for statutory adult social care support as much as possible, whilst recognising that we need a vibrant, responsive care marketplace to deliver our statutory duties, when people have higher care and support needs

## Putting prevention into practice

Create an environment with more citizen choice and control, with support closer to home that enhances peoples' wellbeing and independence in a way that is right for them

## Market Development

Plan to support the adults social care market to be innovative, improve outcomes, align to LCO's strategic objectives & ensuring adequate supply of future support

## Citizen commissioning

Making sure that commissioners have the tools and knowledge to meaningfully involve residents when developing support models, and to make sure that citizens' voices are heard when things aren't right

## Community led commissioning

Creating and using flexible purchasing models for community-led solutions that are more personalised, strengths-based and build resilience

## Flagship commissioning activities

Identifying the highest impact projects in adult social care to make them more than the sum of their parts

## Building Local Good Practice into Business as Usual

Taking stock of current arrangements to make sure they are the best they can be

## Contract management

Driving better outcomes for citizens through robust performance management of existing support delivery, evolution of measuring outcomes and better relationships with providers

## Skills for strengths based commissioning

Equipping the commissioning workforce and stakeholders in the widest sense with the knowledge and skills to deliver the commissioning plan priorities aligned to our Organisational Development (OD) plan



Section 4  
**Working towards our Vision**

# Enhancing relationships with partners and providers

**Partners and providers, and their workforce, have a critical role to play in the delivery of the commissioning plan.**

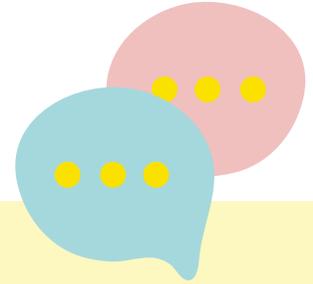
We want this plan to accelerate and energise even further a two-way dialogue between MLCO commissioners and partners and providers, all with the end view of delivering improved outcomes for citizens.

Partners and providers can expect for these discussions to be had at all levels, and these are some examples on the right of the topics we want to explore.



**Citizens are at the heart of everything we do.** We want to work with providers and partners to support Manchester residents to live their best lives, independently and in a way that is right for them, to achieve better life outcomes with less dependence on formal care.

## Key topics for discussion



### Strategically

What are the system-wide challenges that adult social care faces, and what is my role – alongside MLCO, MCC and other partner agencies – in tackling them? What are the major innovations that could really shift practice and improve outcomes for residents? What are the challenges, and opportunities, that our collective workforce will need to be supported through in the coming years?

### Tactically

How can I play my part in supporting a strengths based approach to improve outcomes for the people I'm working with? How do we prevent need from escalating, and how do I make sure that citizens have the package of care that is right for them? What are the opportunities for innovation for the services I'm delivering?

### Operationally

What are the opportunities to maximise citizens' independence, and support them to live their best life? How can the best outcomes be delivered for residents – even if they're not by my service?

# The flagship activities identified in 2021-22

## Flagship services to be re-commissioned



Support for people with a Learning Disability



Housing Support for people with Mental Health issues



Daytime support services



Advocacy services



Discharge to assess

## Flagship contract management opportunities



Carers Support



Homecare

# The importance of Social Value in all commissioning activity

**Social value has a critical role to play in supporting the delivery of the outcomes of this Commissioning Plan.** It will be increasingly important for social value to link partners and providers who deliver services for the MLCO to support that they can provide for Manchester's communities.

In particular, the below areas will be priorities for the coming year:



**Create employment and skills opportunities to build back better**



**Provide the best employment that you can**



**Keep the air clean**



**Be part of a strong local community**



**Develop a locally based and resilient supply chain**



**Make your organisation greener**

We expect our partners and providers to recognise the **wider benefits of commissioning** which addresses social value, and this is woven through our procurement practice.

# Co-production remains one of our highest priorities

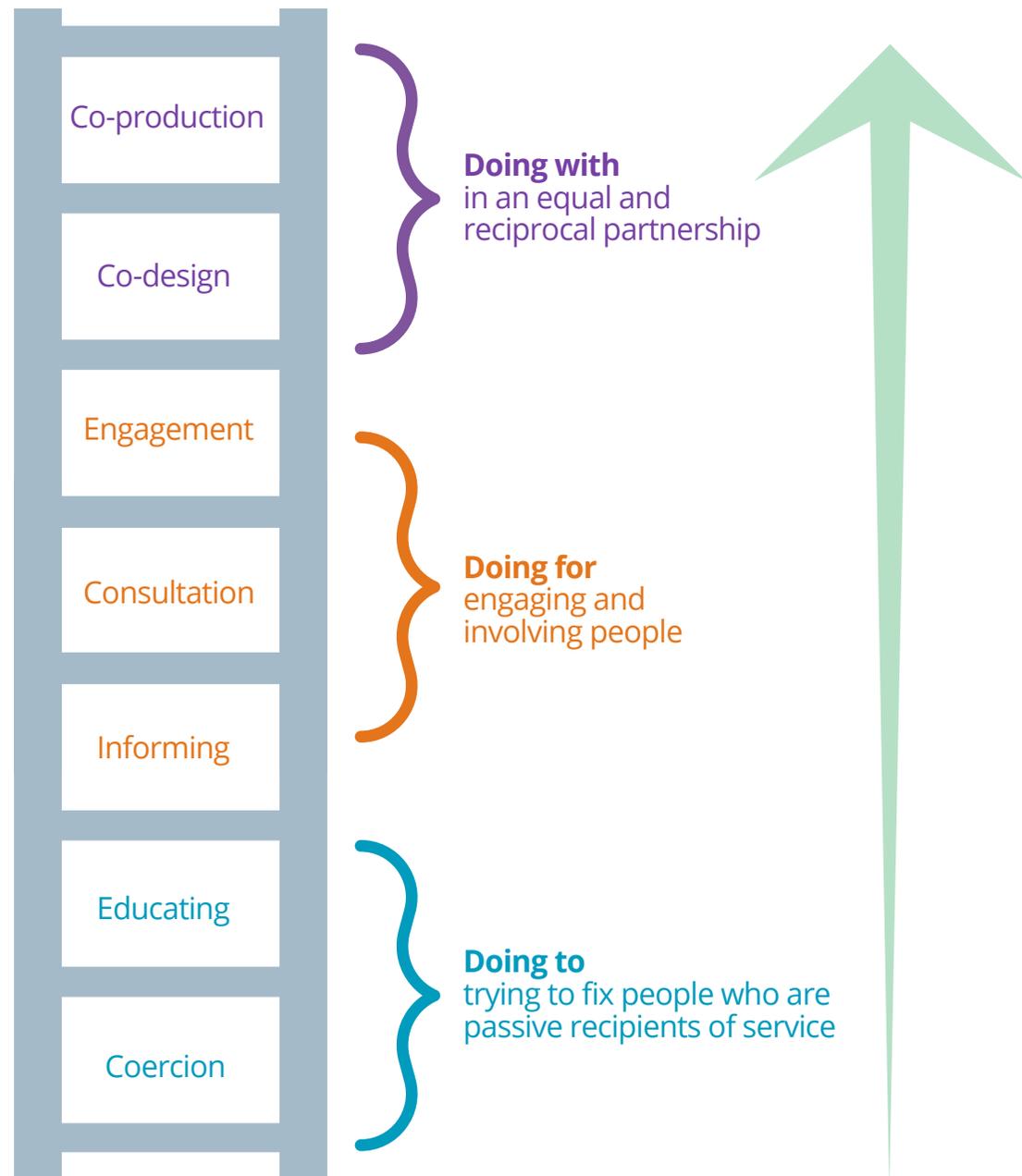
**We know that we could do better in co-producing our commissioned services with citizens, families, carers and staff.**

This Plan outlines how we will start to put the processes in place to do that.

The different levels that engagement might look like is summarised by the **Think Local, Act Personal ladder of co-production\***

We won't always be able to co-produce everything we do. However, we want to be at the top end of the ladder more consistently.

**\*Source:**  
<https://www.thinklocalactpersonal.org.uk/Browse/Co-production/>





Section 5

**Our progress from last  
year - We said, we did**

# Priority 1 – Putting Prevention into practice

## What is it?

Creating an environment with more citizen choice and control with support closer to home that enhances people's wellbeing and independent in a way that is right for them



## What we've been doing in the past 12 months

- Carried out desktop research and identified best practice guidance from Social Care Institute for Excellence (SCIE)
- Engaged with frontline staff on the types of prevention services they wish to see
- Held an Innovation Lab with the VCSE



## Did you know there are three levels of prevention in adult social care?

1. Preventing people's needs increasing is called Primary Prevention and focused on promoting people's wellbeing
2. Reducing people's needs is called Secondary Prevention and is centred on early intervention
3. Delaying people's needs increasing is called Tertiary Prevention and concerns targeted strategies to delay people needing higher levels of care and support.

## What next?

We will develop a Prevention Strategy, working in partnership with the VCSE in Manchester in the next 12 months and continue to work with our frontline staff on the range of services needed

# Priority 2 – Market Development

## What is it?

Plan to support the adults social care market to be innovative, improve outcomes, align to LCO's strategic objective and ensuring adequate supply of future support



## What we've been doing in the past 12 months

- Developed innovation labs to gather provider feedback and intelligence and respond to changing market requirements.
- Increased D2A provision to 73 beds and incrementally improved oversight of provider performance and contractual arrangements
- Improved management of the homecare market through better contractual arrangements and the introduction of the brokerage function
- Increased ASC fees above inflation (at point of award)
- Created budget headroom for all providers to pay carers Foundation Living Wage and implemented Phase One of the approach
- Undertaken specific whole service reviews as a prototype review of Supported Living services
- Appointed a Programme Manager to lead the Fair Cost of Care Exercise and support the wider ASC Charging Reforms work
- Grown the contract management function
- Purchased care cubed tool for more transparent placement costings and for modelling purposes

## What next?

We will continue to work collaboratively with partners and providers.

## Working together in our Innovation Labs

One of the ideas from last year was to engage with the care sector/market through Innovation Labs. We've held these quarterly and feedback has been positive. We've had topics such as:

- Technology Enabled Care
- Age-Friendly Manchester
- Fair Cost of Care
- Fees and Living Wage
- Recruitment and Retention
- Safeguarding adults



# Priority 3 – Citizen Commissioning

## What is it?

Making sure that commissioners have the tools and knowledge to meaningfully involve residents when developing support models, and to make sure that citizens' voices are heard when things aren't right



## What we've been doing in the past 12 months

- Submitted a business case for 12 month's funding to develop a prototype
- Ran a grant competition with suitably-experienced VCSE organisations to deliver Citizen Commissioning on our behalf
- Successfully appointed Gaddum charity January 2022
- Coproduction Lead appointed
- 1st round of volunteers recruited
- Citizen Commissioner Committee launched.

## What next?

We will evaluate the prototype in December/January and consider whether it should be extended

A screenshot of a social media post from Gaddum. The top part shows a cityscape at sunset with the text 'Gaddum' and three dots. Below is a white box with the text: 'Do you want to shape support services in Manchester? Citizen Commissioners are local people, trained and supported to actively represent Manchester's diverse communities allowing local people and Manchester City Council to plan, design and deliver public services together ensuring services make a real difference to the people and communities they are for. Become a Citizen Commissioner 0161 834 6069 | gaddum.org.uk | info@gaddum.org.uk'.

Gaddum  
...

**Do you want to shape support services in Manchester?**

Citizen Commissioners are local people, trained and supported to actively represent Manchester's diverse communities allowing local people and Manchester City Council to plan, design and deliver public services together ensuring services make a real difference to the people and communities they are for.

Become a Citizen Commissioner  
0161 834 6069 | gaddum.org.uk | info@gaddum.org.uk

# Priority 4 – Community-led Commissioning

## What is it?

Creating and using flexible purchasing models for community-led solutions that are more personalised, strengths-based and build resilience



## What we've been doing in the past 12 months

- We have come together to focus on developing Manchester's Living Well model - a community mental health transformation programme which seeks to improve the help and support available to citizens.
- Over the last year we have convened a multi-agency stakeholder planning group, including VCSE organisations and developed a Theory of Change model to support the roll out of community collaboratives.
- The collaboratives support citizens with lived experience to contribute to what future services and pathways might look like and the mental health and wellbeing support they might deliver.

## What next?

- The collaboratives ran to November 2022 and are helping shape and produce the proposed Living Well Model for Manchester
- Once agreed, its anticipated that the model will be rolled out throughout 2023.

## An improved focus on mental health and wellbeing

Manchester's Living Well model will provide a range of community-based help and support and while it is still currently in design it is thought that it will provide improved access for people who need a little more help than their GP can provide such as

- Connecting to peer support networks
- Providing information, advice and guidance
- Signposting and advocacy
- Be Trauma informed
- Listening
- Practical help – housing, finances
- Help develop coping strategies and plans to manage conditions
- Connect to mental health support workers
- Being active and engaging with your community

# Priority 5 – Flagship Commissioning Activities

## What is it?

Identifying the highest impact projects in adult social care to make them more than the sum of their parts



## What we've been doing in the past 12 months

Area	Progress report	Multi-year activity?
<b>Support for people with a Learning Disability</b>	New Head of Commissioning for Learning Disability recruited. See forward plan on later slides	
<b>Daytime Support Services</b>	A strategic review has taken place. Forward plans are being finalised	
<b>Housing Support for people with mental health issues</b>	A strategic review of services has taken place. A multiyear plan is now in development which builds upon areas of good practice and intends to reconfigure elements of provision to provide enhanced support. New performance motioning systems will be introduced.	
<b>Advocacy Services</b>	Commissioners are anticipating the impact of the Liberty Protection Safeguards. Contract will be re-tendered Winter 22/23.	
<b>Discharge to Assess</b>	Increased D2A provision to 73 beds and incrementally improved oversight of provider performance and contractual arrangements.	
<b>Carer Support</b>	Following a successful evaluation, the contract for Carers Network coordination and the telephone helpline for carers (Carers Manchester Contact Point) will be retendered Winter 22/23.	
<b>Homecare</b>	Homecare contracts extended to July 2024. Further work is focused on a Twilight Service operating from Extra Care schemes, additional provision in Wythenshawe (south Manchester and additional capacity around hospital discharges.	

## What next?

- Flagship Contracts will be absorbed within business-as-usual approaches. See Heads of Commissioning key communication on later slides

# Priority 6 - Building Local Good Practice into Business as Usual

## What is it?

Taking stock of current arrangements to make sure they are the best they can be



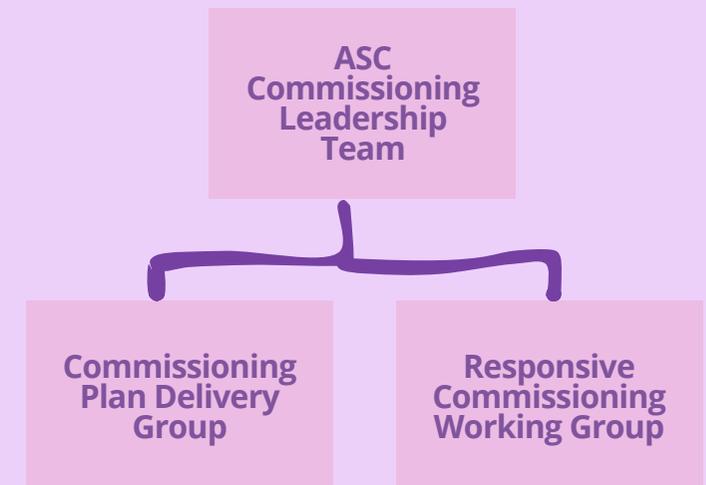
## What we've been doing in the past 12 months

- Working to improve our use of data by producing a template of baseline information for commissioners to collate with Performance Research and Intelligence (PRI) colleagues as part of any commissioning activity
- Creating tools to better understand whether contracts are delivering good outcomes for Manchester citizens
- Improving our programme management of contract extensions, de-commissions and re-commissions so that providers and colleagues (procurement, PRI, finance) can plan their work
- Sharpening our understanding of social value and how we can use it in adult social care to leverage more value for Manchester citizens
- Noticing when social work colleagues identify gaps in service provision and responding to this with discussion, ideas and sometimes by testing out new services on a small scale.

## What next?

- We will build on the success of this workstream with delivery owned by the Commissioning Leadership Team.

## Governance Model of Business as Usual Commissioning



# Priority 7 - Contract Management

## What is it?

Driving better outcomes for citizens through robust performance management of existing support delivery, evolution of measuring outcomes and better relationships with providers



## What we've been doing in the past 12 months

- We've increased size of the team and now supporting the wider business with sector specialisms / buddying system across Homecare / Care Homes and Supported Living
- Improving homecare contract documentation in readiness for 2023/24 potential procurement
- Refined the Discharge 2 Assess contract arrangements to reflect the evolving pilot and potential move to long term BAU
- Implemented Supported employment contracts – exemplar
- Comprehensive Contracts Register in place.

## What next?

- Embedding effective, high quality contract management within all our commissioning approaches.

## Work we are doing in contract management

1. Further roll out of SCRUMS to drive contract management improvements with our 3rd party commissioned care providers, strengthening relationships and resolving queries to ensure high quality of care is delivered
2. Improving our contracts with key providers, ensuring KPIs, specifications and payment terms are robust and enforceable.
3. Supporting with the two major procurements across Supported Accommodation and Homecare Services
4. Increasing capacity within our D2A provision, achieving the 80 bedded capacity as per the initial business case.
5. Supporting colleagues with market challenges and maintaining continuity of supply for existing and new packages.
6. Collaborate with Health colleagues to ensure seamless care and management of packages is maintained across shared providers

# Priority 8 – Skills for Strength-Based Commissioning

## What is it?

Driving better outcomes for citizens through robust performance management of existing support delivery, evolution of measuring outcomes and better relationships with providers



## What we've been doing in the past 12 months

- A detailed plan of staff training and development needs have been captured, focusing on internally-accessed course as well as external training and certificated commissioning courses
- A selection of free online training is available via RIPFA and commissioners are checking their suitability ahead of notifying staff
- Internal training for Medicines optimisation, safeguarding, infection control has been ongoing for teams that require it since April 2022
- Commissioning is now part of the Workforce Development Group.

## What next?

- Workforce Development will be moved into Business as Usual approaches informed by Staff Appraisals.

## Staff training

Our staff told they prefer a mixed model of learning opportunities, including learning lunches.

We've held many lunchtime sessions focusing on:

- The Commissioning Plan
- Unpaid Carers
- Citizen Commissioning
- Neighbourhood Apartments
- Extra Care Housing
- Social Value



# Other key areas - Homecare

## What is it?

Alongside our 8 priorities we undertake important statutory work day-in, day-out. This page shows how we're improving the pathway to Homecare.



## What we've been doing in the past 12 months

The current homecare contract was awarded in June 2019. It was initially designed to have 12 providers over 12 lots, although through procurement we realised 8 providers over 12 lots. This has led to some commissioning capacity challenges and in 2021 we added an additional 6 back up providers. During early 2022 we recognised the homecare contract would continue to June 2024, to allow time for us to evaluate our position before going back out to tender. In order to get the provision to June 2024, we have identified some key priorities, these are:

- Provider base - location, volume, spread, to be resolved
- Identify gaps in commissioning ability, by area and its resolution
- Winter preparation - location and coverage, hospital blocks, Twilight and option
- How we pay providers/provider portal (linked to the Fair Cost of Care work)
- Link payment to CONTRocc (our payment system) and the work within the Control Room
- KPI's - total dashboard bringing together PQI, control room, PRI, Neighbourhood profiles provider hours, frequency
- Electronic Care Monitoring - standard expectations for contract, types of systems available to meet needs.
- Planning for new service to start July 24, what it includes, how many providers, use of electronic systems etc.

A lot of conversations have taken place already to understand the issues in local INT's and the Control Room in order to establish the priorities, which is leading to conversations with providers and procurement around solutions available in short to medium term.

## What next?

Aiming to start reprocurement in September/October 2023.

# Healthcare Commissioning achievements 2021-23

## What is it?

Alongside our adult social care commissioning work our NHS commissioning team have completed a wide range of projects and work since joining the LCO.

## Commissioning reform

- We have completed a stocktake review of all non-recurrent and recurrent funded services.
- We have explored options for revised podiatry and district nursing services.
- We have reviewed our requirements for providing community services to care homes as part of the national Enhanced Health in Care Homes framework.
- We have commenced Comprehensive Reviews for Crisis Response, Heart Failure and Podiatry

## New business/acute shift of activity

- We have led commissioning of new or enhanced community services for: Stroke and Neuro Rehabilitation, Phlebotomy as part of the community diagnostic hub programme and Long Covid.

## Performance monitoring

- We have supported the development and monitoring of KPIs for key services and an MLCO KPI framework

## Strategic commissioning

- We have designed an integrated deployed health commissioning function into the MLCO Operating Model including establish new health commissioning governance
- We have worked with our ASC colleagues to design commissioning principles and a joint MLCO commissioning plan in line with National and local Planning Guidance
- We have established a baseline for health contracting arrangements external to MLCO.

## Manchester Control Room

- We have established a Manchester Control Room to facilitate the Hospital Discharge Programme.
- We have built a pathway 3 function and have new oversight of CHC Homecare
- We have developed a Manchester Discharge to Assess (D2A) Service Specification for a future bedded model.

## Corporate support

- We have overseen the QIA process for WRP
- We have developed and lead a Care Homes Programme and Board
- We have developed and lead a Recovery and Reform Programme and Board
- We have provided MCR clinical leadership.



**Section 6**  
**A brief overview of**  
**responsive commissioning**  
**in action**

# The Commissioning Cycle

## What is it?

A commonly-referred to way to approach commissioning is through this cycle (credit to the Institute of Public Care (IPC))

In more simplistic terms, commissioning is described as “Analyse, Plan, Do and Review”:

- **Analyse** – what needs exist or are emerging?
- **Plan** – what solutions or services do we need as a result of that need?
- **Do** – develop commissioning approaches to select providers from the care market place, VCSE or redesign in-house services
- **Review** – regular checks via contract monitoring and seeking public and patient views
- And finally, **repeat** the cycle as often as necessary!



# What do we commission?

Broadly speaking, commissioners must be led by the Care Act 2014, the Mental Capacity Act 2005 and a range of other statutory legislation including the Equality Act 2010, Data Protection Act 2018 and the Human Right Act 2000 to name a few.

Commissioners are guided by our frontline assessors, who undertake statutory assessments and aim to meet the identified needs of our citizens through a range of provision, whether that is in-house services, the external care marketplace or through the Voluntary, Community and Social Enterprise (VCSE) Sector. Here are a few examples of some of our core commissioning responsibilities\*:

Low level early intervention services with the VCSE	Homecare	Residential Care	Nursing Care
Supported Accommodation for Adults with a Learning Disability	Supported Accommodation for Adults with Mental Health Needs	Supported Accommodation (Extra Care Housing) for older people	Discharge to Assess (commonly using Residential and Nursing Care beds)
Independent Advocacy Services	Support for Unpaid Carers	Develop bespoke strategies and plans e.g. Dementia or Carers Strategy	Daytime support

\*for illustration only

# Introduction to Manchester – Financial Context for Commissioning Plan

The local government funding settlement covers 2023/24 but is accompanied by a set of policy principles for 2024/25. It provides some breathing space before funding risks re-emerge from 2025/26, when public sector spending cuts are expected as part of the four-year plan outlined by the Government. The budget for 2023/24 follows over a decade of austerity.

The Adult Social Care Reforms are delayed at least 2 years and the funding repurposed for social care pressures including demography, real living wage and support for the Social care market. In addition, new Social Care grants have been made available to support hospital discharge and the care market. These are ringfenced with conditions.

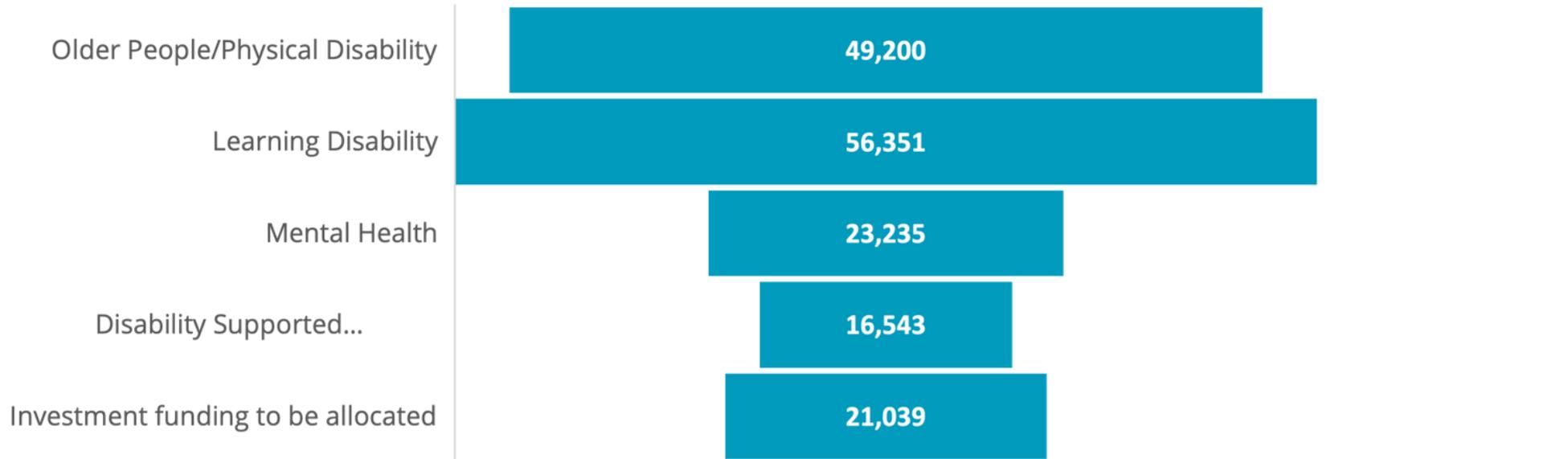
The Adult Social Care budget 2023-26 was reported to Health Scrutiny on 8th February. The integrated and maturing approach to joined-up operational service planning with health is integral to mitigate and collaboratively manage the need to deliver financial targets in social care and health.

## The overall 3 year budget is as follows:

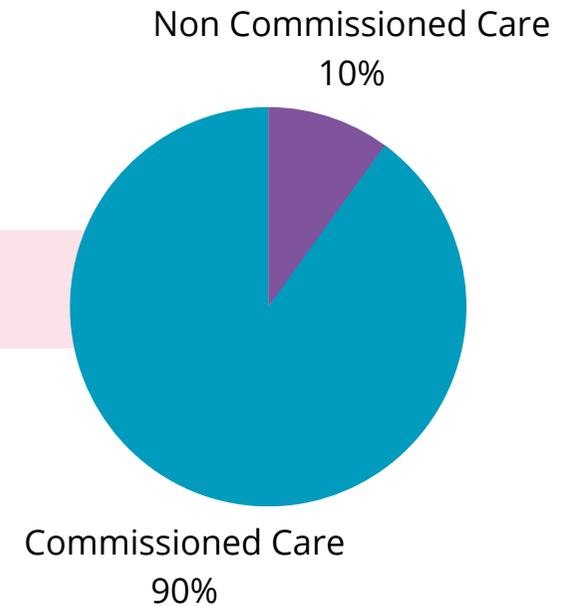
	2023/2024 Indicative Budget	2024/2025 Indicative Budget	2025/2026 Indicative Budget
	£'000	£'000	£'000
Long Term Care	166,367	181,852	188,652
Short Term Care	20,619	20,469	20,469
Infrastructure and Back Office	24,960	24,850	24,797
	<b>211,947</b>	<b>227,172</b>	<b>233,919</b>

Short Term Care mainly includes internal provided services such as reablement, equipment and adaptations, assistive technology, short breaks, neighbourhood apartments, day centres, carers and voluntary sector. There are a several commissioned services but are not material in financial value.

## Split of Long Term Care 2023/24 budget by cohort (£'000)



## Split of Long Term Care 2023/24 budget by cohort (£'000)



# What do we commission in Community Health Services?

Community health services cover an extensive and diverse range of activities and are delivered in a wide range of settings – including in people’s own homes as well as in community clinics, community centres and schools – so are less visible than services delivered in hospitals and GP surgeries.

## Traditional core community services are:

- Community occupational therapy
- Community paediatric clinics
- Community palliative care
- Community physiotherapy
- Community podiatry
- Community speech and language therapy
- District nursing
- Falls services
- Intermediate care
- Specialist nurses (eg, diabetes, heart failure, incontinence, tissue viability).



# Our new Care Brokerage Function

## What is Care Brokerage?

The Manchester Control Room is our integrated hub for supporting flow out of hospital into the community. The Control Room is responsible for ensuring the safe and timely discharge of citizens across hospitals and to support the system to work together to achieve the best outcomes for people. Within the Control Room is our **Care Brokerage** function that is responsible for commissioning individual homecare packages for our citizens

**From 1st April 2022 all commissioning of homecare care packages using our contracted providers has been undertaken by our Brokerage Team.**

We've got exciting plans to expand the remit of the team in April 2023 which will enable us to:

- Develop a Brokerage Service that commissions all support within one team
- Ensure MLCO has an overall view and position on supply and demand
- Reduce the burden on social care assessors by directly sourcing and negotiating packages of care via our new Placement Officers.



# Examples of how responsive commissioning quickly supports frontline priorities

Through our Better Outcomes, Better Lives transformation programme in adult social care, frontline practitioners have been encouraged to provide feedback on barriers to strength based approaches to care. The commissioning team have been able to respond quickly to some of these barriers to support practitioners. Here are two examples:

## Autism support



**Staff said** - Practitioners found it difficult to source autism specialist support

**Together we're doing** - Colleagues were asked to identify people who they felt would benefit from specialist autism provision. They were then asked complete a pen picture of the person (a short description that includes where the person is living, their goals and why they are asking for some support).

Eight people were initially identified, and strong theme was highlighted of younger people who weren't achieving their goals, were at risk of carer breakdown and practitioners were struggling to gain their trust.

**Following discussions with colleagues, a decision was made to seek immediate support for these eight people. We ran a mini competition with trusted providers to get a service up and running.**

Commissioners are working closely with practitioners, providers, carers and the people we support to monitor and evaluate the delivery of this small-scale service, before deciding how and whether to scale it up.

## Befriending services



**Staff said** - We can't maximise independence when the befriending services offer is not consistent

**Together we're doing** - Feedback was shared with the Responsive Commissioning Team and a small task and finish group was set up to investigate further. Initial conversations raised lots of questions – Is it a gap in service offer? A gap in knowledge about services available? "Befriending" is used to describe a range of issues. What do people mean by befriending?

A survey was shared with practitioners and the group developed a work plan and scoped an approach to define "Befriending", map out what is in existence in the city (following feedback from Care Navigators) and whether there's a consistent offer and capture the National offer.

**Outcomes were that there is an opportunity to pilot a dedicated service within a neighbourhood - and also work with charities who can often receive funding for this type of project.**

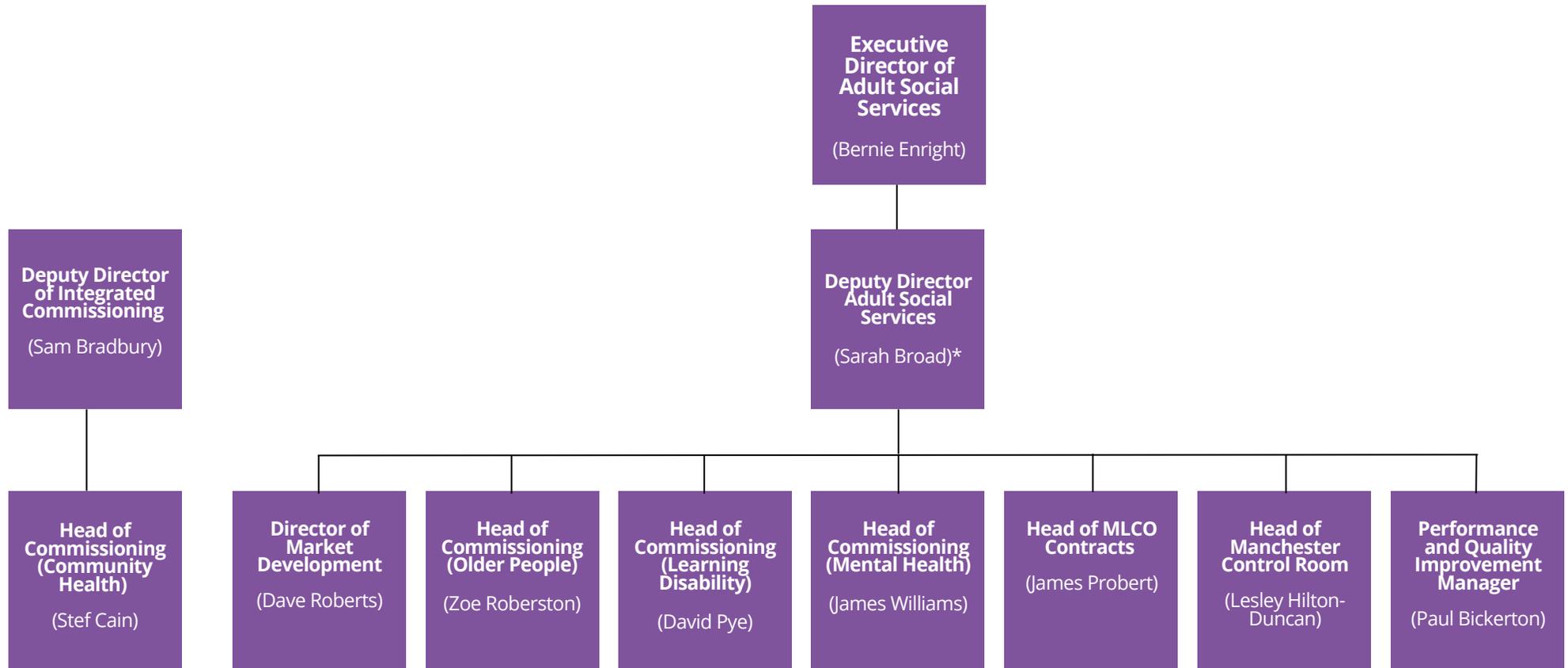


## Section 7

# A forward-looking Commissioning Plan for 2023-24: Our key messages and priorities

# MLCO Senior Commissioning Leadership Team

Our senior commissioning leadership team is made up of the following staff. Over the next few pages we outline the key priorities in some of their areas of work.



\* Currently on sabbatical. Post covered by Interim Assistant Director (Zoe Robertson).

# Priorities - Director of Market Development

**“My role is focused on developing and managing the adult social care external marketplace.** This year our core focus is on the completion of the National Fair Cost of Care Exercise, the Commissioning Plan refresh, implementation of the Foundation Living Wage as a commissioner and continuing to deepen our engagement with our providers.

The past year has seen us develop different strategies and approaches to engagement with the external care sector. For example, the Innovation Labs have proved to be successful to gather that vital feedback and intelligence and responding to changing market requirements.

A key area of activity have been sourcing the provision of Discharge to Assess – or D2A – beds across the city, working dynamically with care providers in this area.

Finally, my focus has centred on fees and ensuring that we have the budgetary capabilities to increase fees above inflation therefore encouraging providers to pay carers the Foundation Living Wage across all adult care sectors

Looking even further into the future, we will continue to bring forward improved use of data and intelligence to allow us to work with our local market to nuance available capacity to meet both demand and complexity in a more effective way.”

## My market development priorities are:

- Complete Fair Cost of Care Exercise in line with DHSC guidance
- Develop and publish a Market Sustainability Plan to 2025
- Recruit and secure sufficient and stable D2A provision in line with the business case
- Continue to develop performance metrics for key strategic commissions (D2A, Homecare, refine Care Homes Dashboard)
- Bring together multiple data sources on assessed need requirements to establish improved commissioning intelligence.
- Engage the care home market to deliver improved provision and availability (particularly around Nursing Care and Complex Older People Services)
- Support the development of a new costing model for Supported Living
- Continue to increase the number of providers paying Foundation Living Wage
- Further embed the use of Innovation Labs and other collaborative forums across ASC Commissioning (including Health, where appropriate)
- Fully implement CareCubed for all new high cost packages of care.

# Priorities - Deputy Director of Integrated Commissioning

**“My role is focused on developing and managing integrated community health services working in partnership with system commissioners to redesign community health services.**

Working with my Head of Commissioning and the team, the past year has seen us developing and embedding an integrated commissioning function within MLCO working with the operational and clinical / professional teams.

A key area of activity has been setting up a programme of community reform and testing a comprehensive impact assessment process.

Finally, my focus has also been on establishing a control room which has strengthened hospital discharge pathways supporting timely and safe discharges for people.

Looking even further into the future, I welcome the opportunity to contribute to this joint commissioning plan and working closer with ASC colleagues.”

## Community Health priorities are:

- Embedding a commissioning Function and governance
- Community health reform of service (commissioning reform)
- NHS and Locality Planning Priorities
- Forward plan for health contract monitoring
- New business to enhance community reform
- Commissioning elements of the Resilient Discharge Programme and the Manchester Control Room
- Strategic commissioning liaison at GM ICB level and how this would operate alongside the joint arrangements established in Manchester.

# Priorities - Head of Commissioning (Older People and Physical Disability)

## “Within my remit, I am responsible for:

- Housing for Older People, mainly focused on Extra Care and Sheltered housing, working with Housing Providers
- Housing-Related Support grant for Extra Care and Sheltered Housing providers
- Unpaid Carers and working with the 18 Carers VCSE Organisations in the city
- The provision of statutory Independent Advocacy
- Lead for Independent Healthwatch
- Developing short-term accommodation options for older people mainly leaving hospital, via the Neighbourhood Apartment Service
- Leading on the commissioning of Home from Hospital provision
- Day Services for Older People”

## My commissioning intentions are:

- Re-procurement of Independent Advocacy service
- Re-procurement of Carers Network Coordination and the Carers helpline
- Develop a range of respite/short breaks for Unpaid Carers
- Further increase the number of Extra Care schemes, including the 1st LGBT+ purpose-built scheme
- Re-procurement of Healthwatch
- Work with the VCSE Sector and other partners to coproduce a MLCO Prevention Strategy
- Review Dementia pathway and provision
- Evaluate the Day Services review and consider next steps.

# Priorities - Head of Commissioning (Mental Health)

**“Within my role I am responsible for Commissioning services for Manchester Adults with mental health support needs.**

This includes:

- Residential and Nursing Care Homes
- Supported Accommodation services
- Floating and Visiting Support services

Currently, Adult Social Care supports around 600 adults with mental health support needs across the above services which equated to £24 million per annum.

These services provide social recovery focused models of support which adults can and do recovery their lives.

The commissioning framework for our mental health Partnership Agreement with Greater Manchester Mental Health Trust which brings together the health and social care services within Community Mental Health Teams.”

## **My commissioning intentions are:**

- Refresh of the mental health section 75 partnership agreement with Greater Manchester Mental Health Trust
- Support the scoping of the Adult Social Care Dementia activity and contribute to system wide Dementia Strategy
- Redesign of Mental Health Residential Bed Base
- Complete the prototype and evaluation of the supported accommodation ‘Moving on Service’
- Complete the prototype and evaluation of the ‘Autism Outreach Service’
- Support the development of Manchester’s Mental Health Living Well model.

# Priorities - Head of Commissioning (Adult Learning Disability and Autism)

**“Within my remit I am responsible for commissioning services for adult citizens with a learning disability and Autism. This includes services such:**

- Supported Accommodation/Supported Living
- Residential/Nursing (Care Home) ,
- Day Services/Opportunities,
- Short Break services
- Outreach Services

Currently Adult Social Care supports approximately 1300-1400 vulnerable citizens with a Learning Disability and/or Autism spending approximately £70million per annum.

My team and I are passionate and driven to ensure that citizens with a Learning Disability and Autism receive good quality services that promote independence and good life outcomes in accordance with the Better Outcomes/Better Lives Programme.”

## My commissioning priorities are:

- Production of the Adult Learning Disability Commissioning Strategy and associated Accommodation Plan
- Contribute to the Prevention Strategy
- Evaluate the Day Services Review and consider next steps
- Review of Learning Disability and/or Supported Accommodation (Independent Sector) and new operating model by no later than March 2024
- Work with Social Work colleagues to support the Strengths Based Review project as part of the maximising independence workstream within Better Outcomes/Better Lives
- Working in Partnership with MCC in-house services to develop and clearly define their offer over the next five years
- Work with Market Development services to ensure that a cost of care is established across Learning Disability Providers
- Evaluation of Prototype projects (Outreach services and Dalbeattie, which is a short term “step up/step down” accommodation provision)
- Recruitment to Commissioning Manager position for Autism
- Commence action planning surrounding the local (Greater Manchester) and national Autism strategies, and how we improve service locally in line with the strategies.

# Adult Social Care Provider Services Review

**What is it?** A 3-5 year transformative review programme of Adult Social Care's in-house Provider Services to deliver new models of care to achieve the vision "to offer a safe, effective and sustainable service within Manchester for Adults with a Learning Disability and/or Autism who possess complex needs.

## Who are Provider Services?

In-house provider services is the overarching term for services that deliver care and support interventions to adults with learning disabilities, autism and complex needs, physical disabilities, who are sensory impaired and/or have an acquired brain injury. The services in scope for the review are:

- Day Services
- Disability Supported Accommodation Service
- Short Breaks.

## Why is this needed?

- Increasing complexity of the citizens supported.
- Lack of appropriate and value for money services for citizens with complex needs leading to high-cost placements in area and/or out of area due to a lack of sufficient alternatives across the city.
- Year on year overspend and substantial agency spend. This has been perpetuated by legacy contracting models with the independent sector.

## What are the aims?

- A specialised supported accommodation service adapted to support and enable the most complex and vulnerable citizens to achieve their best possible independence outcomes and quality of life.
- An equitable short breaks and emergency placement offer across internal and external provision.
- A day services offer which is inclusive for all ages and embeds the centres as community hubs.

## What is planned for the next 12 months?

- Detailed Commissioning led activity to scope, benchmark and define the future models of care aligned to the external market, Adult Learning Disability Commissioning Strategy and Prevention Strategy to enable responsive future-proof services.
- Delivery of activity identified in the recommendations and next steps from the Day Services Review.
- Focused engagement work with citizens, families and carers as the first stage to co-produce the future models of care.

# Enabling Independence Accommodation (EIA) Strategy

**What is it?** The EIA Strategy is a collaborative approach between the Council's Strategic Housing, Commissioners in Adult Social Care, Children's and Homelessness to improve the access, purpose and provision of supported accommodation in the city.

## Underpinned by statutory legislation

- Children Act 1989
- Homelessness Act 2022
- Care Act 2014
- Homelessness Reduction Act 2017
- Domestic Abuse Act 2021.

## 4 key objectives to deliver the EIA Strategy

- 1** Work collaboratively to identify need and demand
- 2** Better care at home
- 3** Build supported housing where we need it
- 4** Improve move-on into good quality accommodation.

## Which groups will benefit from the EIA Strategy?

- Older people
- People with a physical, mental or sensory impairment or learning disability
- Young people with a support need e.g. care leavers
- People with or in recovery from drug or alcohol dependence
- Individuals and families at risk or who are experiencing homelessness
- People with experience of the Criminal Justice System
- Veterans.

**This Strategy was widely endorsed by the Manchester Health Scrutiny Committee and Manchester City Council's Executive in October/November 2022**

# Joint Strategic Needs Assessments

**What is it?** Commissioners work closely with the Manchester Public Health Team and other partners on the ongoing development of the Joint Strategic Needs Assessment (JSNA). A robust and up-to-date JSNA will allow commissioners, service providers and VCSE partners to understand the health and wellbeing needs of the population and to work together to address these needs and tackle health inequalities in line with Manchester's Building Back Fairer Action Plan.

In the draft guidance for Health and Wellbeing Boards (July 2022), the importance of JSNAs was recognised:

- JSNAs are the vehicle for ensuring that the needs, and the local determinants of health of the local population are identified and agreed. The JSNA provides the evidence base for health and wellbeing needs of the local population and should be kept up to date.
- Local authorities and Integrated Care Boards must have regard for the relevant JSNAs when exercising their functions
- JSNA development may consult any person it thinks appropriate e.g. local community and representative organisations and also consider a broad range of issues across all demographics
- JSNAs should be informed by research, evidence, local insight and intelligence.

## **Aligning JSNAs to the MLCO Commissioning Plan – we will:**

- Work closely with the Manchester Public Health Team in the prioritisation and production of JSNAs
- Have due regard for JSNAs in our evidence-based commissioning priorities and evaluations.



Section 8  
**Measures of success and  
governance**

# Measures of success 2021-22

Last year, we set our ambitious plans to evidence how the Commissioning Plan is improving care and support to the citizens and carers we serve. Below we set out an honest update on progress – where we haven't made as much progress, we will carry these forward to 2022/23

No	Measure of Success	Achieved? Yes, Partially, Not yet	Commentary	Carry Forward?
1	We have invigorated our work with the VCSE	Partially	<ul style="list-style-type: none"> <li>A VCSE Leader from George House Trust represents the sector on the Commissioning Plan Delivery Group</li> <li>VCSE Innovation Lab – 24/10/22</li> </ul>	Yes
2	We recognise the significant contribution made by Unpaid Carers by increasing the number of carers assessments	Partially	<ul style="list-style-type: none"> <li>Since June 21, 66% of monthly carers have exceeded the benchmark of 131 carers assessments per month</li> <li>Where performance has dipped below target, this is due to staff capacity.</li> </ul>	Yes
3	We have strengthened our partnership with Manchester Housing Providers to further plan what housing we will need for the future	Partially	<ul style="list-style-type: none"> <li>Commissioners have worked dynamically with both Strategic Housing and Manchester Housing Providers to develop an Enabling Independence Accommodation Plan</li> <li>We will commission a Housing Needs Analysis to provide new intelligence on what supported housing supply we need</li> </ul>	Yes
4	Our Commissioning workforce will ensure that providers adopt a strength-based model of support	Partially	<ul style="list-style-type: none"> <li>The launch of the Commissioning Plan in 2021 has enabled commissioners to share our vision with providers and inform contractual conversation. We will continue to promote strength-based approaches through all our commissioning activity</li> </ul>	Yes

# Measures of success 2021-22

No.	Measure of Success	Achieved: Yes, Partially, Not yet	Commentary	Carry Forward?
5	Our staff benefit from an annual appraisal	Partially	Whilst there is an expectation that all staff benefit from an Annual Appraisal, we have yet to capture this activity from a central record	Yes
6	We reduce the number of days lost to sickness	Yes	Days lots per FTE (full time equivalent) in October 2021 was 1.34 days, and July 2022 had dropped to 1.16 days	Yes
7	Our providers contribute to the success of the Commissioning Plan.	Yes	<ul style="list-style-type: none"> <li>We have held Innovation Labs on a quarterly basis, led by our Director of Market Development. We have listened to what providers have to say and, where possible, incorporate these ideas into our commissioning intentions</li> </ul>	Yes
8	We have higher CQC rated residential and nursing care sector either good or outstanding	Yes	<p>With regard to the CQC ratings of residential and nursing care, there has been improvements from March to August 2021 as follows:</p> <ul style="list-style-type: none"> <li>There continues to be 4 homes which are rated Outstanding</li> <li>There has been an increase from 59 to 61 of homes rated Good</li> <li>The number of homes Requiring Improvement has dropped from 16 to 14.</li> </ul> <p>We continue to work with our providers to help them achieved quality ratings via the CQC</p>	Yes

# Measures of success 2021-22

No.	Measure of Success	Achieved: Yes, Partially, Not yet	Commentary	Carry Forward?
9	There is a greater focus on integrated commissioning with the potential to align contracts	Not yet	There have been delays with exploring the potential to align contracts due to changes nationally with the Integrated Care Systems and the abolition of CCGs roll-out	Yes
10	There will be a higher spend on local providers	Partially	All of the residential and nursing care sector are local. Whilst our homecare providers may be nationally-based, local employment exists with carers recruited from local communities. Our new contracts management system (yet to be implemented) will be able to provide more detailed reports in the future	Yes
11	We will pay the right amount to support a sustainable care market	Partially	Through the fair cost of care exercise we will create a new set of standard fees for homecare and older peoples care home placements, subject to levels of government funding to allow this. Further, we will undertake a similar cost of care exercise to establish a fairer rate of pay for supported living settings. This is in addition to ensuring as many providers in the city pay care staff the foundation living wage either voluntarily or through contractual arrangements.	Yes

# Accountability Framework - Adult Social Care Commissioning

We are building on the structures we put in place last year to deliver the priorities in this **Commissioning Plan**. Our internal governance and delivery processes are evolving to reflect the way we are working with our Community and Voluntary Sector partners, and Citizen commissioners. The plan will be delivered and overseen by the structures set out below;



# Accountability Framework - health commissioning

We are building on the structures we put in place last year to deliver the priorities in this **Commissioning Plan**. Our internal governance and delivery processes are evolving to reflect the way we are working with NHS GM and MFT. The plan will be delivered and overseen by the structures set out below:







Manchester Local  
Care Organisation

