



Summary Operating Plan

How we work and what we are setting out to do over the coming year.



Introducing our plan

Manchester Local Care Organisation #WeAreCommunity

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

Not only have we recovered services following the pandemic, we used what we learned about team working and innovation and have continued to draw on our strength of working together in community to build new offers and support services across Manchester. We have had a real focus on re-connecting ourselves, our teams and our partners to help us remain hopeful and resilient for 2022/23 and moving forward.

We have to worked together and collaborated with a wide range of partners in primary care, the VCSE, care market, hospitals and mental health services, as well as police, housing and MCRActive;our 'can do' approach, optimism and continued search for opportunities to improve what we do is a source of immense pride for me.

However, I do recognise how hard this year has been; from adjusting to life after a pandemic, the huge rise we have seen in demand for many of our services, the subsequent cost of living crisis, the range of industrial action that has effected our home and work lives and the pressure of working in services that sometimes struggle to recruit enough staff, where the IT can be problematic.

In the face of all this, we have continued to create innovative care services in people's own homes, implemented HIVE (an electronic patient record) across some services, continued to enable and champion a Home First discharge approach across Manchester and agreed how our population health actions in neighbourhoods begin to narrow the gap in health inequalities across the City.

We continue to strive for consistent approaches for people accessing our support and services, with a focus on offering care based on the strengths that people have identified which will help them to stay well and independent in their own home and community. Katy Calvin-Thomas Chief Executive, MLCO



We remain committed to building the LCO by empowering you to lead the design and delivery of services with the people who need to access them.

For the next 12 months, I want us to ensure that we deliver safe, accessible and responsive services, supporting the philosophy of prevent, reduce, delay. I want us to continue to strive and promote the benefits of community services focused on people's strengths in their own homes and communities. I want us to tackle the longstanding challenges of people waiting to access these services and to redesign wherever we can to create a better offer.

We will ensure that people who no longer need to be in a hospital bed are discharged to the best place for them. We will continue to deliver our Better Outcomes, Better Lives programme, a refreshed Integrated Neighbourhood Team model and community health and care services that are financially sustainable for the future.

This plan outlines some of the highlights from our previous year including those identified in all of your service plans. It also summarises the work I believe we need to focus on to continue to develop the MLCO as the organisation that delivers health, care and wellbeing services, empowers its staff and collaborates with partners to secure the best outcomes for residents and our staff in Manchester.

MLCO in simple terms

MLCO is the public sector partnership organisation that provides the city's NHS Community Health and Adult Social Care services.

- We're an organisation that is part NHS and part local authority. Over **2,300** NHS adults and children's community healthcare and **1,400** adult social care staff and the services they provide 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 and their support teams.
- MLCO brings these staff together as one team to provide better care to the citizens of Manchester, keeping people well in the community and out of hospital.
- MLCO has its own leadership team and a small corporate function who are responsible for running these services across the city.
- The team are also responsible for MLCO's sister organisation, Trafford Local Care Organisation. TLCO has a separate operating plan.

Our neighbourhood approach sees health and social care staff working together and co-located in the communities they serve. It's a model based on international best practice.

- We have 12 Integrated Neighbourhood Teams in Manchester. Each INT serves populations of roughly 30-50k people so covers between two and four council ward areas. We are working on development of how we provide a 13th neighbourhood in the City Centre given the growing population there.
- As well as delivering day to day services from their hub in the neighbourhood, the INTs have a role in working with local people and partners to improve health and wellbeing in the neighbourhood.
- During the last 24 months, the neighbourhood approach played a key role in helping communities work together around COVID-19 and the vaccination programme.

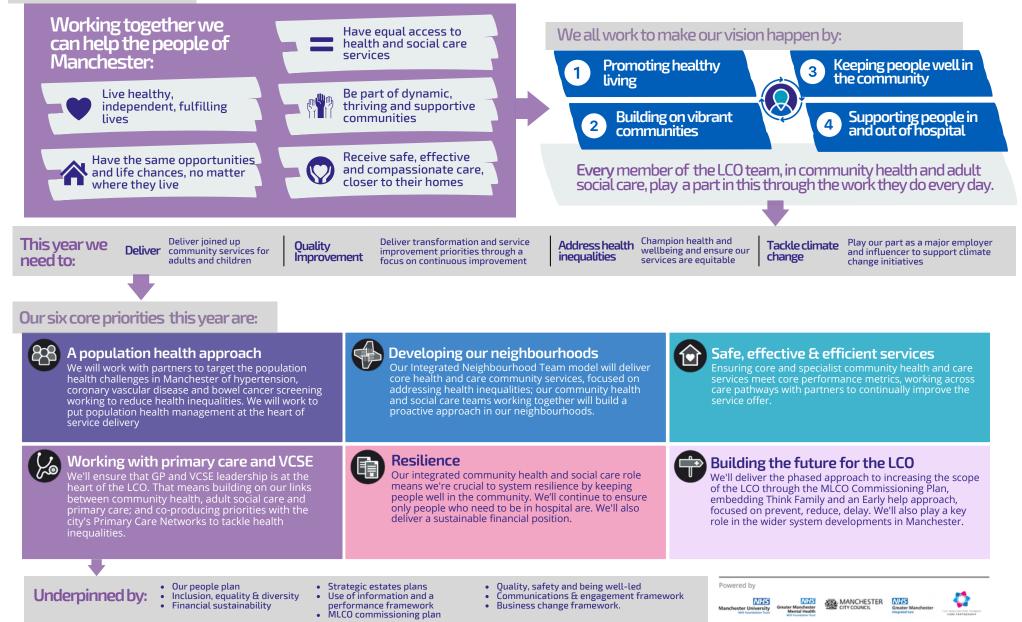
Find out more

Click the image on the right to view a short video about the MLCO neighbourhood approach and how health and social care now work together (opens in a new window).



2023-2024. Our year on a page.

Our vision at the LCO is



2022-23 Delivering our priorities

All services have completed a service plan for 2023-2024. These are just some of their achievements from last year.

Delivered statutory adult social care and community health duties including harm reduction and 2 hour crisis response.

Mobilised **Population Health Management** into the Manchester Neighbourhood Operating model resulting in Health & Social Care and wider partners collectively understanding and agreeing actions to address the wider determinants.

INT Leads led the review and adaptation of the **MLCO INT operating model**, reflecting the increased focus on PHM and continued integration across health and care teams.

Delivered phase 3 of the adult social care **Better Outcomes, Better Lives** programme including delivery of strength based arrangements at the front door through the Early Help workstream, scaling up access to Reablement and Technology Enabled Care to prevent, reduce and delay adult social demand and deliver services within budget including delivery of our savings.

Implemented the MFT **HIVE electronic patient record** across community health services realising the benefits supporting timely discharge and secured funding to support the rollout of community EMIS and the community dental system (SOLE).

District Nursing leads delivered plans to stabilise the **District Nursing** service including a refresh of the housebound criteria, and actions to support staffing challenges.

Learning Disability services designed an integrated workforce model for all learning disability services in the city.

LCO AHP leaders designed and commenced the implementation of the $\ensuremath{\text{LCO AHP}}$ Strategy.

Continued to work with the **Care market**: additional homecare capacity secured through increasing Safety Net provision, Innovation Labs to understand challenges in the market and completed Fair Cost of Care exercise.

Delivered the agreed financial and budget strategy agreed with MFT and MCC partners.

Delivered year one of the **Resilient Discharge Programme** across Manchester and Trafford, informing wider GM approach including mobilisation of Back to Basics working with colleagues on key acute wards.

Led by our INT Leads, continued to work with key partners in each of our neighbourhoods to engage with communities and support residents to access key services, as well as support with **Cost Of Living**.

Tested **automation** into key pathways in the LCOs, with impact for services to know if someone has been admitted to hospital and blue badge applications.

Administration leads led the review of **support services** across the LCOs, developing a plan for a more sustainable offer for the future.

Designed a framework to develop a service strategy for the **MFT Sickle Cell and Thalassemia** services, commissioning a Sickle Cell Care Manchester (voluntary sector partner) to ensure that the voice of those with lived experience is at the heart of the design services.

Supported the opening of the **Gorton Hub** in Autumn 2022, providing improved estate for community teams and partners and supporting team integration through co-location. INT moved to Gorton Hub in Autumn 2022– A flagship new building where the focus is integration. A welcome new asset to our community which is a shared space for the whole neighbourhood.

Focused work to address workforce challenges in terms of recruitment and turnover through targeted local **recruitment initiatives**, an all staff Freedom2Lead event with services leads across the organisations, regular ASC staff forum, monthly CEO briefings and service level engagement on key staff survey themes.

Grown **Extra Care** provision in the city with 12 schemes and 762 apartments in place and three schemes planned – Dementia scheme, North Manchester LGBTQ+ scheme Whalley Range and scheme to be developed in Newton Heath.

2022-23 Delivering our priorities (continued)

All services have completed a service plan for 2023-2024. These are some of their achievements from last year.

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Manchester Case Management embraced new the national Hospital Discharge Policy and Community Support Policy (July 2021) to support timely flow out of the hospital.

Hapurhey and Charlestown INT - Delivered a trauma-informed community hub in the north of our neighbourhood based in the Blackley community. The Neighbourhood now has two hubs meeting the needs of challenged communities.

Promoted independence and self-care training packages for **complex patients**. 94% of patients who undertook this were discharged as independent from the service.

ICRS saw a reduction of waiting list times for the **Community Therapy Team and Falls Team** from 6 months to 3-6 weeks.

Adult Social Care **short breaks service** has supported a significant number of citizens in crisis which has reduced hospital admissions and out of area placements.

Excellent feedback for **Central MSK FCP** Physio service from Primary Care stakeholders and patients.

Didsbury Chorlton Park and Burnage INT introduced face to face neighbourhood **legal advice service** with partners providing over 100 face to face appointment to support over 55 people from five accessible community venues.

Adult Social Care training for **Deprivation of Liberty Standards** (DOLS) has reduced the waiting list and seen a significant reduction in waiting times.

AAA Screening programme delivered artificial Intelligence research collaboration with Vascular Academics for our AAA patients.

Adult Social Care: Complex Needs Service: Sensory Team- Visual Impairment rehabilitation significant reduction in waiting times.

Adult Social Care: Complex Needs Service: Direct Payment Team Personal Assistants in Manchester were provided with an annual uplift to ensure they get a living wage.

Reduced North Podiatry waiting times for assessments from 22 weeks to 5 weeks.

Built new partnerships across a range of agencies to support some of our most vulnerable residents via **Multi Agency Prevention and Support fora** (MAPS) happening fortnightly since December 2022.

Day Support Services increased the number of citizens attending each centre across the city and is currently supporting 171 citizens.

Three Integrated Neighbourhood Teams collaborated to commission a programme of activity relating to **Adverse Childhood Experiences** (ACEs) that will help create trauma informed communities.

Central Intermediate Care embedded Strengths Based Adult Care assessments as business as usual, using equipment, assistive technology and a strengths-based approach to maximise independence.

Moss Side, Hulme and Rusholme INT - Digital Inclusion, including new multi-lingual sessions, targeted in areas where people are most likely to be digitally excluded, in familiar venues including a GP practice and Children's Centre.

Community Nursing Teams have achieved 5 Gold, 7 Silver and 1 Bronze accreditations through the Clinical Accreditation Programme.

The **Community Dental Service** has successfully scaled back up to pre-pandemic levels and continues its transformation to meet the new Service Specification and reduced the waiting list of adult and paediatric patients.

Complex Adult Learning Disability Service introduced a citywide Duty officer for the City.

Adult Social Care: Complex Needs Service: Emergency Duty Services implemented quality audits which identified areas of good practice and areas of development.

Adult Social Care: Complex Needs Service: No recourse to Public Funds supported other organisations and services to navigate legislation and better understand No recourse to public funds and what support is available

There are six core priorities that we are working to over the year:



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.



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.



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.

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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.

Our objectives 2023-2024

Some of our key organisational objectives for the coming year are:

MLCO Priority	Key deliverables 2023-2024
A population health approach	 Mobilise and assess Population health Management (PHM) methodology to address health inequalities through the INTs working with Primary care Networks (PCNs) and wider community partners to address key population health challenges (e.g diabetes, hypertension, CVD and bowel cancer screening take up). Develop opportunities to embed PHM into CYP services aligned to Core20Plus5 priorities Mobilise the Making Manchester Fairer – Kickstarter programme - MLCO will continue to support Manchester residents into employment and support initiatives that make us an employer of choice, creating new channels and ways of engagement that prevent inequality gaps across Manchester widening. North Manchester strategy: design pilot care models across community, VCSE, MH and primary care enabling the NMGH redevelopment plans; focused on wellbeing of staff and residents.
Developing our neighbourhoods	 Mobilise the refreshed INT service model delivering closer alignment of community health services with Social care, primary care, MH, VCSE; community service model for Manchester. Develop options for blended roles across statutory services and the care market, trusted assessor, CHC, equipment and therapy models. Bringing Services Together for People in Places model will continue to develop; enabling an integrated model of neighbourhood working across core public sector services including Health and Adult Social Care (through the INTs), GMP, Housing, and Children's and Adult services. This includes: Development of an Early Help offer for Adults and an expansion of the Multi Agency Prevention and Support (MAPS) meetings to enable support to be provided to those who need at the right time; Working with partners and the VCSE to ensure our communication and engagement with residents is joined up where appropriate; Developing and delivering a shared set of priorities across partners within each of the 13 neighbourhoods documented in Neighbourhood plans. Support MCC to mobilise the three Family hubs in the City Mobilise pathways for respiratory and vascular (agreed through CPAG), exploring opportunities for closer integration with secondary care and primary care colleagues.
Working with primary care and VCSE	 Agree joint plans (INT with PCNs) to address agreed PHM priorities, assess and monitor impact Through mobilisation of the refreshed INT Operating Model, agree closer working alignment with PCNs Primary care - develop offer to maximise community services and VCSE support for primary care – opportunities provided by Coordinated Care Pathway, Care navigation and social prescribing (Support) mobilisation of the Additional Roles Reimbursement Scheme (ARRS) (Support) PCN participation with the Manchester Provider Collaborative work plan (Support) North Manchester strategy delivery, ensuring PCNs (North), VCSE and community partners are engaged in the design and delivery.

Our objectives 2023-2024 continued

MLCO Priority	Key deliverables 2023-2024
Control Safe, Effective and Efficient Services	 Deliver the 2023/24 finance plan, operate within the Control Total, developing plans to increase productivity and deliver 2023/24 WRP plan Ensure Community services adhere to national planning standards and deliver AOF priorities Work with partners to support hospital discharge through the Resilient Discharge Programme (RDP) including development of the Transfer of Care Hub, control room, the development of the new model of bedded care and Virtual Wards; delivering the NR2R standard Deliver the LCO Commissioning Reform programme outlining opportunities to redesign / remodel adult and children's community health services Deliver phase 4 of Better Outcomes Better Lives (BOBL) focused on 'maximising independence', 'short term offer', new ASC front door through earlier interventions, continuing to strengthen our 'performance framework' and embedding a 'see and solve' approach to barriers to delivering the programme. Undertake a review of ASC in-house provider services. Agree a service strategy for Sickle Cell and Thalassemia (MFT), working with wider stakeholders and building from community dental services. Deliver year 2 of the LCO Allied Health Professionals (AHP) strategy focused on workforce and service development Continue to support our staff through the People Plan (recruitment, retention, attendance, appraisal, mandatory training and workforce development) Understand benefits of HIVE implementation, roll out to bed base and scope options to extend / develop a community EPR.
Resilience	 Focused workforce support: reducing vacancies through bespoke attraction strategy and strengthening connections to local communities, improve recruitment processes and reducing avoidable absence by proactive health and wellbeing support and effective case management. Design a clinical service strategy for integrated community services built from the Commissioning Reform programme and service plans Develop plans to support urgent care pressures through the RDP programme Support delivery of MFT clinical service strategies; identifying opportunities for improved interfaces between acute and community services through redesigned care pathways Mobilise and measure the impact of actions delivered by community services to contribute to zero carbon inc. route mapping, prescribing practices, sharing of good practice approaches and opportunities to support sustainable travel. Continue to embed EDI into service design, delivery and impact approach.
Evilding the Future for the LCO	 Agree LCO Digital strategy priorities, working with MCC / MFT and MICP to mobilise inc. TEC enabled care and further roll out of automation opportunities Convene Freedom 2 Lead 2023 and mobilise quarterly service plan impact reviews to inform LCO business change; aiming to build momentum for Ql in the LCOS Continue to undertake thematic staff engagement approach Refresh the MLCO Commissioning Plan highlighting impact from 22/23 and outlining approach to deliver an integrated commissioning approach. Learning Disabilities: work across ASC and health commissioning to agree joined up commissioning of the care market, enabling the Provider Services review Children's Commissioning – support the work of the Joint Commissioning Group to address challenges across SALT, LTVs, School nursing and community nursing Agree opportunities for alignment of ASC and community health commissioning across VCSE and IS contracts Develop a joined up CHC assessment process for Manchester. Develop proposal to commission specialist EMI / Dementia beds across the City.

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Some of our key team objectives for the coming year are:

MLCO Priority	Service priorities
EEE A population health approach	 Bladder And Bowel Services will do a citywide review of their services. INT Led supported by the PCN Targeted Cohort will Increase Bowel Screening uptake focus on the 60 to 64 age range. PCN Led, the Integrated Neighbourhood teams will identify a cohort of Hypertension patients. Chorlton Whalley Range & Fallowfield INT will extend the Diabetes model to include the South Asian population, and BAME communities working with local community link workers / champions and explore support from an INT based HCA or NA to increase capacity of the team to undertake DN diabetic caseload reviews North Citywide IV service will have a strong focus on pathways other than IV antibiotics, IV antiemetics and IV bisphosphonates and subcutaneous fluids. Continue to work with GP's, other community services and A&E to support admission avoidance. Care Home Support Team will actively promote Trusted Assessor Restore2 refresher training & continue to work collaboratively with hospital IDT the wider MDT & frailty team to expedite discharges, reduce length of stay for the patient in acute care & complete follow up safe & well assessments to reduce readmissions, working collaboratively with local GPs to support D2A beds, supporting and developing the control room in creating a single point of access and timely discharge for all D2A referrals, continuing integrated working with reablement service, and reablement OTs. Manchester Case Management will continue to work with the LCO on MCR Urgent Care Transformation objectives
Developing our neighbourhoods	 Withington and Old Moat INT in partnership with other services and the CVS, will develop a robust and sustainable volunteering project within the neighbourhood, recruiting and training local people and offering a range of volunteering experiences. Sickle Cell Service will explore usage and opportunities of newly refurbished Sickle Cell and Thalassemia Centre for linked up working with services and events Grown resilience through collaboration with care providers and conduct stakeholder analysis. Developed / re-establish a care provider forums. Explored and developed neighbourhood shared process with Adult Social Care · City Centre INT will embed Strengths Based Adult Care reviews as business as usual, using equipment, technology and a strengths-based approach to maximise independence MCR Complex Nurse Assessor Service will establish further opportunities supporting people nearing the end of life in the community and avoiding hospital admissions.
Working with primary care and VCSE	 Central MSK Physio. Tier 2, FCP want to reduce MSK Physio waiting lists to within KPIs Community Dental Services will develop an IV Sedation Service, purchase IV equipment and develop a pathway in order that patients with additional needs can be treated by with the support of the Consultant and Specialist in Special Care Dentistry. They also want to develop a shared care pathway with General High Street Dentist (GDP's). MCR will Support Pathway 1,2 and 3 direct from the A&E and AMU to prevent admission.
Safe, effective & efficient services	 Ardwick & Longsight INT are looking to deliver the District Nursing Service Improvement plan based on 2022/23 service activity and workforce activity. Integrated Community Rehabilitation Services will continue to form and integrate services at the new Alexandra Park premises Central Intermediate Care will continue to develop work strategies for seamless continuation in patient care across all MCR services Adult Social Care Substance Misuse service will develop a recovery Pathway and robust aftercare model.
Resilience	 Podiatry will complete the harmonisation process to establish excellent podiatry care across all pathways which is standard across the city implementing the service specification, clinical model and workforce model (inc training and development) Dermot Murphy Close will analyse feedback from Friends and Family Test and bi yearly patient and family satisfaction survey results to identify areas for quality improvement work in our Care homes and share successes and positive feedback to our teams.
Building the future for the LCO	 INTs will develop a process for OD / Health and wellbeing monies so community groups and residents can identify opportunities to support inequalities and maximise independence. Adult Social Care Complex Needs Direct Payments service will support the Citizens of Manchester to achieve Better Outcomes and Better Lives, maximising use of direct payments.

Enablers for 2023-2024

Manchester Local Care Organisation #WeAreCommunity

The LCOs are enabled in their design, delivery and monitoring of services through key enabling functions:

Finance - led by Laura Foster (Director of Finance)

Performance monitoring - led by Mark Edwards (COO) and Bernie Enright (DASS)

Bl, data, knowledge and insight - led by Tim Griffiths (Director Corporate Services)

Digital and IM&T – led by Mark Edwards (COO)

HR and OD – led by Jon Lenney (Director of Workforce)

Quality, Risk and Safety - led by Lorraine Ganley (Director of Nursing)

Estates – led by Mark Edwards (COO)

Business change, transformation, planning and service improvement – led by Helen Ibbott (Director of Strategic Planning and Reform).

Clinical and professional leadership – led by Dr Sohail Munshi (Chief Medical Officer)/Lorraine Ganley (Director of Nursing) / Bernie Enright (DASS)

Communications and Engagement – led by Katy Calvin Thomas (Chief Executive) / Tim Griffiths Director Corporate Services)

Commissioning – led by Bernie Enright (DASS) / Helen Ibbott (Director of Strategic Planning and Reform).

There are plans for the year for each of these areas – please see the full operating plan for full information.



You can access our full Operating Plan with lots more information about each areas highlighted in this summary on our website manchesterlco.org/about-us

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