

Positive Steps Forward

I am feeling optimistic as I write this blog. I wanted to give you a full update on where we are up to with our bid for the Manchester Local Care Organisation (LCO). There is so much going on and we haven't been as good at communicating as we would have liked, due to limited resources early on. This will improve now in the weeks and months ahead.

I am optimistic because it feels like the opportunity is coming together and we will hopefully open a new care organisation in Manchester on April 1 2018. I say 'hopefully' as we are still in a procurement process, but I have everything crossed! However, nobody wants the procurement to hold up communications. I want to let anyone interested or involved in this important work to know where we are currently up to.

I find it hard to believe that in just over 6 months we have gone from around 4 people working in an office at Manchester Town Hall (Room 125!), to dozens and dozens of leaders developing the LCO from our offices at Fountain Street in Manchester. When we first moved into Fountain Street you could hear a pin drop in the offices and in May 2017, there was around 8 of us rattling around three large rooms. Now it can be hard to find a desk or hear yourself think, such is the hustle and bustle of people busying about making great things happen.

We aren't there yet; there's a lot of hard working going on and more to come. But it really feels like a new organisation is emerging, and a strategy forming, to deliver the changes needed for care in Manchester.

We intend to produce much more communication now than we ever have done to date. We will strive to be open, clear, and supportive and to make this work as inclusive as we can possibly manage. Whilst there is an Executive Team leading this, it's our people (staff, stakeholders, and the people of Manchester) who will make this work, so we need to empower and enable them to drive this new organisation forward.

Direct communication through blogs and engagement events (which we have run over the summer and are now extending through the autumn into the winter) help ensure we deliver clear and direct messages. This blog intends to be an update on all those things I think people might want to know.

Refresh on why we are developing a LCO

The most important place to start is with 'why'?

Why does Manchester need a new organisation to provide care? There are many reasons but some of the most pressing reasons are:

- men and women die earlier in Manchester than most other parts of England
- too many people end up in hospital due to the lack of adequate community options for care
- and the care currently provided is fragmented and difficult to access when you need it.

If you work in care in Manchester, it has been a pretty mixed-up picture for a single city. There is 1 council but, until this year, there were also 3 hospital and community health providers (now moving towards a single hospital system), 3 health commissioners and one council commissioner for care (now a single integrated commissioner), mental health service provision which wasn't joined-up with frontline health and social care (now rapidly improving, with a new mental health provider), 90 GP practices and so on.

So, with health and care commissioning now integrated for the city, a single hospital close to being in place for the whole city, it logically followed that the care closest to peoples home needed to be joined up into a single organisational arrangements.

Manchester needs an LCO to set up community care services that are joined-up, provide care that is better for the people of Manchester, and that helps people live longer healthier lives than at present.

Setting up the LCO

When starting to describe the new organisation I've had a lot of questions... What will it be? Will it be a completely new organisation? Will everyone be transferred into it? Will it actually be an organisation? There are a number of technical and contractual reasons that, at present, prevent the LCO from being a stand-alone completely new organisation, any time soon.

Instead in Manchester, the 4 statutory partners (MFT, Manchester City Council, Manchester Primary Care Federation and Greater Manchester Mental Health FT), in response to the procurement by MHCC, have in effect asked me and my executive team to build the new organisation from their existing organisational arrangements.

To cut a long story short, we are taking the community health and care elements from parts of the above statutory providers, plus the management of a range of independent care provider contracts, and putting them under a single LCO organisational arrangement.

In effect the LCO will be knitted together through contractual agreements. We are proposing that the LCO then grows in phases to its full size (about £600m a year) over 3 years from 2018.

This has been technically challenging - and hats off and a big thank you to the joint team who have made the Manchester LCO now possible.

More importantly, what will the Manchester LCO look and feel like to staff and those using the services it provides? Put simply, it will feel like a discrete and distinct organisation and all the technical stuff (noted above) will be out of sight. This means it will have pretty much everything else you could imagine for a discrete organisation to work effectively, for example:

- It will have a name (to be decided after the conclusion of the procurement)

- The organisation's name will be on staff badges and on the uniforms of those who wear uniforms
- It will have its own branding such as letter headings, website and communications
- It will have its own discrete executive leadership reporting to a Partnership Board with 4 equal statutory partners
- Staff will know they work for the Manchester LCO and are either employed within it, deployed into it or contracted to work for it
- It will be in charge of out-of-hospital care for people who live in Manchester or are registered with one of Manchester's GP practices
- It will provide care for all ages and will strive to improve the health outcomes in Manchester
- It will operate through 12 integrated neighbourhood teams
- There will be some multi-neighbourhood services and some city wide services
- The services will operate according to clear service standards and care pathways
- The organisation will provide training, education and support research into care outside of hospital

And for staff and people using the services, how it looks and feels, how well it leads people and how safe and effective it is, is far more important than how it has been assembled.

'If it looks like a LCO, works like a LCO, sounds like a LCO, then it just may be a LCO'.

What we have in place to start with, might not be what is needed later on, but bringing people together now to integrate care is a pressing priority.

National and local stakeholders need to endorse our approach so we can get on shifting to delivery, and progressing the much needed improvement work across the city.

Making it happen

To bring everyone up to date I will report on 3 key aspects of the LCO development:

- developing and implementing the strategy
- organisational set-up
- the transaction (procurement)

I am hoping by the end of November 2017 to publish 2 'blueprints' or care models.

One will describe the key features of an integrated care organisation so we can all have an understanding of the parts that will make up the Manchester LCO.

We also want to set out a first draft of a 'blueprint' for a neighbourhood, which will describe the key aspects of an integrated neighbourhood team (INT).

Both aim to inform and stimulate further discussions to refine our plans. All of the strategic work we are putting together comes from engagement we have had with over 1000 staff and stakeholders since we started this work in Spring 2017.

Importantly, the strategy for the LCO will sit within the overall context of the city strategy 'Our Manchester', which aims to ensure Manchester is a progressive and equitable city.

The strategy for the care model, which will be the subject of a future blog from the Executive Team to provide more detail, will have the following key features:

- Streamlined access
- Targeted support to help keep people out of hospital
- Care support to keep people at home or as close to home as possible
- Care navigator roles to help people access support to manage their own care needs
- Trusted assessors to stop the unnecessary repetition people experience with their care
- Integrated neighbourhood teams to provide better coordination for local care delivery
- Mental health will be governed by the Mental Health Trust but operate through integrated arrangements in the neighbourhoods

This development will mean that staff for the first time, and hopefully for the next 10 years at least, can work together across the whole city in a single organisational arrangement. This will mean we can develop standardised care for everyone in Manchester and reduce the variation that exists from the north to the south and across the city.

It is an exciting time and a time of opportunity for community care in Manchester. We have substantial investment coming in to help transform and improve care models, though we must not lose sight of ensuring the whole £600m of services is effective and not just focus on the new services.

The Manchester LCO will oversee and manage the delivery 'chain' of care between providers including community health, social care, primary care mental health and help ensure sustainable care and support from nursing homes, care homes, care home and the VCSE sector. I hope we can build a sense of a family of services in the LCO, all working together for the people of Manchester.

We have made substantial progress setting up the new organisation. Hopefully we will be successful with the procurement and will be able to move quickly from preparation to mobilisation. We have started to recruit to the new services we are developing and to progress leadership and integration for the neighbourhood teams. The LCO Executive team are pulling all the pieces together you need to set up a new organisation, from policies and procedures, management structures and governance arrangements, right down to how we order stationary!

Importantly, we will need to deliver robust performance and ensure we target our energies on the current pressures and challenges Manchester faces here and now. The hospitals are under significant pressure and we must help support these by making sure no one is in hospital that doesn't need to be.

A founding principle for the Manchester LCO will be co-production and inclusivity.

I have been continually reminded by experience that the best outcomes and most effective solutions come from those nearest to care and from people in communities themselves. We will continue to build on this principle and the LCO will be formed and run in this way.

From Procurement in March 2017 to opening the LCO in April 2018

Lastly, there is the transaction or procurement process. The Executive Team, and wider leadership team, have just submitted our 'Proposition'. This is the final draft of the bid for the LCO and had to be submitted by 30 October 2017. The team have done a fantastic job pulling this together, progressing the strategy and mobilising for a new organisation. I can't thank them and everyone involved enough.

We will hear if we have been successful hopefully sometime in November 2017. We will then need to complete the business case we have already started, to underpin our plan to go live for April 2018. A few paragraphs to summarise a huge amount of work and effort.

I hope this has been helpful and interesting. We want everyone to be involved in this exciting development and will be extending our reach to increase engagement in the days and weeks ahead. I'm on Twitter and there will be feedback opportunities too, please do have your say and let me know how it is going from your perspective.

If you would like to see future blogs address specific aspects of interest to you, please let the team know, or tweet me!

Another update will follow soon.

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