



MANCHESTER
CITY COUNCIL



A healthier Manchester

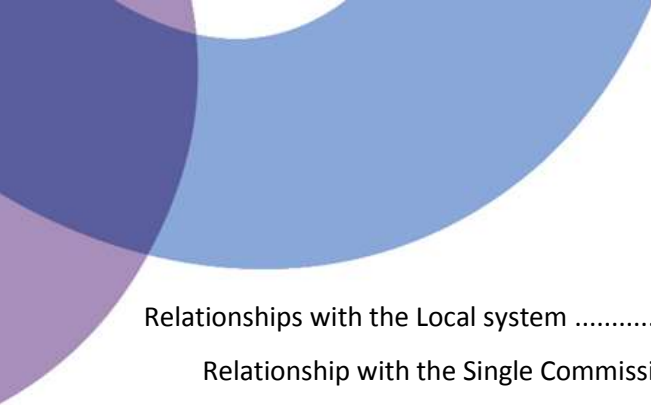
Local Care Organisation Prospectus

April 2018- 2028



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Foreword

Manchester's people are well known for their dynamic approach to life, which is key to making Manchester a leading modern city, a driving force in the Northern Powerhouse and a global city to contend with.

That spirit and sense of partnership working has been reflected in Manchester's health and social care system, where it has been recognised that connecting sectors of care and focussing on prevention are key to improving the health and the independence of the people who live here.

The role of health and social care also has wider, latent potential – which must now be realised – in helping people to get and keep better jobs, have better lifestyles and play a full role in their communities.

Having a healthier Manchester will boost the city in many ways – but it is not without its challenges. Making the system suitable, sustainable and affordable is set against a tough financial forecast. If we do not reform the way in which health and social care is provided we will face a £134m¹ shortfall in funding levels and the cost of care by 2020/21.

Manchester has a relatively young population compared with other cities in England but we know that health and care outcomes among our older population are poorer than average and that people often have multiple health issues. We also have many areas of considerable deprivation within the city.

We need to meet the needs of today's Manchester with new and innovative ways of working. We can no longer follow historic approaches, which were often reactive. We need to shift the entire system, to one that utilises people's strengths and local assets to build independence, where prevention becomes a priority, and more care is moved into the community and out of hospital where possible.

Our promises to the people of Manchester:

- Empower you to take control of your health and wellbeing
- Help you to achieve your health and wellbeing goals by focussing on what matters to you
- Ensuring high quality services in your community when you need them
- Improve your experience of care through better coordination
- Reducing the costs of delivery to secure the future of health and care services for generations to come

These commitments must override any organisational barriers as we concentrate on bringing more care closer to people and the areas where they live, so that being and staying healthy is a normal part of daily life.

¹ As at November 2016 (value under review in line with 2017/18 plans and 8th March 2017 national Budget Report)

Manchester's Locality Plan

In essence, the Locality Plan is the commissioning plan for joining up – or integrating - health and social care services in Manchester.

It describes the future of health and social care in the city over the next five years, setting out the transformation priorities for the city. The Plan describes the creation of new architecture for the Manchester health and social care economy comprising three interlinked 'pillars' that will drive transformation and achieve improved outcomes and quality, whilst ensuring financial sustainability.

These pillars are:

1. Single Commissioning System - to ensure the efficient commissioning of health and social care services on a citywide basis.
2. Local Care Organisation (LCO) – holding a single contract for the provision of health and care services in Manchester, the LCO will deliver neighbourhood based integrated health and social care. The LCO will adopt a strengths based approach to empower people to take greater responsibility for their own health and wellbeing. A key objective of this pillar will be to support a shift in care from hospital to the community and reinvest some of the resulting savings in more affordable and sustainable alternatives.
3. Single Hospital Service – the city's three hospitals are working to form a new NHS Hospitals Trust for Manchester under a two stage programme, from 2017/18. It will deliver strengthened clinical services; bringing greater consistency in standards, while removing duplication.

The alignment of these three pillars - underpinned by a sound financial model that demonstrates increased value, productivity and efficiency - will enable the necessary shift of resources from the acute sector into a strengthened model of health and care within the community.

This Prospectus is a jointly developed document of the following commissioning organisations²:-

1. Manchester City Council
2. NHS North Manchester CCG
3. NHS Central Manchester CCG
4. NHS South Manchester CCG

² The three CCGs are merging to form NHS Manchester CCG from 1 April 2017.



This Prospectus should be read in conjunction with a number of supporting documents as follows:

- Stronger Together: Greater Manchester Strategy (2013)
- Taking Charge of Health and Social Care in Greater Manchester (2015)
- Our Manchester Strategy (2016)
- The Manchester Locality Plan (2016)
- Manchester's Self Care Strategy (2016)
- Manchester's Age Friendly Strategy (2016)
- Manchester's Carers Strategy (2015-2018)
- Manchester's Children and Young People's Plan (2016-2020)
- Manchester's Independent Economic Review (2011)
- Neighbourhood Profiles (2016)
- Manchester Joint Strategic Needs Assessment
- The NHS England Five Year Forward View (2016)
- GP Five Year Forward View (2016)
- National Multi-specialty Community Providers Guidance (2016)
- The Living Longer, Living Better One Team Place Based Care 2020 Design Specification (2015)

The above is not an exhaustive list however it provides an overview and context on the wider system developments taking place across Manchester that will have a direct impact on the LCO.



Manchester's Commissioning Intentions

This Prospectus signals the intention to commission a Local Care Organisation (LCO) for the population of Manchester, with the aim of bringing together a range of health, social care and public health services to be delivered in the community. This will support the city's ambition to transform services to meet the needs of the local population and see a measurable improvement in outcomes.

We are using the term 'Local Care Organisation' to describe key aspects as:

- Local - designed specifically to meet the diverse needs of the people of Manchester.
- Care – covering care in its broadest sense, from self-care and prevention through to complex care within the community for every stage of life.
- Organisation – to truly integrate care and be accountable, the LCO must integrate the provision of care in a new organisational form.

The benefits of delivering care through the LCO are expected to be:

- Improved population health outcomes
- Better use of resources through reductions in health and social care activity and improved efficiency
- Improved experience of care
- Local people being independent and able to self-care
- Better integrated care that works with wider social issues that impact upon wellbeing
- Better health and wellbeing for local people
- Reduced variation in outcomes and experience – within the city and compared to other parts of the country
- LCO and wider health and social care system sustainability

This Prospectus sets out further information to potential providers, including the commissioner's high level requirements for the Manchester LCO, to enable responses from interested bidders to the Prior Information Notice. This prospectus should be read in conjunction with the Supplementary Information.

It is the intention of commissioners (subject to conclusion of the procurement and associated governance approvals³) to aim for full service mobilisation by 1 April 2018.

³ Refer to Bidder Instructions for indicative planning timetables.

The Proposed LCO Service Scope (2018-2028)

The LCO will provide a range of services for both adults and children throughout the duration of the contract⁴.

The ambition is for the LCO to be as inclusive as possible. Commissioners will seek to work with the LCO during the procurement and subsequent contract period to agree the inclusion of services on a phased basis from 2018/19 – either to be directly provided, or subcontracted, by the LCO.

As a key ‘pillar’ of the Manchester Locality Plan, the LCO will be required to collaborate across the whole Manchester health and care system, irrespective of whether services are directly provided, sub-contracted, or otherwise.

The following section gives a brief description of the range of current services by theme envisaged that will be included within the scope of the LCO:

Service	Description
Adult Social Care	It is proposed that this includes adult community services provided by Manchester City Council (MCC) and those services (where applicable) that are currently sub contracted. It is recommended that the majority of the service will be delivered by the LCO from 2018/19, with a focus on those services where there is a direct link to the implementation and delivery of new models of care. Some services - including residential, nursing and home care - need to stabilise and transform current provision so that they are fit for purpose and can be aligned to new models of care. The care market is currently very fragile and requires sufficient time to develop a new care offer that will ensure stability, manage demand and support people in the community.
Adult Community Health Services	The envisaged scope includes all adult community health services currently provided by Central Manchester Foundation Hospital Trust, University Hospital South Manchester, and Pennine Acute Hospital Trust, as well as other community contracts that support out of hospital care (e.g. diagnostics).
Children’s Social Care	Children’s social care provided by Manchester City Council and those services that are sub-contracted will be in scope for the LCO. See exclusions below.
Children’s Community Health Services	Community health care services for children provided by Central Manchester University Hospitals Foundation Trust and those services (where applicable) that are sub contracted, will be in scope of the LCO.
Mental Health Services	Mental Health services for adults and children provided by Greater Manchester Mental Health NHS Foundation Trust are currently included within the scope of the LCO’s estimated contract value. However, the current provider recently acquired the services following an extensive transaction process. Whilst the budget and related services for

⁴ Refer to Supplementary Information document for further detail.

	<p>this contract will be within the scope of the LCO, commissioners will specify this provider contract as a 'mandated' (or 'reserved') sub-contract.</p> <p>Mental health services are also contracted by the CCGs and City Council from a range of independent sector, voluntary, community and social enterprise sector (VCSE) and other NHS organisations. These mental health services are currently included within the scope of the LCO's estimated contract value, phased from 2019/20, subject to further discussions with providers throughout the procurement process.</p>
Primary Care	<p>For Primary Medical Services it is proposed that over time the services are to be included with an initial focus on all additional and enhanced primary care services. It is the aspiration, and in collaboration with primary care contractors to include core primary medical care (GMS/PMS) over the duration of the contract term.</p> <p>Core Primary medical services budgets are indicatively in scope from 2019/20; however this is entirely dependent upon the voluntary take up of the (awaited) new GP terms and conditions offered through the Multi-specialty Community Provider model.</p>
Prescribing	This includes community and prescribing budgets.
Public Health Services	It is proposed that Public Health Services commissioned for adults and children by MCC will be included within the scope of the LCO
Continuing Healthcare and Funded Nursing Care	The budgets for packages of care are in scope but not the statutory CCG assessment / eligibility function.
Voluntary, Community and Social Enterprise Sector	The LCO contract scope includes voluntary, community and social enterprise sector (VCSE) services that are currently commissioned directly through either the City Council and/ or the CCGs independently, and reflected in contracts / or grant arrangements.

Acute Services

The Commissioners' vision for out of hospital care includes and relies upon integrated pathways with acute care providers.

No acute services are currently included within the financial or contractual scope of this procurement, in recognition of the large scale hospital transformation programme planned for the City in the short to medium term (i.e. the 'Single Hospital Service' programme).

However, over time, some services currently provided in the acute sector may be transferred to the LCO; the intention is to transfer some low acuity, non- surgical (or non-complex surgical) services, into the LCO from year three (2020/21) at the earliest, and possibly thereafter over the term of the contract.

Refer to the 'Supplementary Information' accompanying this document for further details in relation to this potential expansion of scope over the duration of the contract.

Out of Scope Services

The services that are not currently within the scope of the LCO are:

- Highly specialised and regulated services with a direct accountable link to the Local Authority Director of Children's Services (DCS), Lead Member and Chief Executive Officer;

- Statutory functions linked to protection and looked after children/care leavers and risk of statutory intervention;
- Some adult social care duties - e.g. Safeguarding Adults Board - which the City Council cannot delegate;
- Specific services that are excluded from a Section 75 arrangement, such as adoption, etc.;
- Mental health specialist and Tier 4 services that are hospital based, including inpatient facilities, Psychiatric Intensive Care Unit and liaison services for the acute Trusts - this service can and should only be managed in specific clinical settings;
- CCG statutory Continuing Healthcare (CHC) eligibility and decision making functions that are delivered by the CHC and Funded Nursing Care (FNC) teams in the CCG - this is on the legal basis that it is complicated to delegate the functions and still receive suitable assurances. Therefore there remain financial complexities and the CCG still needs assurance regarding the CHC framework compliance, which means delegating this will not make clinical or strategic sense;
- Learning disability services, locally commissioned inpatient beds or independent hospitals as a part of the acute pathway or Tier 4 specialist and forensic inpatient services - this is due to the requirement for hospital beds at economy of scales due to small numbers;
- Children's acute inpatient and specialist functions and all Tier 4 provision of Specialists Commissioning;
- Children's Services linked to Greater Manchester Review of Children's Services which includes:
 - Youth Justice
 - Complex safeguarding (Protect and Integrated Gangs)
 - Care leavers
 - Children's social work, including;
 - Fostering
 - Adoption
 - Residential services
 - Safeguarding Unit (Independent Reviewing Officer (IRO), Child Protection conference chair, Local Authority Designated Officer (LADO); and Manchester Safeguarding Children's Board business support)
 - Contracts with Children's Advocacy service and Leaving care service
 - Quality Assurance/sufficiency planning element of Early Years

- Youth services (currently commissioned through Manchester Youth and Play Trust); and
- Services commissioned by NHS England.

Vision

The vision for more joined up services is reflected in the city's plan for health and social care over the next five years (its 'Locality Plan'), where neighbourhood teams of health, primary care and social care professionals work together. These teams will work collaboratively with voluntary and community groups to empower people to increasingly self-care and improve wellbeing.

Complementing the Greater Manchester ambitions brought about by the Devolution Agreement, this vision represents devolution in action: the people of Manchester taking control of the way their own health and care services can best meet their needs.

Two Year Vision

By the end of year two of the contract, the Local Care Organisation will:

- Have embedded its organisational form and operating model
- Provide a comprehensive service at neighbourhood level for people across the city
- People will receive better coordinated care and achieve improved outcomes
- Delivery of benefits in line with the Manchester bid for Transformation Funding to the Greater Manchester Health and Social Care Partnership.

Five Year Vision

By the end of year five of the contract, the Local Care Organisation is anticipated to deliver:

- A balanced budget, demonstrating financial sustainability
- A transformed, integrated health and social care system
- Have started to deliver radical improvements in population health, measured in relation to defined outcomes
- The remaining benefits in line with the Manchester bid for Transformation Funding to the Greater Manchester Health and Social Care Partnership
- High quality, safe and clinically sustainable services meeting NHS Constitutional Standards
- Increased recruitment and retention as part of a comprehensive workforce strategy

- Services that empower people to have a greater say in their care

Ten Year Vision

By the end of the contract the Local Care Organisation is anticipated to deliver:

- Better outcomes for Manchester people: with health inequality gaps closed
- Tangible social value measures that increase local skills and lead to improved social outcomes such as employment and secure housing
- Fully integrated pathways between community and hospital settings

Commissioning principles for the LCO

The LCO will be required to deliver services and develop new care models that:

- Improve outcomes and experience for local people, addressing variation across the city through neighbourhood and communities of identity targeted initiatives;
- Ensure that people are able to gain timely access to high quality services when and where they need them, within a simplified system;
- Adopt a holistic, whole person approach, delivering integrated community services that recognise individual's context, health, care and social needs;
- Balance the requirement for local delivery with the benefits and opportunities of delivery at scale;
- Adopt a strengths based approach that starts with what people are able to do, promotes independence, empowers people to self-care and to access community assets that enable them to retain their place in the community;
- Focus on primary and secondary prevention, helping people to stay well, with a strong emphasis on education, information and self-care;
- Ensure improved experience and outcomes for those who are at risk of requiring higher cost services;
- Exploit opportunities for improved quality and efficiency of services through the innovative use of technology, including sharing records and integrating information management and technology;
- Working across the health and social care system to develop shared data governance arrangements;
- Effectively and efficiently deploy resources, using appropriately skilled, empowered and enabled workforce;
- Support and develop informal carers to perform their role effectively, recognising the vital role carers play within the system;

- Dissolve organisational boundaries and operate as part of a wider system, recognising the interdependency between the LCO, single hospital service, other services, and community assets, working effectively with partners in tackling the wider determinants of health – e.g. housing, education, leisure etc.;
- Place quality – safety, effectiveness and experience – at their heart;
- Safeguard children, young people and adults, enhancing their health and wellbeing and protecting the rights of those in the most vulnerable situations;
- Comply with legislative, policy, strategy and guidance requirements relevant to it as a service provider and in respect of those functions it is discharging on behalf of commissioners;
- Provide a consistent and standardised offer of care for the population; while retaining excellence, innovation and continuity of care; and
- Work across organisational and geographic boundaries (to ensure a consistent offer to all of Manchester’s people, (whether they are Manchester residents and a Manchester CCG registered patient, non-resident but Manchester CCG registered patients and non-Manchester CCG registered but Manchester resident) to ensure care is joined up and integrated; including working to maximise the assets which exist within communities, and deliver more proactive and preventative care.
- Achieve significant reductions in higher cost activity.

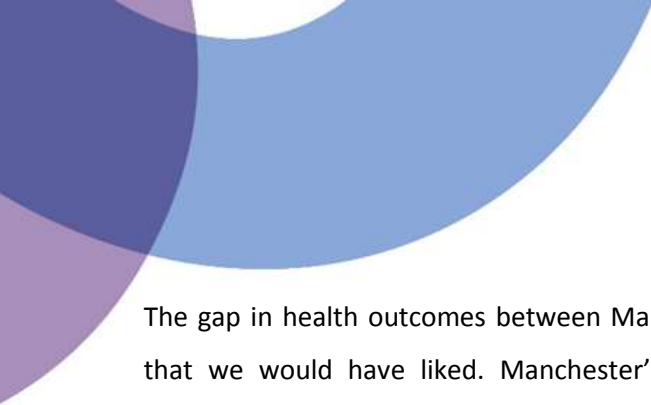
Case for Change

Case for change: Population

Manchester is a vibrant city with a growing population. The city has world class commercial, cultural, sporting and academic assets as well as internationally renowned healthcare research and provision.

Over the last decade Manchester has been the fastest growing city in the UK, and Office for National Statistics (ONS) projections suggest that the population will continue to grow over the next ten years, albeit at a slower pace.

Despite the city’s economic growth over the past decade, Manchester continues to suffer from significant levels of deprivation which, in turn, contributes to the scale of health inequalities within the city and between Manchester and other parts of England. People are living for longer, and often they are living with several complex conditions that require regular interventions from health and care services.



The gap in health outcomes between Manchester and the rest of the UK has not narrowed to the degree that we would have liked. Manchester's population is developing life threatening conditions such as diabetes, vascular, heart and respiratory disease, in their fifties, not sixties – a whole decade before peer groups in other parts of the UK.

To achieve the commissioning vision the LCO will need to develop models of care that respond to the needs and potential opportunities for specific cohorts of the population who currently experience the worst health outcomes.

Manchester Health and Social Care Snapshot

The statistics below provide a snapshot of some of the issues that Manchester faces:



Nearly 27,000 people in Manchester are recorded as having type 1 or 2 **diabetes**. This is 5.9% of the Manchester population.



Manchester has the highest rate of **early death from respiratory diseases** in England. More than 64% of these deaths are considered to be preventable.



We have the highest number of **smoking-related** deaths in the country. Each year there are some 735 deaths and 4,760 hospital admissions due to smoking



Manchester has one of the highest rates of **child poverty** in the country; with just over 32% of children aged under 16 living in poverty, and many live in homes where no-one is employed.



In August 2016, there were 2894 people in Manchester diagnosed with **dementia**. The vast majority (95%) of these are aged 65 and over.



Some 350 people under the age of 75 die from **cardiovascular (heart) disease** in Manchester each year.

The following link provides further information: [JSNA Website](#)



Case for change: Quality and Experience

Our system of health and care is under more pressure than ever before. People are living for longer, but often they are living with several complex conditions that require regular medication, monitoring and treatment.

We know the people of Manchester value their care being delivered in the community and closer to home and as a City we are committed to ensuring that the highest quality, clinically-led, local services are in place for our population.

While Manchester partners have been working better together for several years, the majority of current services still work independently from one another in different organisations and are often reactive.

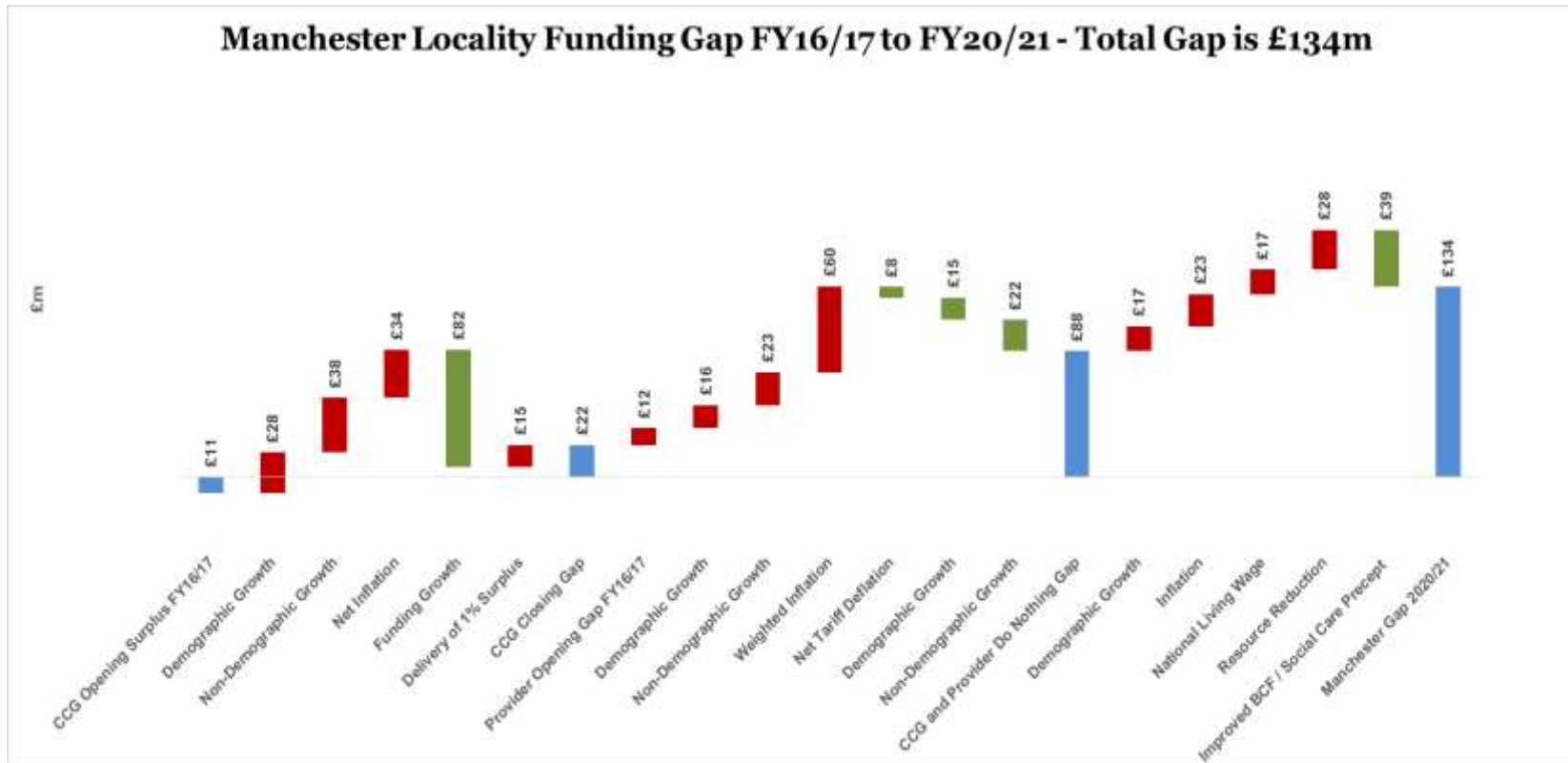
This leads to inconsistencies in quality, fragmented care, duplication and people being passive recipients of care, which in turn leads to poorer outcomes, such as:

- Inequity of access
- Delayed transfers of care
- Extended length of stay in hospitals
- Permanent admissions to care homes
- People not dying in their place of choice


The LCO will be need to recognise that health and care services need to be much better coordinated around the individual to ensure that the right care is offered at the right time and in the right place.

Case for change: Financial Challenge

The health and care partners in Manchester have estimated a financial pressure of circa £134 million by 2020/21 if no action is taken in the City to reform health and social care⁵. This is illustrated in the chart below.



⁵ As at November 2016. The analysis is under review in line with 2017/18 financial plans and the 8th March 2017 national Budget Report.



Manchester's projected financial gap includes the three Manchester CCGs, Manchester City Council's social care and public health services, and an estimated 'share' of the main acute NHS providers in the City⁶. The projected gap represents a projection of the potential difference between known system wide resources and the costs of demand or inflationary pressures across the health and care services relating to the main commissioners and providers in Manchester (as at November 2016).

This challenging 'do nothing' context requires a broad level of system wide cooperation and collaboration to develop locally led solutions. Misaligned financial frameworks between organisations also reduce incentives to invest in preventative services, as financial benefits are accrued by other organisations – for example, a Local Authority investing in public health results in savings for a Clinical Commissioning Group. With constrained resources, there are, therefore, insufficient financial incentives across commissioners to support people at the lowest level of acuity, including self-care.

The Locality Plan represents Manchester's Sustainability and Transformation Plan (STP) to support the GM-wide STP. Each of the Locality Plan's 'three pillars' (LCO, Single Hospital Service and Single Commissioning Function) will work towards the aim of integrating services to improve efficiency and service quality for the people of Manchester.

Broad estimates of the share of 'do nothing' savings relating to the scope of services likely to form part of the LCO at this stage are circa £50 million to 2020/21⁷.

The financial context beyond 2020/21 is currently unclear: health and care commissioners do not yet have any funding information from this point onwards. One factor is clear however; national austerity continues for the foreseeable future, meaning that year on year savings will be a fundamental requirement of each part of the health and care sector throughout the life of the contract. Any savings required by 2020/21 will not preclude further savings requirements to 2028/29.

Any prospective bidders for the LCO must be prepared to work within this challenging and uncertain context.

⁶ all estimates based upon 2016/17 projections – values are currently under review

⁷ value is a broad estimate of potential savings requirements which is under review in line with updated 2017/18 financial plans and revised gap analysis



Greater Manchester Transformation Fund

In October 2016, a bid was submitted to the Greater Manchester Health and Social Care Partnership for a substantial level of transformation funding, supported by a 'Cost Benefit Analysis' (CBA). The CBA quantified the expected benefits and related savings to be achieved by 2020/21 as a result of transformational improvements to health and care services in the city.

The 'Supplementary Information' accompanying the procurement includes further information about the GM bid and specifically, the elements relating to the LCO in the first few years of the contract.

Sustainability

The future success and sustainability of Manchester's health and care sector depends upon close collaboration, shared principles and goals, and system-based leadership and behaviours.

The LCO will be fulfilling a key role within this context and be expected to mitigate financial risks and share potential benefits, in partnership with the Single Commissioning Function and Single Hospital Service.

The LCO will be required to deliver its savings and contribute to overall system sustainability by driving efficiencies in provision across the services in scope, reducing demand for high care services (see Activity reduction and efficiency measures later in this document) and through improvements in quality, outcomes and transformation.

Working with Communities

Neighbourhoods and communities

The LCO will be expected to show strong links back to local communities and work effectively and collaboratively with the voluntary and community sector ensuring there is parity of esteem between traditional health and care services. The LCO will recognise the power that a strong community can have in co-designing and co-delivering services, working together with other providers to improve health outcomes.

LCO services should be delivered at a place based neighbourhood level unless they require economies of scale at a specialist local level, or a single citywide level.

Services should be provided at the most appropriate local level possible. Where they are delivered at scale they should be delivered in a way which works with local neighbourhood arrangements.



Equality and Inclusion

Equality and Inclusion is an integral part of all of Manchester's strategies, policies, procedures, plans and processes ensuring that our health and care system is transparent in our approach and that all the work we do is fair, inclusive and accessible to all.

This specifically relates to improving health outcomes and ensuring that services are designed and delivered to meet the health and care needs of the local communities - improving access and experience so that people, carers and their communities can readily access community health, social care and primary care services and are not denied access on unreasonable grounds.

We know that equity of access, experience and outcomes in health and social care services currently vary across our population and therefore it is very important that the LCO ensures that the services it delivers meets the needs of Manchester's diverse communities. To improve outcomes across all equality groups the LCO will need to understand Manchester's local population to ensure that the services they design and deliver are tailored to address and tackle the inequalities that exist.

The link between having a diverse workforce and the quality of care is now well established, therefore the LCO will need to demonstrate they have an inclusive workforce, where employees are treated with dignity and respect, where opportunities are accessible and open to all and where the workforce is representative of the population they serve.

The LCO must have a representative and supported workforce and routinely demonstrate their commitment to promoting equality and inclusion.

The LCO will need to understand and take positive and proactive action where necessary to close the current gaps in health outcomes that exist and demonstrate that robust evaluation mechanisms are put in place to support this.

Provider proposals will need to demonstrate that full equality impact assessments have been undertaken in line with the public sector equality duty.

Our Manchester

To support delivery of the 'Our Manchester Strategy', the city's partners have developed the 'Our Manchester' approach which sets out the four principles that all the partners working across Manchester - public sector organisations, businesses, the voluntary sector and our communities – will work to in order to achieve our shared vision.

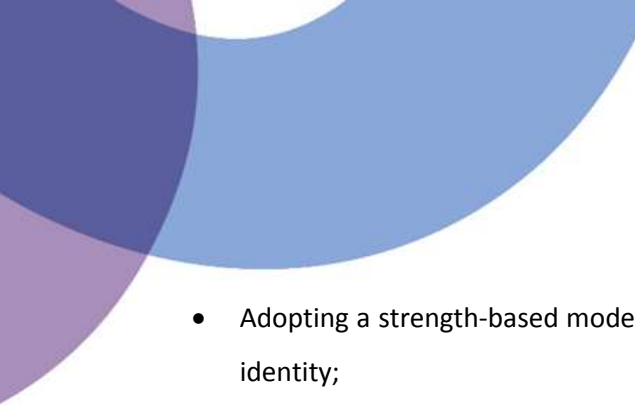
As a key provider and sub-commissioner of public and voluntary services the LCO will need to demonstrate how they will implement and embed the Our Manchester principles at every level of their organisation.



The LCO will need to articulate how it will value and utilise opportunities for the voluntary, community and social enterprise (VCSE) sector (and others) to support independence, self-care and better wellbeing.

The LCO will need to clearly demonstrate how it will work with people, places and communities to build capacity and connect people to assets that meet their needs, including:

- Addressing disparity in the provision and availability of assets between neighbourhoods;

- 
- Adopting a strength-based model that meets the needs of individuals and communities of place and identity;
 - An organisation wide approach to co-design and mapping community assets to understand and measure their value;

As well as investing in community based services the LCO will need to work with communities and providers to tackle the wider issues that can affect health, ranging from alcohol and diet, to poverty, housing quality, leisure services or employment. Stable employment and housing are both factors contributing to someone being able to maintain good mental and physical health.

Social Value

Social value involves looking beyond the price of a contract for a particular service to consider what the collective benefit to the local community might be. For example, an organisation which provides services for people might recruit volunteers from those communities to run some of these services.

The social value aspect would be in providing people with volunteering opportunities in an environment where they feel safe and supported, allowing them to develop skills, gain work experience, and feel socially included. This would be in addition to the organisation being able to provide its services to the community.

The LCO will need to support community navigation by providing tools and systems that map the assets and resources available across the city. The LCO will need to clearly demonstrate how it will work with people, places and communities to build capacity and connect people to assets that meet their needs.

Some of the elements of asset-based approaches include:

- Understanding the whole system of health and social care, and to assess the overall impact of changes on that system, rather than focusing narrowly on public sector expenditure. Cuts in services are likely to transfer demand to other agencies, often the VCSE sector.
- There needs to be an investment approach to VCSE sector assets, how they can be nurtured and supported to be able to better support people with health and social care needs at a neighbourhood and city-wide level. This should include cultural and sport partners and recognise and address the disparity in some assets between neighbourhoods.

The LCO will be expected to work with partners in other sectors, to begin to design a different approach to how they deliver services across the city.

Manchester's Neighbourhoods

The establishment of an LCO will bring together a range of community based health, care and prevention services organised around general practice with 12 locality neighbourhoods across the city, so they can focus on the local population and individuals needs more effectively.

In order to support the development of place based care, neighbourhood profiles have been developed which will help the LCO to determine the priorities and outcomes it wants to achieve and to think through the 'how, what and where' of service delivery⁸.

Empowering communities within wards, framing issues at a neighbourhood level and building community confidence will be an essential requirement to reduce the gap in health inequalities.

The LCO will be expected to create services in partnership with people and communities in the following ways:

- Strengthening communities - building on community capacities to take action together on health and the social and community determinants of health and adopting the Community Based Care Quality Standards;
- Volunteer and peer roles - enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities;
- Collaborations and partnerships – involving communities at all stages of the planning cycle, from identifying needs through to implementation and evaluation;
- Access to community resources - connecting people to community resources ;
- Work with schools in supporting children to increase their life chances, and supporting their future independence.



⁸ Refer to 'Supplementary Information' for further information about neighbourhood profiles and population cohorts.

Service integration and reform

The LCO will be responsible for the coordination of care in particular:-

- The assessment of need and coordination of services for the local neighbourhood areas;
- Working together and with partners to provide a system of care and a whole population offer;
- Sharing records, building on developments through the Manchester Care Record system.



The LCO will need to work with other health and social care providers, the voluntary sector and the independent sector to provide the best possible flexible and person-centred care. The LCO will deliver community based integrated health, social care and public health through integrated delivery and coordinated care through a case management approach.

The LCO will work effectively with families and their carers, the voluntary sector and the education sector including universities, housing and other primary care providers such as pharmacy, optometry and dentistry as vital parts of creating a place based way of delivering care.

The way forward will be one of 'connecting care' across the different sectors including primary care and hospitals, physical and mental health and health and social care.



A Multi-specialty Community Provider (MCP)

The commissioners envisage contracting with the LCO through the new 'Multi-specialty Community Provider' (MCP) contract⁹, incorporating community health and care, social care, mental health and primary care services for adults and children, and potentially some acute services over time. The inclusion of primary medical services depends upon the extent to which general practices opt to change their current contractual arrangements (on a voluntary basis).

It will adopt a 'strengths based' approach providing holistic, whole person services to local people, which consider the physical health, mental health and social needs of local people, with a strong focus on prevention.

An Integrated Workforce

We know people who live in Manchester value their care being delivered in the community closer to their homes and this should be reflected by the LCO.


With highly skilled staff and effective technology, services can be provided in the community in ways that are easier for people to access and be supported holistically.

However for this to reduce demand on acute hospital services, health and social care teams need to be much better integrated and coordinated to ensure that the right care is offered at the right time, in the right place and by the most appropriate person.

Front line staff, with the support of carers, should see themselves as a local integrated team working for their population. Professional identity or employing organisation should not act as a barrier to integrated working. Teams' focus should be on the 'place' they serve. Place is defined geographically and the intention is to have local teams within the city delivered at such a local level.

The LCO workforce strategy will need to recognise the significant contribution made by Manchester's unpaid workforce of volunteers and approximately 60,000 unpaid carers.

⁹ *National templates are currently in draft form, with updates anticipated during 2017/18.*



The LCO will need to develop innovative workforce strategies that are tailored to the needs of Manchester's paid and unpaid workforce to empower them to give the most effective care and ensure that their own wellbeing is supported.

To be successful on delivering the ambition for better care the LCO will need to:

- Understand the immediate/short term workforce demands and the impact on the existing workforce as new delivery arrangements begin to be implemented;
- Work with partners across Manchester's wider Health and Social Care System, including the VCSE sector and carers, to develop a shared understanding of what will be required from the workforce in the medium to longer term, in terms of capacity and capability along with new roles/skills mix;
- Develop a comprehensive Workforce and Organisational Development Strategy and plan for the health and care workforce that is reflective of the city of Manchester;
- Effective engagement with both our current workforce and trade unions across the city as a whole;
- Act as system leaders and innovators in the development of workforce strategies to empower Manchester's health and social care workforce and ensure they are ready and able to meet the demands of a rapidly changing work environment in the medium to longer term;
- Work with the VCSE sector to find new ways of reaching those communities that remain untouched by Manchester's success, creating resilient and vibrant communities of people.

To meet the needs of the LCO's wider workforce the LCO will need to adopt a model of integration which focuses on culture, information exchange, joint working, depth and quality of connection, active communication, co-planning and co-production supported by training and capacity building. There are many existing models that could be adopted. These form part of an overall system leadership that should not be left just to providers to develop.

Some of the elements of achieving this model of integration may be:

- Building on the Manchester Carers Strategy and working with the Carers Network to extend and develop the training and peer support offer;
- Valuing and promoting diversity of provision and specifically refraining from imposing NHS or Local Authority standards and procedures onto VCSE organisations;
- An agreed model for how care staff and services work in a strength-based approach both with individuals and with communities of place and identity;

- A joint approach to co-design and mapping community assets and understanding and measuring their value;
- Delivery of integrated neighbourhood health and care teams with GPs and primary care as the cornerstone of how the LCO supports people to live healthier lives in the future;
- Recognising employment and economic contribution as key outcomes for people who are receiving health and care services.

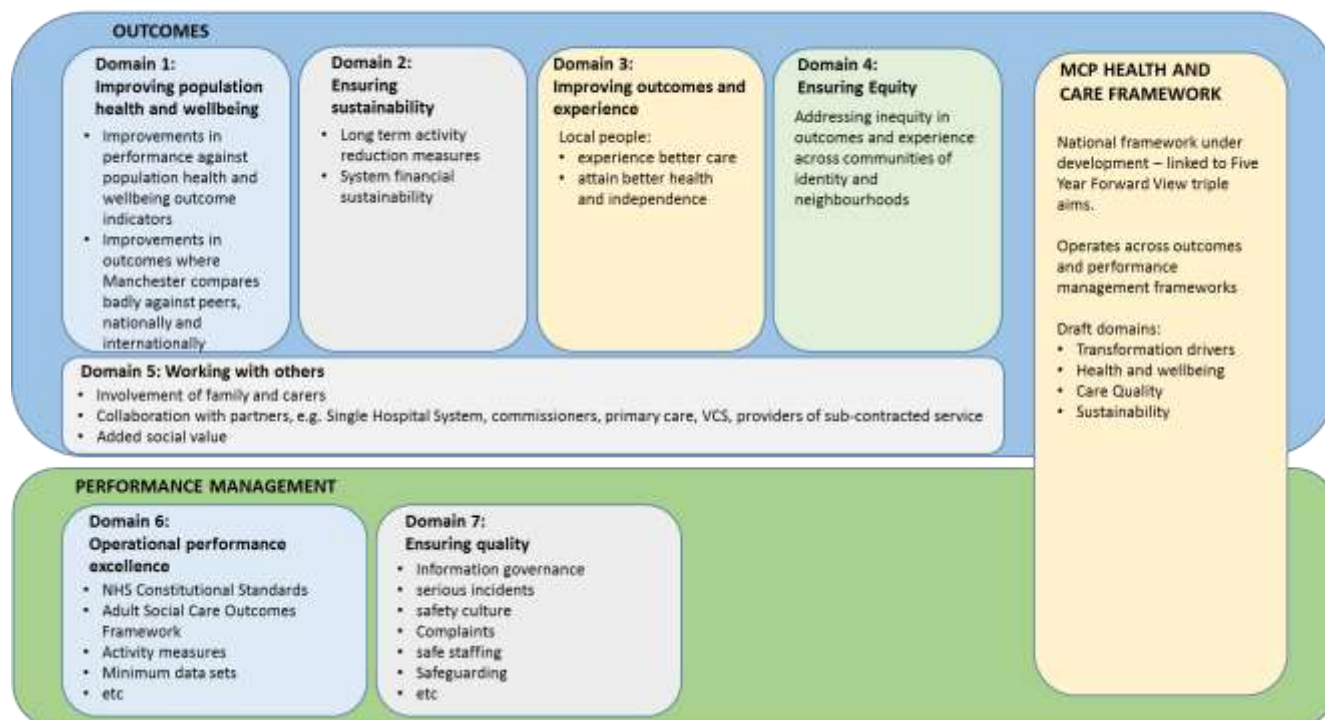
It is a requirement that the LCO will provide staff who are appropriately experienced, qualified and trained for the role they are carrying out as well as maintaining registration with the appropriate professional body where there is a duty to do so.

Measuring Success

Outcomes and Performance Management Framework

To enable commissioners to obtain assurance of LCO achievement of the planned short and long term ambitions and transformational changes, the following Outcomes and Performance Management Framework will be used:

OUTCOMES AND PERFORMANCE MANAGEMENT FRAMEWORK - OVERVIEW



Outcomes

Domain 1 Improving population health and wellbeing

The 'Our Manchester' Strategy sets as one of its high level aims to 'collectively improve our health and wellbeing and be more active as adults and children' with the following metrics used to monitor progress under the Progressive and Equitable City theme:

- % of workforce paid living wage (£7.85 an hour) – percentile of hourly rates
- Number of looked after children
- % of children under 16 in low-income families
- Proportion of households living in fuel poverty
- Active people survey – participation in 30+ minutes of sport, one or three times per week
- Childhood obesity at year 6
- Children aged 0-5 in contact with NHS dentist
- Rate of deaths caused by respiratory or circulatory diseases or cancers (separately) compared to national average
- Healthy life expectancy at birth
- Number of years expected to live in good health post-65
- Early Years Foundation Stage Profile: % achieving good level of development
- Reductions in dependency evidenced through Confident and Achieving Manchester Programme
- Emergency Hospital Admissions (rate per 100,000 people)

The 'Taking Charge of our Health and Social Care in Greater Manchester' plan for health and social care sets out the collective ambition for the region over the next five years, setting out its direction of travel, and establishing population health improvement objectives.

Manchester, along with the other parts of the region, is required to deliver their proportion of those population health improvements, which for Manchester are¹⁰:

¹⁰ Figures are cumulative reductions over the 5 year period to 2021. For example, the figure for early deaths from respiratory diseases represents 11 fewer early deaths in year one, rising to 56 early deaths in year 5.

Outcome	2021 Local Aspiration
More children will reach a good level of development (GLD) cognitively, socially and emotionally.	916 more children starting school in the City ready to learn, ultimately leading to better educational attainment by 2021.
Fewer babies will have a low birth weight resulting in better outcomes for the baby and less cost to the health system.	76 fewer very small babies (under 2500g) being born by 2021.
More families will be economically active and family incomes will increase.	4,558 fewer GM children living in poverty by 2021.
Fewer people will die early from Cardio-vascular disease (CVD).	174 fewer early deaths from CVD by 2021.
Fewer people will die early from Cancer.	383 fewer early deaths from cancer by 2021.
Fewer people will die early from Respiratory Disease.	168 fewer early deaths from Respiratory Disease by 2021.
More people will be supported to stay well and live at home for as long as possible,	653 fewer people over 65 being admitted to hospital due to a serious fall

The City's population health profile, Joint Strategic Needs Assessment, benchmarking information, for example Right Care Commissioning for Value, and other sources of improvement intelligence will be used to identify other relevant measures and ambitions for this domain.

Domain 2 Ensuring sustainability

Given the financial, quality and workforce challenges facing the health and social care system, LCO and wider system sustainability measures will be deployed.

The Cost Benefit Analysis work undertaken to support Manchester's bid to the Greater Manchester Transformation Fund, included the following target reductions to be delivered by the LCO:

Outcome	Unit	Activity Reduction by 2020/21
Reducing A&E Activity (Attendances)	Attendances	19,587
Reducing Acute Length of Stay	Per bed day	5,742
Reducing Avoidable GP Visits	Per visit	55,503
Reducing Avoidable Prescribing	Per consultation	53,447
Reducing Elective Admissions	Per episode	2,287
Reducing Non-Elective Admissions	Per episode	2,330
Reducing Outpatient Attendances	Per admission	69,215
Reducing the cost of Care Packages	Per week	19,680
Reducing Avoidance Contacts and Referrals	Per ASC assessment	1,142
ESA Claimants	Per claimant a year	128
School Readiness	Per SEN	130

Reductions are against 2020/21 modelled activity, based upon 2015/16 baselines. Activity reduction targets will be finalised during contract award stage.

Other, non-activity specific measures will be utilised, including LCO and system distance from financial plan, workforce indicators etc.

Domain 3 Improving outcomes and experience for local people

The purpose of this domain is to ensure that people have positive experiences of the care they receive, that it is delivered in the most effective way and that they attain better health and wellbeing and achieve greater independence.

Local people told us that they value:

- Being able to access services when they need them

- Care being delivered in a co-ordinated way
- Being involved in decisions about their care
- Feeling safe and supported
- Being able to access information about local services
- Access to emotional and practical support as well as treatment
- Being given enough information to make informed decisions about care options
- Not feeling lonely in their community
- Being seen in an environment that is accessible and clean

Following the City Council's recent Budget consultation the people of Manchester were asked to rank which services are most important to them:

- Health and social care was the second-most mentioned service.
- Making Manchester healthier and more active also ranked highly.
- Manchester people also outlined the importance of both mental health and disability services.

The City's strategic ambition is for local people to attain better health and wellbeing and achieve greater independence, with people feeling empowered and enabled to be active participants in their health and wellbeing.

The LCO Outcomes and Performance Management Framework will monitor and measure the extent to which local people experience improved care, gain greater independence and achieve personal outcomes. In the first instance this will be by using existing measures contained in social care, public health and NHS outcome frameworks or National Voices 'I statements' as relevant together with local measures being co-produced with stakeholders from across the City. These measures will include:

- Better quality of life for patients with one or more long term conditions including mental illness
- Improved quality of life for carers
- More people who use services who have control over their daily lives
- More adults with a learning disability living independently
- More people with mental illness in paid employment

Domain 4 Ensuring equity

There is variation in the experience and outcomes for people from different parts of the City and different communities of identity.

Throughout the contract duration, the LCO will be required to propose to commissioners a small number of measures that will demonstrate how they are tackling variation and delivering improvement priorities that support the wider LCO Outcomes and Performance Management Framework indicators. Proposed measures will be considered for agreement / amendment by commissioners initially during the procurement and contracting process and then via the 3 yearly and annual planning processes, see below.

Domain 5 Working with others

Whilst the objective of the LCO is to dissolve the barriers that exists between different parts of the health and care system, the services the LCO is responsible for (either directly provided or sub-contracted) are only part of a wider system, which comprises a wide ranging offer that impacts on the outcomes and experience of local people, e.g. including wider primary care, single hospital services, VCSE provision, housing, employment services, etc.

The LCO will be required to work collaboratively with local people, their families and carers to understand what is important to those they are providing services to, ensuring involvement and co-design of individual care plans and service development initiatives. The LCO's wider social value contribution will also be a key collaboration measure (as referenced on page 22).

Performance Management

Domain 6 Operational performance excellence

The LCO will be required to report against existing performance, activity and other measures as set out in NHS and local government mandated performance measure, e.g.

- NHS Constitutional standards
- Adult Social Care Outcomes Framework
- NHS Outcomes Framework
- Activity and input measures
- Relevant minimum data sets

Domain 7 Ensuring quality

A suite of measures will be deployed that provide commissioners with assurance of the quality of service delivery. Measures will include:

- Complaints
- Serious incident reports
- Harm free care
- Safe staffing

Health and Care Framework

The draft MCP contract (December 2016) includes reference to a MCP Health and Care Framework, which will utilise a mixture of financial and non-financial incentives to drive change in the fully integrated model.

The local outcome and performance management arrangements for the LCO, which are still under development, will be informed and influenced by the performance monitoring and reporting requirements set out in this framework.

Framework Deployment

The Outcomes and Performance Management Framework has been developed to be flexible, capable of being adapted to reflect the growing range of services the LCO is responsible for (directly provided or sub-contracted), and how those services will be delivered.

The framework also recognises that whilst commissioners require assurance that long term outcomes will be achieved any performance impact upon the measures is unlikely to be measurable in the short to medium term. A 'logic chain' approach will therefore be used to identify actions that will drive improvements in long term outcomes, with performance targets set and monitored.

The Outcomes and Performance Management Framework therefore adopts a tiered approach that enables commissioners to monitor and manage short, medium and long term outcome and performance measures across the range of LCO responsibilities, with short and medium term measures being regularly refreshed through three yearly and annual planning processes.

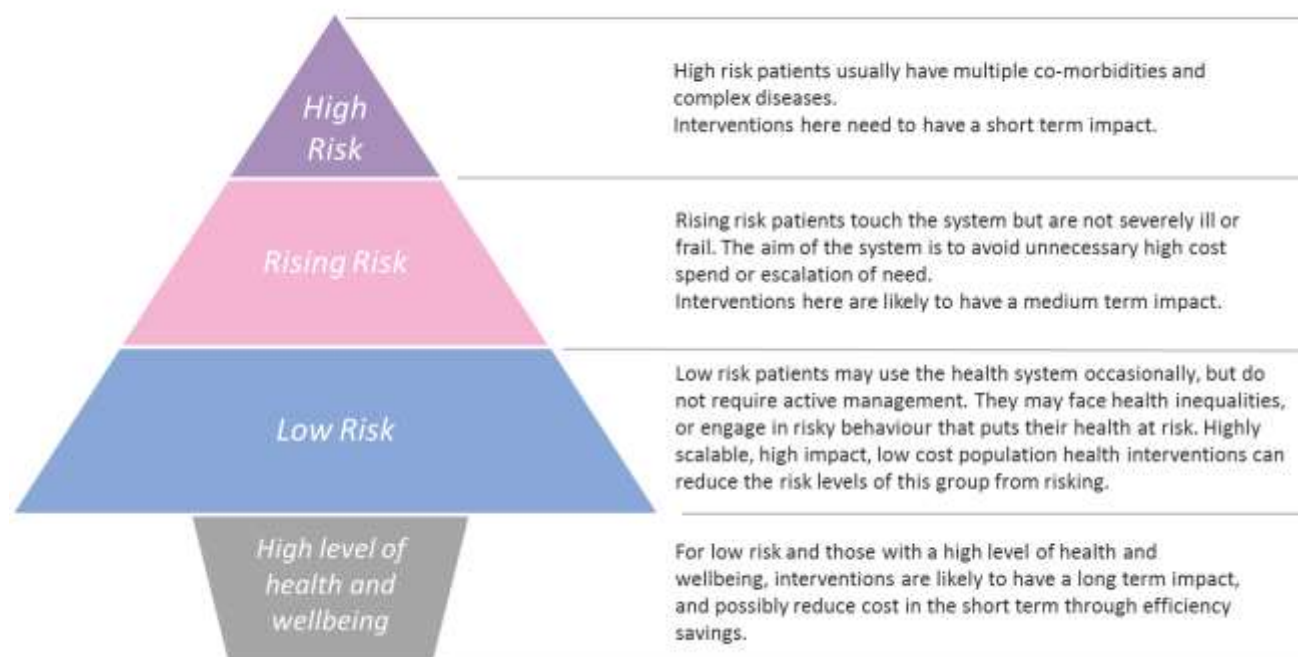
Description	Example measures
<p>Tier 1: Outcome measures Long-term outcome and other success measures that will remain largely unchanged for the contract duration.</p>	<p>Our Manchester Strategy Outcomes</p> <ul style="list-style-type: none"> • Number of years expected to live in good health post-65 • Active People Survey – participation in 30+ minutes of sport, one or three times per week • Healthy Life Expectancy at birth • Population health outcomes, e.g. • Fewer people will die early from Respiratory Disease • More people will be supported to stay well and live at home for as long as possible • Sustainability measures, e.g. • Long term health and social care activity reductions • LCO distance from financial plan
<p>Tier 2: Input, Output and Transformation measures Short and medium term input, outcome and output measures which enable the commissioner to monitor and manage LCO performance against the contract and progress towards delivering the transformational change plans required to deliver LCO and wider system outcomes measure and monitor success in the short to medium term.</p> <p>Measures will be developed via a 3 year rolling and annual planning process. It is anticipated that Tier 2 measures will be linked to the contract’s outcome based payment mechanisms and Gain / Loss Share arrangements.</p>	<p>Annual activity reduction plans related to 5 year activity plans set out in the Tier 1 sustainability domain</p> <p>Input / output measures that impact upon achievement of longer term outcomes. (These will be developed using a ‘logic chain’ approach.) Examples include:</p> <ul style="list-style-type: none"> • GP extended hours; • Primary care professionals working as part of an integrated team • Patients having an agreed shared care plan. <p>Transformation milestones, e.g. implementation of agreed care models, LCO development milestones</p>
<p>Process measures Quality, activity, performance and other measures that provide assurance that the LCO is delivering current services to the required standards</p>	<p>National and local performance reporting requirements, e.g.</p> <ul style="list-style-type: none"> • NHS Constitutional Standards • Adults Social Care Outcomes Framework <p>Input and activity measures, e.g.</p> <ul style="list-style-type: none"> • Community services minimum data set • Activity data <p>Quality measures, e.g.</p> <ul style="list-style-type: none"> • Complaints • Serious incidents • Safeguarding

The Framework, including specific measures, baselines and performance targets will be developed throughout the procurement and contracting process to ensure they reflect the full breadth of LCO services, emerging national guidance and the planned 'Improvement Payment Scheme', details of which will be confirmed at the next stage of the process.


Targeting Risk Groups

Given the growing number of people with complex and chronic needs - which might include a combination of physical and mental health conditions and high social care needs - there is a need to identify and target risk factors that lead to multiple conditions.

This requires a proactive focus beyond just high risk individuals. Currently around 5% of Manchester's patient's account for approximately 40% of Manchester's secondary care spend – and each year a significant number of rising risk individuals will escalate to become high risk. (See below diagram).



The LCO is required to develop care models that prevent or delay local people currently identified as at Rising Risk from moving into High Risk. This applies equally to adults and children.



Those individuals with complex needs - who are not yet severely ill – will need to be carefully managed to avoid them becoming high risk. The LCO will need to identify high risk individuals and ensure comprehensive care plans are in place to meet their needs.

For low risk individuals – which includes those facing health inequalities and may well include people engaging in high risk activities – the LCO must ensure services are provided which support people to better manage their own health and to live healthy lifestyles.

These interventions might be digitally enabled and would involve changes in how care is delivered; whether it be better use of pharmacists and nurses, or whether people can get treatment for self-limiting illnesses virtually over the phone or online.

Enabling self-care will be a key requirement of the LCO. Prevention is no longer an optional ‘add-on’. It is an essential lever to improving people’s health and experience of care. People remain ultimately responsible for their own health and wellbeing.

However, to support people to make informed and appropriate choices to manage their condition, the LCO will be expected to offer guidance on self-management and make sure the individual is part of any decision making, as part of a more holistic and forward looking package of care.

The LCO will be required to develop innovative solutions which will deliver the outcomes set out above through the integration of provision across the Manchester system including primary and acute care; physical and mental health, community health and social care, VCSE, housing and carers.

The LCO will deliver tangible and quantifiable results such as reducing bed-days, emergency admissions and costs per capita, while maintaining or improving the outcomes and quality of reported patient experience.

To ensure the LCO achieves the best outcomes for the people of Manchester and to ensure the best use of resources, the LCO’s solutions will need to demonstrate that they have been informed by risk stratification tools.



Relationships with the Local system

Relationship with the Single Commissioning Function

A developing function of the LCO over time will be core operational commissioning. This will be intrinsically linked to how services will be commissioned, co-designed and delivered at a neighbourhood level, including the commissioning of key service provision, for example residential, nursing and home care currently undertaken through sub-contracting arrangements.

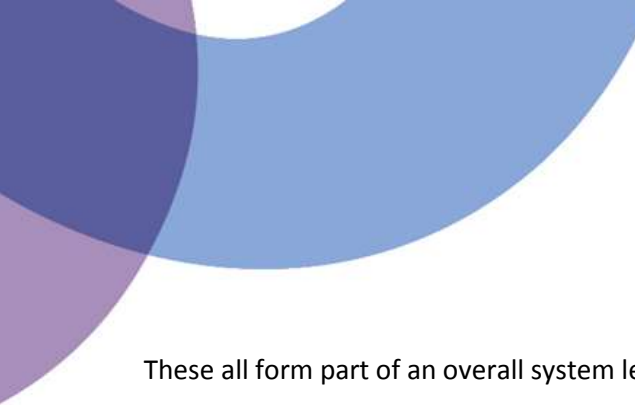
As part of the Locality Plan, a strategic single commissioning function is being established with much of the operational commissioning passing to the LCO in the future.

The LCO will have sub-contract arrangements in place with other providers. With the exception of commissioner mandated (or 'reserved') contracts, the LCO contract will define the nature of the relationship the LCO will have with other providers to deliver services to the population of Manchester.

The LCO will therefore need strong arrangements in place to fulfil this requirement and to ensure that their staff and their delivery system and processes are part of the integrated service offer.

The LCO will, as relevant to its scope of services:

- Assume appropriate financial risk and ultimately be able to bear wider hospital utilisation risk through a gain/risk share agreement with secondary care to ensure that spending across the LCO and 'Single Hospital Service' remains within allocated budgets. There are many existing models that could be adopted;
- Ensure appropriate financial and wider risk management controls and processes are in place to identify and manage strategic, clinical safety, financial, operational and reputational risks. These will be mitigated through early identification and action. There are many existing models that could be adopted;
- Ensure and demonstrate effective and responsive performance measurement, analysis and reporting and improvement process across all partners. There are many existing models that could be adopted;
- Ensure clear processes are in place, enabling coordinated service delivery and alignment across partner organisations delivering health and care services;



These all form part of an overall system leadership that should not be left just to providers to develop.

Relationship with the Single Hospital Service

Due to the interdependencies between the three pillars of Manchester's Locality Plan there is a need to ensure that the progress and implementation of each pillar happens in unison. Preparation for commissioning of the Single Hospital Service will be closely aligned with the development of the LCO.

Relationship with Manchester City Council (MCC)

The LCO's relationship with the City Council will operate on three main levels:

1. The Council is a commissioner of the LCO and the LCO will be accountable to the Council for delivery of commissioned services via the Single Commissioning Function;
2. Where the LCO is commissioned to deliver services that undertake any of the Council's statutory functions, it will be required to provide assurance that it is delivering the Council's statutory functions through its delivery, including cooperation and engagement in any audit, review, assessment or similar processes;
3. The LCO will need to work collaboratively with other Council services to ensure improvement in the outcomes and experience of local people to tackle the wider determinants of health; health inequalities; and build community capacity and resilience.

Further Information

The 'Supplementary Information' document which accompanies this Prospectus provides further detail in relation to the technical aspects of the contract opportunity, including:

- Finance and Scope
- Transformational Benefits and Savings Assumptions
- Contract, including the expected duration
- Performance
- Neighbourhoods and population cohorts