



**Manchester Local
Care Organisation**

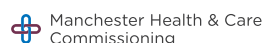
Leading local care, improving
lives in Manchester, with you

Welcome to MLCO

Who we are and how we
plan to work with you
in our first year



Powered by:





Dear Colleague,

Welcome to Manchester Local Care Organisation. We're really looking forward to working with people like you, who can help us with our goal of getting to the root causes of ill health in Manchester and then addressing them early on through strong care close to their homes.

As a public-sector partnership, we'll be working together on an ambitious goal - bringing more health and social care closer to people's homes, and out of a hospital setting, wherever possible. Together, we'll be shifting the focus to one of prevention, so that we help people by listening to what makes them 'tick', and what they need to stay happy, healthy, independent and fulfilled.

We'll also be using teams of frontline staff to co-ordinate care, so that people don't have to open up their homes multiple times for different appointments - leaving them powerless over both time and their health.

This now marks the start of an exciting new beginning in personalised care within our communities. We fully believe that this approach is not only the right thing to do, but that it will also help people with other areas of their life, including housing, education, employment and those lifestyle opportunities that we would want for ourselves or our loved ones.

This is a journey on a scale like no other as we bring up to £650million of health and social-care services together into the community in Manchester; this will help to keep people well where they live, and help to reduce avoidable hospital and care admissions.

We also need and value your personal input, to transform health outcomes for more than half a million people in this city.

Thank you for joining us on this journey.

Michael McCourt

Chief Executive

Manchester Local Care Organisation (MLCO)

Who are we?

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

We are bringing together the teams from these organisations that provide community-based health and social care (also known as out-of-hospital care) in the city in a new way. Some 3,000 staff from Manchester's adult and children's NHS community teams and adult social-care teams have now joined MLCO. They include nurses, social workers, health visitors, therapists, support staff and many other health and care professionals.

These teams are now working together as part of one single organisation for the first time. People shouldn't notice any difference in how they use services, but behind the scenes changes are taking place to ensure that care is better planned, co-ordinated and developed around their needs.

Our vision and goals

Our vision statement is **“leading local care, improving lives in Manchester, with you”**. We think that sums up what we want to do and how we will work with people and organisations in Manchester to do that.

In simple terms, there are two main things that MLCO has been set up to do:

- Make a positive contribution to help people in Manchester live longer and enjoy better health than many do now
- Improve community and neighbourhood care for people in the city.

We have four clear goals that guide how we work, and these will structure our services:

1. **Promoting healthy living** – helping people to stay well through prevention, supporting them to lead healthier lives, and tackling health issues before they escalate.
2. **Building on vibrant communities** – through neighbourhood-based teams, joining up services where people live to make care simpler and more effective for them.
3. **Keeping people well in the community** – helping people who have existing health needs and complex health issues to stay as well as possible in their home.
4. **Supporting people in and out of hospital** – ensuring community-based care helps people to avoid unnecessary hospital admissions; or to quickly and safely discharge them as soon as they are ready if they do need time in hospital.

By working as one team for the first time as MLCO we can now achieve these goals.

Why are we doing this?

Manchester's overall health

Ours is a thriving city, prime for growth and full of economic, social and cultural potential. Yet, there is still a big gulf in health results, earnings and living conditions in some parts of the city.

To put that in real figures, there are **3.5 times as many deaths under the age of 75 in the most deprived parts of the city** when compared with the least deprived areas. Manchester is in the top fifth of most deprived districts in England and more than a third of our children live in low-income families.

In general, people in Manchester still have worse health and die earlier than in our other major cities.

This has to change. Improving health across the whole of the city and reducing this variation is a major theme of the transformed health and social care system as a whole.

Key things we can tackle together

- Manchester's population is rapidly growing in size. More than half a million people live here – and around 50,000 people are aged 65 and over. There will be a greater demand for care and support that we can only meet by working together.
- Life expectancy is more than eight years lower for men and more than six years lower for women in the most deprived areas of the city than in the least deprived. We want to increase life expectancy in those areas.

- We want to reduce death rates among our under-75s for preventable aspects of heart disease, respiratory disease and cancer – currently among the worst in the country. We also want to reduce smoking-related deaths in the city – we currently have 800 more than the average number for England per year.
- Manchester currently spends around £1.3 billion on health and social care per year. This figure is not regarded as sustainable – and is forecast to lead to a funding gap.

These are just some of the reasons why MLCO needs to use its funding in the best way it can and harness the power of the city's community health and social-care teams working together to do that.

How budgets are spent

Approximately half of the city's health and social-care budget is spent on around five per cent of the population. These are people who have complex needs or long-term conditions that could probably have been better supported in the community.

This is why we are working closely with public-health colleagues to understand the specific patterns and profiles of our different communities and areas, while targeting resources to match what people need. We are also looking at evidence around risk, so we can plan care around those people with complex needs and prioritise early help.

By bringing our teams together, we can provide that care in a more co-ordinated way.

What will Manchester Local Care Organisation do?

‘We want the best proactive care near people’s homes, so that Manchester people have better health, happiness and can get the most out of life.’

MLCO and its staff are a public-sector partnership that brings health and social care teams together in local neighbourhoods. GPs, community nurses, other community healthcare and support staff, social workers and community organisations will all be working together in a joined-up way to provide the best community-based care for local people close to their homes.

This integration will help to address historical problems where services have not always worked in a connected way. We are also building on all the other positive support networks and facilities that already exist in our neighbourhoods – from hobby and social groups, to parks and leisure facilities.

Crucially, more than services, this is a way of working that relies on putting people first by focussing on what matters to them, to support good health, manage conditions and prevent ill health. We will also work in a targeted way to provide help for those people who have the greatest health and care needs. It’s part of our aim of helping people take charge of their own health and care.

This is why we say that MLCO is a delivery partner – because it can only lead local care through the help of local services, local people and local knowledge.

That’s exactly why our approach is based on dividing Manchester into 12 neighbourhoods – because what’s needed in Harpurhey in north Manchester, for example, may not be the same as the priorities for Didsbury in south Manchester. We will go into this in more detail shortly.

A key point here is that we have also put a lot of

focus on how IT systems will connect and how we can make the best use of our buildings. Our teams will be located together, which will help to share local and professional knowledge.

These neighbourhood teams are complemented by our locality and citywide services, which work across larger areas of the city to provide expert care.

But first, here’s a bit more context:

Strategies that have shaped Manchester Local Care Organisation

There are citywide, regional and national approaches that MLCO needs to reflect to bring consistency to the city. They are:

1. The Our Manchester Approach

The Our Manchester Strategy sets out the ambition for the city for the next ten years – to be thriving, filled with talent, fair and a great, connected place to live. It is based on talking to the people who live here and asking them what matters most to them. It puts people at the heart of everything and recognises that a different approach to delivering public services is needed, shaped by four principles, which have become the Our Manchester way of working:

- Better lives – it’s about people
- Listening – we listen, learn and respond
- Recognising strengths of individuals and communities – we start from strengths
- Working together – we build relationships and create conversations.

2. The Manchester Locality Plan – Our Healthier Manchester

This plan represents the first five years of transformational change across the health and social care system to improve health and wellbeing. In particular it looks in detail at how cancer and mental-health services can be developed; how GP care can provide a wider range of services in the areas people live; and how hospital services are organised so that specialist areas are recognised, staff can work across sites, and so that the best services are available to everyone in the region.

To help people have better health we also need the structures – or tools – that help us to do this, which include:

- A single commissioning system across health and care. This is through Manchester Health & Care Commissioning, a partnership between Manchester City Council and NHS Manchester Clinical Commissioning Group, which was formed in April 2017.
- A single Manchester hospital service delivering cost efficiencies and strengthened clinical services. Manchester University NHS Foundation Trust (MFT) was launched in October 2017.
- A Local Care Organisation to deliver integrated out-of-hospital services through community-based health, primary and social care services within neighbourhoods. Manchester Local Care Organisation was formally launched on 1 April 2018.

3. Greater Manchester and Devolution

In February 2015, the 37 NHS organisations and local authorities in Greater Manchester (GM) signed a landmark devolution agreement with the Government to take charge of the £6billion health and social-care spending and decisions in the region. Manchester is one of the ten GM boroughs.

To describe how GM would do this, the plan Taking Charge was developed. It outlines the vision and approach for Greater Manchester, ‘to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8million people living in our region’.

The plan recognises that there needs to be a radical change in how we build resilience in people and communities, that we need to provide safe, consistent and affordable health and social care, and that there needs to be a new deal struck with people in Greater Manchester.

4. The roles of the Mayor of Greater Manchester and the Combined Authority

Since he was elected in May 2017, Mayor of Greater Manchester Andy Burnham outlined his four key priorities:

- Homelessness
- School readiness – children able to start school ready to learn
- Being ready for work – adults having the skills and support to work
- Ageing well.

The plan that underpins the future of the region is called the Greater Manchester Strategy: Our People, Our Place. This aims to make the region one of the best places in the world to grow up, get on and grow old. It has ten key areas, which include the Mayor’s priorities above.

5. National context

Even though Greater Manchester has control of its own devolved £6billion health and social care budget, it is still part of the NHS and other national regulatory/statutory bodies.

Therefore, the NHS Five Year Forward View (from NHS England) – which sets out seven new models of care – is applicable to Manchester and is reflected in the context of the business plan and its requirements.

A neighbourhood approach is key to what we're doing

Care we provide will be co-ordinated through all 88 GP practices across the city, and the 12 neighbourhood teams, which will also have a GP lead. This will help to address the health and wellbeing of the whole population, and also targets our resources for the most vulnerable people to reduce health inequalities. That's why we have divided the population into certain groups so that we can address these issues.

The five groups are:

- Older people who may be frail
- Adults with long-term conditions and/or at the end of life
- People with mental-health problems, learning difficulties and dementia
- Children and young people
- People with complex lifestyles.

Neighbourhood teams

Each neighbourhood will have a health, demographic and population health data pack and a neighbourhood plan. This information is based on evidence from our public health and GP colleagues, with a breakdown of how services are used. Our neighbourhood teams are based on geographical areas instead of organisations. The teams will focus on the place and the people they serve and wherever possible care should be closer to home rather than delivered within a hospital or care home. Staff will be able to work seamlessly to do this.

The model puts primary care right at the heart of an integrated model of health and social care. Teams include community pharmacists, allied health professionals, community nursing, social care officers, intermediate care teams, leisure and health-promotion teams, ambulance teams and third-sector teams, with a link to educational and employment teams. They are all working together for the benefit of local people.

The 12 neighbourhoods are:

- Ancoats, Clayton and Bradford
- Ardwick and Longsight
- Cheetham and Crumpsall
- Chorlton, Whalley Range and Fallowfield
- Didsbury East and West, Burnage and Chorlton Park
- Fallowfield (Old Moat) and Withington
- Gorton and Levenshulme
- Higher Blackley, Harpurhey and Charlestown
- Hulme, Moss Side and Rusholme
- Miles Platting, Newton Heath, Moston and City Centre
- Wythenshawe (Baguley, Sharston, Woodhouse Park)
- Wythenshawe (Brooklands) and Northenden.

Targeted care and developing new ways of working

Stopping people becoming ill in the first place is a major feature of our work and there are lots of new ways of working we can introduce to support this.

We have already introduced High Impact Primary Care (HIPC), which is pioneering ways of helping people who have the most complex health and care needs. It is aimed at the two per cent of people who are probably the highest users of NHS and care services. They will be identified by the GPs in the neighbourhood teams and referred to HIPC, who can then make long-term plans to help manage care.

For people who may have been ill or need a plan in place for being discharged from hospital, there are different scales of reablement models to give interim help while people get back on their feet.

This will also help with getting people out of hospital faster, because every extra day they don't need to be there has an impact on their long-term health.

This is complemented by the use of ExtraCare apartments around the city, which give people a place to live while they become independent.

This work is supported by using technology in the home that will play a key role in helping people to monitor their conditions and stay safe.

What do we view as success?

This is a brief summary to give you an overview of what we are doing. You can also read our full business plan to understand the whole momentum behind Manchester Local Care Organisation.

The challenge of shifting more care into our communities and creating clear links to hospital care when needed is no small order – but the potential to improve lives is immense. Also, with that comes the opportunity to make an integrated health and social-care system more financially stable in the long term.

However, ultimately, success means we will have helped to reduce bad health for Manchester people now and for generations to come. We will also have brought great social benefits by building on and increasing local skills, and by having an impact on work and job potential and secure housing.

More than anything, success means working with individuals, places and communities to connect people to the services, support and community help that best meets their needs.

What do we want to achieve in our first year?

There are a wide range of activities that we plan to deliver, with your help, in our first year, and these are detailed in our full business plan. This includes welcoming our teams to MLCO and making the transition as smooth as possible. We will also make progress on programmes to improve care, such as improving seven-day access to services and introducing High Impact Primary Care, wider falls prevention, reablement and Home from Hospital (which helps people who may need extra support after a hospital admission).

Our six key priorities for 2018/19 are to:

1. Ensure a smooth transition and start

We will ensure that partner services transfer smoothly into MLCO, so that the delivery and quality of services is maintained for local people.

2. Improve lives in all 12 neighbourhood areas

MLCO wants to improve everyone's health with a whole-population approach through our 12 neighbourhoods. During the year we will focus on working effectively so that we understand the needs of the people in the communities we work in.

3. Redesign core services

MLCO delivers services across neighbourhoods, locality areas and across the city. We will continue that work, making sure that existing services are the very best they can be, and that new models of care are developed and put in place.

4. Ensure financial sustainability

MLCO can play a key role in driving system change to improve health results while also helping to make services affordable for the future. We will ensure that we deliver the anticipated financial benefits in our first year and also produce a long-term financial plan.

5. Create our organisational strategy

MLCO has brought staff together from a range of organisations to work together and deliver services on behalf of the people of Manchester. We will create an organisation that staff, residents and stakeholders are proud to be part of.

6. Prepare for 2019/20 and beyond

More services will transfer to MLCO over the coming years. We will focus on embedding the structures and ways of working that make the most of this integration and ensure that we are ready for growth.

How we will develop our teams to lead local care and improve lives in Manchester

We have focused on how we will develop care for the people of Manchester, but MLCO also gives us the opportunity to develop the people who work as part of the new team. Our people are the people of Manchester – we work with partners, we work in communities, and many of us live here too. We believe in the power of our people to change lives for the better.

As MLCO our team:

- Break new ground in the delivery of safe, person-centred health and care
- Focus on the wellbeing of everyone living and working in Manchester
- Listen to people and learn from each other by focusing on what's important.

In developing our staff, our approach is based around:

- **Our people** – We will support our teams to work together to achieve the best for our communities
- **Our leaders** – We will broaden the opportunity for developing leadership at all levels
- **Our Manchester** – We will bring strength-based working to the heart of all we do.

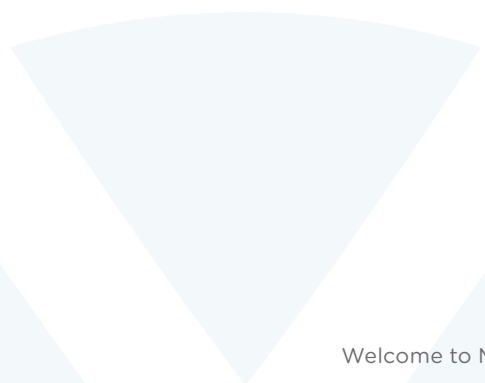
Finding out more and getting involved

Now that we have established Manchester Local Care Organisation, we are quickly determining how we will work in the future. We have already worked closely with our staff, local people, organisations and groups in the city to develop the ideas that are outlined in this document.

We will be continuing that close work with you. To keep you in touch day-to-day we will be developing our website and social media channels so you are kept informed and know how you can get involved. We will also be working to build strong staff communications and involvement as we bring together all our teams.

We want to develop a programme of continuous involvement at MLCO, where improvements to services are co-produced by the people who have contact with our services, working with our teams to make care better in the city.

Please contact us with your ideas, questions and comments, or to arrange to meet with us. We are looking forward to working with you over our first 12 months and in the years to come.



The Manchester Local Care Organisation leadership team



Michael McCourt
Chief executive

Michael is responsible for the overall running of MLCO. With a background in nursing, he is an experienced NHS chief executive in Greater Manchester and has designed and led integrated health and social-care services. Michael joined MLCO to lead the ambition for community and neighbourhood care and to improve the health of people in the area.



Katy Calvin-Thomas
Strategy

Katy leads the overall strategic development of MLCO with partners. She is responsible for developing the LCO Business Plan, business planning, programme management and developing the LCO commissioning approach.



Mark Edwards
Chief operating officer

Mark is responsible for the day-to-day operations across the services MLCO provide. As well as being responsible for continuity of services, his portfolio includes ensuring new models of care are implemented to transform and improve care.



Bernie Enright
Adult services

Bernie is responsible for the operational delivery of all adult social care for MLCO. Her responsibilities also include engaging with partners and stakeholders across the voluntary and community sector and the NHS to integrate services around the needs of individuals and families.



Laura Foster
Finance

Laura is responsible for supporting the LCO to look after its resources, ensuring that these are used to enable the optimum impact on improving the health and wellbeing of the people of Manchester.

‘A single leadership team who are dedicated to providing the best in community-based health and social care.’



Jon Lenney
Workforce

Jon leads on workforce and organisational development issues for MLCO. He ensures that our teams transition smoothly, that they are well-engaged in developing and delivering the organisation’s plans, and that we have the right workforce in place with the right skills.



Sohail Munshi
Chief medical officer

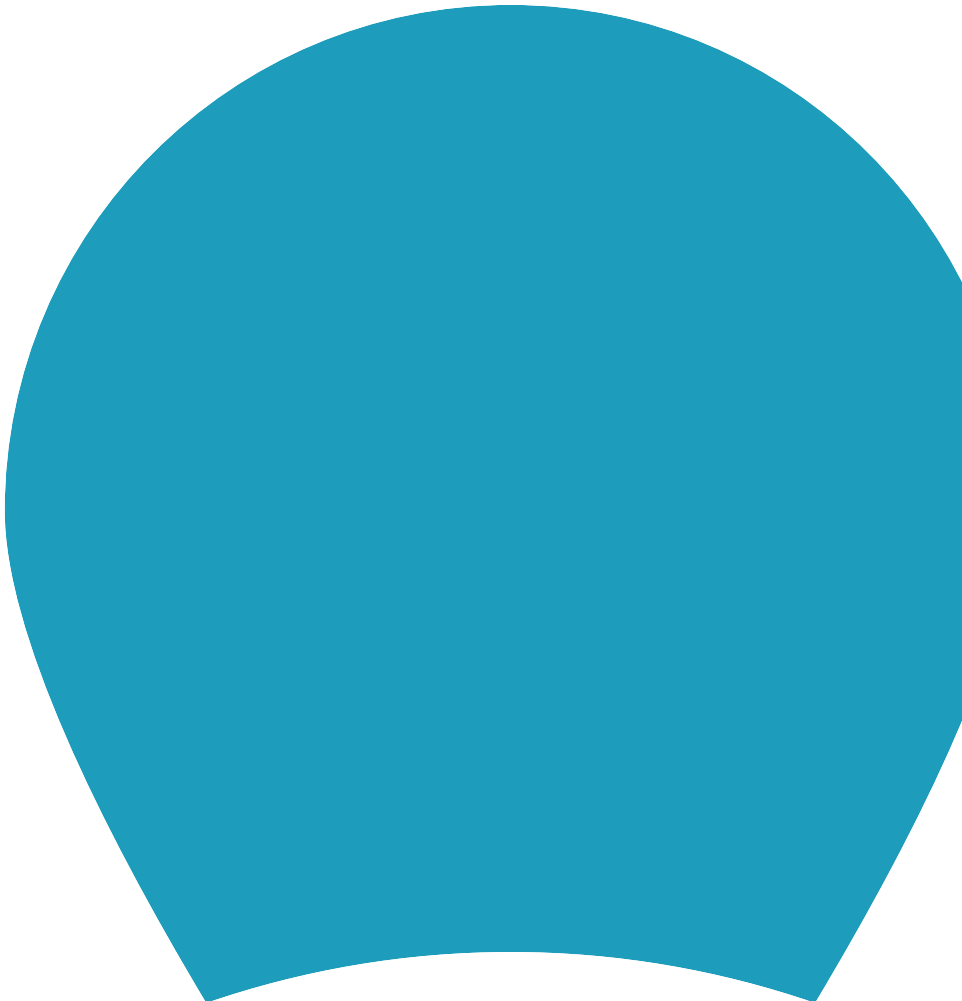
Sohail has been a practising GP in Manchester for more than twenty years. He is responsible for leading the clinical strategy of MLCO, aiming to improve population health and wellbeing by turning the strategy into reality.



Ian Trodden
Chief nurse

Ian is the nursing lead at MLCO and has corporate responsibility for quality governance, which includes risk and safety, effectiveness, and patient experience. Ian is the professional lead for all nurses and Allied Health Professionals at MLCO.

You can read full profiles of the team and more about their experience on our [website www.manchesterlco.org](http://www.manchesterlco.org)



 @mcr1co

 enquiries@manchesterlco.org

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