

Living Longer, Living Better Update

Welcome to the second issue of a new, regular update on key developments in Living Longer, Living Better (LLLb), the ambitious programme which is helping to transform health and social care in the city.

This month we again highlight recent progress, and outline what will be worked on in the coming months.

Recent progress

The Manchester Provider Group responds to the design for future health and care services

In July, the 11 providers responsible for health and social care in Manchester produced a joint response to the design prepared for One Team, which has most health and social care being provided by integrated teams in people's homes and neighbourhoods.

This is the first time all the partners have responded jointly. In this response they have agreed to a set of principles which mean they will work together to deliver the best services for Manchester people.

They are committed to acting collectively and striving to work with others who will

help to deliver integrated health and social care, and actually go beyond the scope of the design specification to say that local district general hospital services, community health services, GP primary care services, community mental health services, public health services and ambulance services should all be integrated to deliver the huge change needed. The group is now hoping to produce a memorandum of understanding, which is a more formal agreement about how the organisations will look in the future, and timescales for delivering change.

Both the design specification and the collective response are available online.

The practitioner design team is up and running

This expert team of staff, drawn from the Council, the hospital trusts in the city and the mental health trust, is now in place on the sixth floor of the Town Hall Extension. The plan is that they will be joined by representatives of GPs and from the voluntary and community sector, and will together be responsible for designing how services will work in the future, to make the One Team plan – integrated teams in neighbourhoods, delivering services in and close to people's homes – a reality.

As a first step, they are working on three projects:

- » integration of intermediate care and reablement services
- » integration of health and social care neighbourhood teams (the first step in creating the teams who will operate from 12 hubs across the city)
- » integrated access (joining up the way the people contact services, or are referred in).

Please feel free to use the more detailed article (on page 3) about the team in your local channels.

Community Assessment and Support Service launches in north Manchester

The Community Assessment and Support Service (CASS), which went live on 1 September, is leading the way as the city integrates community-based health and social care services as part of the Living Longer, Living Better programme.

Replacing the intermediate care and reablement services, the new CASS incorporates existing services from Pennine Acute Hospitals NHS Trust community services and Manchester City Council. The team's new integrated service delivery model, piloted in the North, aims to respond more quickly,

avoid admissions, reduce length of stay and improve residents' experiences by improving access to the right intervention, at the right time, delivered by the right health or social care worker.

The services covered are:

- » crisis response
- » intermediate care (bed-based)
- » intermediate care (home-based)
- » some of the primary assessment team
- » reablement services.

CASS will undertake assessments, deliver rehabilitation and promote independence and self-management. The service will be comprehensive and reflect people's needs at distinct phases of care, which will be delivered in a joined-up way. To access the service, citizens will be assigned a north Manchester GP and live in Manchester, or live in Manchester with a GP outside the city, and will be referred to the service from hospitals, social care and mental health teams, housing, the ambulance service and voluntary or private sector partners via a single point of entry. More information about the service, referral routes and who is eligible for their support is available online <http://www.pat.nhs.uk/our-services/cass.htm>

The next three months

Workstreams supporting the practitioner design team

Members of the practitioner design team are now sitting on each of the workstreams for Living longer, Living Better. Each workstream has been given an idea of the support the design team needs from them, which includes:

commissioning – defining which services will start to be integrated in 2016, gathering information about how they are performing, and looking at which groups of people should be prioritised for support by the teams.

communications – creating consistent communications materials for use with partners, and helping to promote the importance and benefits of integration.

co-production – overseeing analysis of existing customer feedback from people who use health and care services, their families and carers to look at what they like and dislike about current services, then feeding this into the teams helping to design services, starting with rehabilitation and intermediate care.

estates – understanding what a neighbourhood hub has to be able to do, looking at which existing buildings could be used, and working out likely timelines for staff moving to new locations.

finance – providing accurate information on budgets of affected services, ensuring that activity works towards savings targets, and looking at cost versus benefit to help choose between different options.

information management and technology – looking at technology currently being used by partners with a view to streamlining, mapping how information flows between services to see if it could be done more effectively and planning ICT support for integrated teams.

performance and evaluation – producing and analysing information on services, designing and developing new performance measures, and managing how these are reported on while change is happening.

self-care – looking at how self-care can be made part of services when they are redesigned to make sure services promote and support self-care, and to work with the communications and workforce workstreams to make sure self-care is included in staff campaigns and training.

workforce – information on current staff numbers, roles and skills, defining what future skills are needed to support integrated working, helping to deliver culture change, and ensuring best practice is followed in staff and union consultation.

Quarterly communications resources

To keep everyone working in and around the project up to date, we are committing to produce this update every four to six weeks. We are also producing a toolkit – a master set of materials that can be used to let people know about LLLB and One Team – and this will be updated every three months to make sure it includes the latest progress. This will include a regular bulletin, key message document and a PowerPoint presentation, along with guidance on organising local events, and short films and case studies to help bring the changes to life for your audience.

Individual workstream activities

Self-care – listening events

The self-care workstream held two listening events in October, to gather the views of local people, health and social care professionals, community and voluntary groups to discuss:

- » what would help people to self-care, and what barriers stop them from doing so
- » what organisations in Manchester can do to help make more people self-care
- » what the priorities are, and where we can best make a difference

These informal events, held in north and south Manchester, will inform the self-care strategy, and are the start of the process of codesigning activity to encourage and support self-care in Manchester, and also feed into the design of One Team working.

Workforce and OD – workshop

In August, the workforce workstream ran a workshop to help agree actions for the coming year. These include:

- » benchmarking HR systems and processes to make them more consistent across partners and, where possible, developing a common approach to induction, recruitment, management, appraisal etc
- » workforce planning, to compare the skills and people we have now against future requirements
- » developing an engagement plan and process for staff, including a clear vision
- » identifying and appointing change champions
- » developing a leadership and management development programme
- » developing career pathways for staff
- » creating training for staff in carrying out a single assessment process.

Meet the professionals

Designing health and adult social care services that provide more community based care.

The Practitioner Design Team is a new collaborative team made up of health and social care staff working together to design services centred around peoples needs and provided closer to their homes.

Over the past two years you've probably heard quite a bit about Living Longer, Living Better (LLLLB) – Manchester's transformation programme which is going to support people to live longer healthier lives; by providing integrated health and social care services that are tailored around each individual's specific needs in their own home or nearer to home rather than in hospital. The leaders of the programme have committed to providing less hospital based care and more services provided in the community in the future.

Manchester's health and social care leaders have been working together with leading experts from think tanks like the Kings Fund to understand what Manchester health and social care services could look like in the future and how they could improve the lives of people receiving the services. In the future those who deliver health and social care will work together as one integrated multi-agency team – which is why the new model is called ONE Team.

This new Practitioner Design Team is the first practical step towards breaking down organisational boundaries and setting up truly integrated multi-agency teams with shared systems and ways of working, to design and deliver a community care system that works for the people of Manchester.

In July an expert team of service managers, GPs and Commissioners were brought together from all the health and social care providers and commissioners across the city to start designing how services will work in the future to make the ONE Team plan a reality.

The Practitioner Design Team is working on three projects to create the implementation plans for the first wave of services to be re-designed - they are:

Integration of Intermediate Care and Reablement services

This project is to integrate community health and social care services that provide step up and step down intermediate and reablement services in Manchester.

Integration of H & SC Neighbourhood Teams

This project will design how community-based health and social care teams will work together in 12 neighbourhood hubs across the city – focusing on what is already being done now and how it be different in April 2016. They're also designing the Gold Standard of community-based care we want to work towards delivering by 2020.

Integrated Access

This project is looking in detail at all the ways people contact or are referred into community-based services – working towards a long term vision for joined-up access right the way across the cities health and social care system. In the shorter term, the project will focus on delivering tactical solutions that underpin access to the first wave of integrated services from April 16.



Integrated Intermediate Care and Reablement services: Joanne Royle (MCC) - Strategic Lead for Health Integration, Vicky Isaac (UHSM), Paul Teale (MCC), Jan Barnes (CMFT) - Community Integrated Team Manager. **Integration of Care Management and Neighbourhood Teams:** Sharon Lord (PAHT), Helen Geach (CMFT), Jill Thompson (MCC) - Strategic Lead, Adults, Helena Peberday (UHSM). **Integrated Access:** Kathy Weaver (MCC) - Head of Customer Access, Stuart Long (Manchester Mental Health), Phil Brown (UHSM).

Meet the Practitioner Design Team

Joanne Royle, Strategic Lead for Health Integration at MCC, is the Team Leader, of the PDT.

Joanne said:

“We'd love to hear your thoughts and inputs into our design work so please feel free to get in touch with any of the project teams.”

Joanne continued:

“Over the next few years the membership of the PDT will change and new members will join to help us build on the work we are doing now – so that we can design an effective model of health and social care for the people of Manchester by next Spring and beyond then to 2020.”

The initial designs will be ready for review by Christmas for implementation in April 2016 – so there's lots to do.