Date: 24th February 2017

Subject: Adult Social Care Transformation Programme

Report of: Steven Pleasant

PURPOSE OF REPORT:

The purpose of the report is to update on work in progress to develop a Greater Manchester-wide transformation programme for adult social care, seeking endorsement of proposed priorities and approach, and confirmation of the mandate to mobilise the programme through initiation of delivery structures and allocation of resources.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

1. Note the content of the report.
2. Confirm the transformation priorities and delivery approach proposed
3. Support the establishment of a steering group (drawn from across the GM system) to oversee the mobilisation of Phase 2 of the programme.
4. Note and agree the role of each locality in support the development and delivery of the programme outlined.

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1.0 EXECUTIVE SUMMARY

1.1. Adult social care reform is fundamental to the delivery of Taking Charge. Across Greater Manchester (GM), local areas are developing and implementing plans for integrated out-of-hospital care in their localities, typically involving integrated neighbourhood teams including adult social care, mental health, primary care and community health.

1.2. Currently, adult social care performance in GM is varied: there is significant variation in approach, quality and effectiveness. Challenges in social care have consequences across the health and care system as a whole, increasing the scale and impact of systemic issues such as delayed transfers of care. Whilst the roots of these challenges lie in the restricted financial settlement for local government, the response to the challenges that are present should not lie solely within adult social care, a whole system response is required in order to deliver a whole system solution.

1.3. Whilst there are significant issues to address, a coordinated approach to transformation at GM level supporting local delivery through local care organisations (LCOs) will secure significant opportunities to improve system resilience, and make a tangible difference for some of the most vulnerable citizens.

1.4. Key workstreams and transformation priorities have been identified. Some of the changes required need development and will not be implementable immediately, but there are also a significant number of priorities that will be actioned quickly. The transformation programme will need to be developed in conjunction with other GM programmes, including LCO development, to ensure that there is clear alignment.

1.5. Specifically, the programme will deliver the following transformational changes:

- A universal offer for carers around information, advice and support
- A new model for Care at Home that is integrated across health and care and links to community assets
- Enhanced primary care into residential and nursing homes
- A GM assurance framework and quality support to care homes
- An employment model and a shared approach to family-based care for people with a learning disability
- A single set of core processes around assessment, care planning and discharge
- Workforce reform and the development of new skills, career pathways and new roles
• A GM market position statement and market management approaches

• A single set of GM quality standards and commissioning frameworks

• A shared function to commission and secure high cost complex care across GM

• A joined up supported accommodation and care strategy, including prioritisation of new provision as part of the One Public Estate Programme.

1.6. This paper seeks support from across the health and social care system to agree the priorities set out for the programme and the immediate actions for 2017/18, and to contribute leadership capacity to its delivery.
2.0 INTRODUCTION

2.1. This report is written to provide the Strategic Partnership Board with an update on progress to construct a programme for adult social care transformation in Greater Manchester.

2.2. This report sets out:

- The background to the programme
- Current performance identified through recent review of baseline data and good practice
- The transformation priorities that emerge as a consequence of the performance review
- The delivery approach to take the programme forward.

3.0 BACKGROUND

3.1. Social care is critical to the successful delivery of Taking Charge, and the achievement of clinical and financial sustainability. If the financial gap in GM is to be bridged, then a social care offer that looks beyond traditional boundaries has to be designed and mobilised.

3.2. Social care, both publically and privately funded, is an integral part of delivery of community-based models of care. These models are being designed to provide effective alternatives to hospital-based care, and will support GM in achieving its objective of treating as many residents in the community as is possible, significantly reducing the number of people in acute settings that could be treated more effectively closer to home.

3.3. Across the country, local authorities are facing significant budget pressures. Within GM, the funding gap has been calculated as £81m in 2016/17 rising to £214m by 2020/21. The latest work (as set out in the October 2016 STP submission) shows a remaining gap of £176m for social care. The increasing demands on the social care system – including demographic pressure and increased costs to implement the National Living Wage – are a contributory factor to a significant increase in delayed discharges, unprecedented pressure on the Urgent and Emergency Care system, delays in accessing mental health services, reductions in vital preventative services, and significant market challenges in both domiciliary and residential home provision.

3.4. The adult social care transformation programme will identify GM-wide solutions (implementable locally where appropriate) that will contribute to the delivery of Taking Charge.
3.5. The transformation programme and its related governance will be firmly located in GM’s Transformation Theme 2 (Transforming Community-Based Care and Support) and the emerging LCOs.

4.0 CURRENT PERFORMANCE

4.1. At its meeting on 15th November 2016, the Joint Commissioning Board requested that a rapid review of social care performance be undertaken, incorporating:

- The local baseline of existing data covering demand, performance and impact of current adult social care services in GM

- Relevant good practice in the four priority areas across GM and elsewhere.

4.2. The outputs of this work provide an overview of current performance and indicate the issues that need to be prioritised within the Transformation Plan building upon an objective appraisal of our starting point and an understanding of best performance and good practice.

4.3. The baseline analysis identified a number of key findings:

- If GM was a single unitary authority, its spend per head would be in the 23rd percentile (i.e. 77% of local authorities with responsibility for the provision of adult social services would spend more). Within GM there is significant variation, but at an aggregate level GM would have needed to spend £79m more on social care in 2015/16 to meet the England average

- If GM was a single unitary authority it would be ranked in the bottom third for service user satisfaction (i.e. user satisfaction with services is higher in 71% of the authorities providing adult social care)

- GM would be in the bottom quartile for the quality of its residential and nursing care, and also in the bottom quartile for quality of domiciliary care. If performance moved to the third quartile, 7,500 more people would be receiving better care in residential and nursing provision

- 70,000 people across GM provide care for someone else for more than 50 hours per week. A reduction of 5% in this number would result in 3,500 people needing comprehensive packages of care

- The number of adults with learning disabilities in family-based care could be increased by 250 if GM was to perform at the same level as Lancashire, saving on average £26,000 per person

- The proportion of those with learning disabilities in employment in GM is lower than the England average. If all authorities performed at the level of the best in GM, a further 600 people with LD would be in employment
• Across GM, delayed transfers of care attributable to social care stand at 30%. If every local authority performed at the level of the GM authority that is below but nearest to the national average, an additional 35,500 bed days would be made available to the GM population.

4.4. Whilst the baseline analysis demonstrates the need for a coordinated transformation of adult social care across GM, the review of good practice confirms that there are strong examples of innovative responses to care challenges and service user needs.

4.5. These examples include:

- **Bolton**: Care Home Excellence, focused on creation of a care home market of high-quality and resilient providers
- **Bury**: Carers in Employment, comprising various interventions which support carers to remain or return to work using assistive technology and through the provision of information and advice
- **Manchester**: Extra Care, retirement housing aimed at enabling individuals to retain their independence while having easy access to support services in the community
- **Oldham**: Imagine, Act, Succeed Reablement, a person-centred approach which aims to provide just enough support to those living with learning disabilities to enable them to live as independently as possible by building on their assets and developing an effective personalised plan
- **Rochdale**: Stay Well, information and advice signposting senior residents to care and support services available to them locally
- **Salford**: GP Carers’ Breaks Prescribing, an intervention that seeks to identify carers who present to GPs and offer them respite as well as appropriate support and information
- **Stockport**: Supported Employment, an internship programme focused on developing skills for young adults with learning disabilities to help them access paid employment opportunities.
- **Tameside**: Telecare in Community Response Service, using technology to support independence by maintaining connections with family as well as care services
- **Trafford**: Stabilise and Make Safe, a short-term intervention designed to increase a person’s chance of long term independence following hospitalisation or a community referral
Wigan: Integrated Neighbourhood Teams, consisting of health and social care professionals who ensure that people with long-term conditions receive appropriate care and support though risk stratification and care planning.

4.6. Responding to the variation and performance challenges evident in the baseline analysis, and building on good practice from GM and elsewhere, the adult social care transformation programme will focus on priorities that improve outcomes for some of the most vulnerable members of the population.

5.0  TRANSFORMATION PRIORITIES

5.1. The ambition for adult social care in GM is to help more people to live independently, at home for as long as possible, accessing community opportunities and living the lives they choose to live. We want to reduce reliance on acute health care services and institutional forms of care, and support a range of options that enable people to self-manage and find solutions that make sense to them.

5.2. This entails a radical transformation of public services and a commitment to the GM principles of public service reform including co-production and collaboration (see Section 6.6), so that they are focused on people and communities rather than organisational silos. The aim is for person-centred, integrated, preventative care that promotes independence.

5.3. For people across GM this means helping them to live as normal a life as possible, with a focus on prevention and wellbeing; connection to their communities; ability to make a contribution with good access to education, skills and employment opportunities; with the power to choose how their support needs are met; and being enabled to remain in control of their lives.

5.4. Adult social care reform is fundamental to the delivery of Taking Charge. Across GM, local areas are developing and implementing plans for integrated out-of-hospital care in their localities, typically involving integrated neighbourhood teams across adult social care, mental health, primary care and community health. This work is unable to progress at the pace and scale required with the biggest barriers identified as:

- The acute financial pressures within social care
- The capacity required to manage risks and commission from a fragile social care market
- A fear that to require significant change from providers without additional resource will further fragment and break the market
- A lack of capacity and resource in local authorities and partners to bridge the move to new models of care
Growing acuity of need putting increased pressure on resources and capacity.

5.5. In order to define an appropriate start point for adult social care transformation, an initial piece of work identified eight potential areas for exploration. A key aim of the first phase of the transformation programme has been to identify which of these need to be progressed as priorities, based on the contribution that could be made to outcomes and into the health and care economies at both GM and local level.

5.6. As a result of the baselining work undertaken by SCIE and rapid engagement with stakeholders including service providers and key national bodies, four priority areas have been identified:

- Support for Carers
- Care at Home
- Residential and Nursing Care
- Learning Disabilities.

5.7. Individually and collectively, these are major programmes of work that will make a significant contribution to the successful delivery of Taking Charge. The rationale for making these priorities the programme’s scope is summarised in Figure 1 below:

*Figure 1: Programme scope*
5.8. The four priority workstreams have common challenges, including performance that sits below the national average and significant risks to sustainable service supply. They share the need to focus transformation on:

- Development of new service models
- The provider market and how services are commissioned from it
- The capabilities and capacity of the workforce
- The approach to assurance of system performance.

5.9. These areas of focus for transformation demonstrate the scope for radical change through a structured and collaborative programme at GM level. The transformation ambitions in each of these areas of focus are set out in Figure 2 below and overleaf:

Figure 2: Transformation ambitions in each area of focus

<table>
<thead>
<tr>
<th>1. DEVELOPING NEW SERVICE MODELS &amp; PROCESSES</th>
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<tbody>
<tr>
<td>➢ Building new models for care at home which build worker skills and better link people to community assets</td>
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<tr>
<td>➢ Developing a needs assessment for the next 3-5 years, recognising changes such as increases in acuity</td>
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<tr>
<td>➢ Agreeing a single GM approach to discharge and support to the urgent and emergency care system, building on best practice</td>
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<tr>
<td>➢ Developing a shared assessment tool to drive efficiency and reduce duplication</td>
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<tr>
<td>➢ Reviewing and creating new options for supported living and housing with care</td>
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<tr>
<td>➢ Agreeing a single model for upscaling family / Shared Lives care</td>
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<tr>
<td>➢ Creating a universal GM offer around information, advice and support for carers</td>
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<tr>
<td>➢ Establishing a social care innovation hub with a focus on digital development</td>
</tr>
<tr>
<td>➢ Agreeing a model for intervention with providers who are failing</td>
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<tr>
<td>➢ Supporting asset-based development built on best practice across GM</td>
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<tr>
<th>2. DEVELOPING THE MARKET</th>
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<tbody>
<tr>
<td>➢ Developing a specialised commissioning model to commission high cost, low volume care packages across GM to improve outcomes and reduce costs</td>
</tr>
<tr>
<td>➢ Identifying and implementing innovative contractual and procurement options</td>
</tr>
<tr>
<td>➢ Developing innovative and effective partnerships between the market and LCOs</td>
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<tr>
<td>➢ Developing a needs assessment that is clear about service requirements and market expectations</td>
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<tr>
<td>➢ Setting out the requirement for care and support services through a GM market position statement</td>
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<tr>
<td>➢ Creating and supporting new business development, including social enterprise in the care at home market</td>
</tr>
<tr>
<td>➢ Identifying the type, scale and potential partners for capital investment into new models of care provision</td>
</tr>
<tr>
<td>➢ Developing GM standards around quality and commissioning frameworks</td>
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</table>
5.10. If the ambition for transformation is delivered, then measurable improvements in outcomes will be achieved. Further analysis of outcomes and measures will be undertaken during the next phase of programme development, but Figure 3 sets out some example aims by workstream.

*Figure 3: Potential outcomes as a consequence of transformation*

- **Residential & Nursing Care**
  - 7,500 more people could be living in good / excellent care provision if GM reached the same DTOC/100k population level of Bury, closest locality to the England average
  - 35,000 bed days could be saved if delayed transfers of care are reduced to England average

- **Care at Home**
  - 600 more people could avoid care home admission through better quality support at home if all GM reduced the rate of long-term support needs met by admission to nursing or residential care to the England average

- **Learning Disabilities**
  - 600 more people with learning disabilities could be in employment if all GM reached 3rd quartile performance in care quality (as per CQC ratings)
  - 300 more people could be living in family-based care rather than institutional care if the Shared Lives model was deployed in GM at the same scale as in Lancashire

- **Support for Carers**
  - 3,500 additional care packages could be avoided through better support for carers if carer support helps 5% of those in GM currently providing more than 50 hours care per week to continue as carers

- **Workforce**
  - 1,000 more care workers could be retained in the system to support higher quality care if the turnover of those in direct care roles was reduced by 10% per annum

5.11. Radical change takes time and effort, so there are some significant longer-term tasks for the priority workstreams, such as:

- Improving identification of carers and awareness of issues, to improve access to support available (Support for Carers workstream)
- Supporting recruitment, retention and development of the workforce to raise standards and improve sustainability (Care at Home workstream)
- Developing the market to encourage provider participation and innovation (Residential & Nursing Care workstream)
- Improving understanding of the cohort, services needed, and gaps in current offer and/or provider landscape (Learning Disabilities workstream).

5.12. However, within each workstream there are also some immediate priorities. These are opportunities to take practical action quickly, so that the benefits of change can start during FY17/18. These include:

- Scoping an approach to common information, advice and support (Support for Carers workstream)
- Developing the approach to deployment of the Apprenticeship Levy, to help build a pipeline for the social care workforce (Care at Home workstream)
- Convening a GM strategic provider forum to co-design the solutions required for residential and nursing care settings (Residential & Nursing Care workstream)
- Creating a single commissioning and procurement function for people with high-level complex needs (Learning Disabilities workstream).

5.13. The longer-term aims and immediate priorities identified to date are set out – along with key challenges – in the workstream by workstream summary that follows.

5.14. **Support for Carers**

5.14.1. There are approximately 280,000 carers across Greater Manchester, providing a significant amount of care to GM residents, and who are a crucial component of the health and care system in GM.

5.14.2. GM is committed to transforming the way it provides services to those who need care in formal settings, and as such there is a clear requirement to ensure that GM appropriately supports those who provide other forms of care.

5.14.3. The importance of carers input is such that any material reduction in level of carer support would have a significant impact and exert a significant adverse pressure on the health and care system in GM. For example, it is estimated that a 5% reduction in the number of carers would result in an additional 17m hours of care being required to be commissioned across GM per year. Through the transformation programme, GM has an opportunity to ensure that it becomes a leading area in the provision of carer support.
5.14.4. Key challenges for the Support for Carers workstream include the following:

- Approximately 70,000 carers in GM provide over 50 hours of care per week. GM carers provide more care than the population average.
- GM carers are more likely to be younger than the population average. Most LAs have 2% higher than England average (7%) for 0-24 year olds, with the highest at 13%. There is also a higher proportion of 24-49 years old. This has significant implications for long term health and well-being, employment and social mobility.
- Poorer employment: GM has a lower than average rate of carers juggling work and care compared with the national average. Given that there is already an employment effect for carers (i.e. less likely to be in work compared with non-carers), this means that the employment effect is considerable.
- Poorer health: Carers are twice as likely to be in bad health compared with non-carers if they are providing over 50 hours of care per week. In GM, there is a higher proportion of carers in poor health.

GM has higher proportions of carers providing substantial care:

There is also variation in the number of carers’ assessments undertaken across GM.

5.14.5. Workstream aims and immediate priorities identified for the Support for Carers workstream are as follows:
Example outcomes that the Support for Carers workstream needs to achieve include the following:

- People caring for others have their needs recognised and understood by health and social care staff regardless of the carer’s touchpoints with the health and social care system
- People caring for others are supported to stay in employment
- People with the highest caring commitments are identified and their support needs are met.

### 5.15. Care at Home

#### 5.15.1. The domiciliary care market in GM is under significant strain, and is characterised by some real quality challenges; based on CQC quality inspections GM performs worse than the England average. Due to the volume of activity that is commissioned in the sector, this poses a significant challenge to local authorities and also presents a significant risk to the broader health and care economy including the urgent and emergency care system. The availability of Care at Home packages is one of the major causes for DTOC’s that are attributable to social care.

#### 5.15.2. Key challenges for the Care at Home workstream include the following:

- As a proportion of adult social care expenditure, the national average spend on care at home is a third more than in GM
- If GM was a single authority, it would be in the bottom quartile in terms of CQC rated domiciliary care
- For Greater Manchester to reach the 3rd quartile, an additional 36 (24%) providers would need to improve to good or outstanding
- There is wide variation in GM for what happens after service users receive short-term support
- Some GM authorities have a high proportion of cases where long-term support is the sequel to short-term support
- Issues with care at home support are the second largest contributor to DTOC caused by adult social care

#### 5.15.3. Workstream aims and immediate priorities identified for the Care at Home workstream are as follows:
5.15.4. Example outcomes that the Care at Home workstream needs to achieve include the following:

- People are supported to live well at home for as long as possible
- People are supported to live well at home because they have access to flexible, appropriate support when needed
- People are supported to live well at home because staff are attracted to the care workforce by different opportunities and rewards.

5.16. Residential & Nursing Care

5.16.1. The residential and nursing home market in GM is characterised by quality challenges, limited capacity and significant workforce challenges. Using CQC quality ratings as a tool for measurement, only one GM authority would be in the upper quartile for performance in England, and overall GM performance is below that of the national average.

5.16.2. Key challenges for the Residential & Nursing Care workstream include the following:

- A third of GM's care homes would need to move to at least "good" for GM to move out of bottom quartile performance for quality
- Less than two thirds of care home providers are rated good or outstanding
- For GM as a whole to reach the third quartile (i.e. in order to be performing better than three quarters of the country) an additional 130 (out of 444) care homes need to be ranked Good or Outstanding
- Though residential and nursing home quality is relatively poor, costs are high
- The need for residential care is also proportionally high, though the bed base is proportionally low
5.16.3 GM has fewer residential and nursing home beds per 1,000 population than the national average but GM has a higher rate of long-term support needs met through residential and nursing home admission than the national average.

5.16.4 Workstream aims and immediate priorities identified for the Residential & Nursing Care workstream are as follows:

<table>
<thead>
<tr>
<th>Residential &amp; Nursing Care: Workstream Aims</th>
<th>Residential &amp; Nursing Care: Immediate Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Supporting tactical developments where appropriate to help mitigate service failure risks prior to transformation</td>
<td>➢ Convene a GM strategic provider forum to co-design the solutions required for residential and nursing care settings</td>
</tr>
<tr>
<td>➢ Meeting different needs, improving wellbeing and providing more proactive healthcare in R&amp;N care settings</td>
<td>➢ Co-produce an agreed model of care and specification for residential and nursing care with service users and providers</td>
</tr>
<tr>
<td>➢ Developing workforce capacity and capability to support health and care needs in R&amp;N care settings</td>
<td>➢ Develop an assessment of estates investment needed to support solutions identified</td>
</tr>
<tr>
<td>➢ Developing the market to encourage provider participation and innovation</td>
<td>➢ Strengthen links with primary care for those in residential and nursing homes to reduce urgent care impact</td>
</tr>
<tr>
<td>➢ Raising the quality of provision in GM through proactive changes and ability to react to issues when necessary</td>
<td>➢ Build a strategic partnership with CQC, developing a shared approach to performance and improvement</td>
</tr>
<tr>
<td></td>
<td>➢ Develop a proactive system response to service failure, to build on good practice and improve quality</td>
</tr>
</tbody>
</table>

5.16.5 Example outcomes that the Residential & Nursing Care workstream needs to achieve include the following:

- People in nursing and residential care have access to high quality primary care (including medicines management and hydration) and wider care pathways
- People in nursing and residential care are connected with their community
- People in nursing and residential care are able to step up or step down care provision when necessary.

5.17 Learning Disabilities

5.17.1 Learning disabilities are a major component of social care expenditure in GM, with a small number of individuals accounting for a high share of expenditure. Whilst GM is committed to delivering Transforming Care (the NHSE programme developed in response to the Winterbourne View scandal), there is need to develop a broader programme of transformation for Learning Disabilities.

5.17.2 Key challenges for the Learning Disabilities workstream include the following:

- Learning disabilities expenditure accounts for a high percentage of overall adult social care expenditure
- A small number of individuals account for a high proportion of spend
- There is a relatively high reliance on long-term hospital and out of area institutional care
- There is a relatively low number of people with support needs for learning disabilities in employment
- 6 GM LAs have less than 3% of people with support needs for learning disabilities in employment, which is less than half the rate nationally
- If GM as whole was able to improve the employment rate to the level of the best GM authority, more than 600 additional people with support needs for learning disabilities would be in employment
5.17.3. Despite similar estimated levels of learning disabilities prevalence, there is variation in the proportion of learning disabilities spend against the total for adult social care across GM.

5.17.4. Workstream aims and immediate priorities identified for the Learning Disabilities workstream are as follows:

<table>
<thead>
<tr>
<th>Learning Disabilities: Workstream Aims</th>
<th>Learning Disabilities: Immediate Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting implementation of Transforming Care</td>
<td>Create an LD service user/provider forum to support co-design with service users and their families and providers</td>
</tr>
<tr>
<td>Improving understanding of the cohort, services needed, and gaps in current offer and/or provider landscape</td>
<td>Implement a GM-wide ethical commissioning framework</td>
</tr>
<tr>
<td>Developing new models of care, including for those with complex care needs</td>
<td>Scope a review of supported living</td>
</tr>
<tr>
<td>Developing an integrated learning disability workforce</td>
<td>Build on existing good practice to increase the scale of family-based care (e.g., Shared Lives model) across GM</td>
</tr>
<tr>
<td>Improving step up/step down care, including for those with challenging behaviours</td>
<td>Build on good practice to develop and implement a scaleable approach to employment for those with LD</td>
</tr>
<tr>
<td>Increasing community capacity for care</td>
<td>Creating a single commissioning and procurement function for people with high-level complex needs</td>
</tr>
<tr>
<td>Increasing employment opportunities</td>
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</tbody>
</table>

5.17.5. Example outcomes that the Learning Disabilities workstream needs to achieve include the following:

- People with support needs for learning disabilities experience community-based living whenever possible, not institutionalised care
- People with support needs for learning disabilities have the best possible opportunity for employment
- People caring for those with support needs for learning disabilities can contribute fully to community-based care planning and are supported well themselves.

6.0 DELIVERY APPROACH

6.1. The approach to programme delivery will concentrate efforts in each workstream on the areas of focus for transformation, and in a way that supports the immediate actions in FY2017/18 and the longer-term transformation aims for implementation within the STP planning period to FY2020/21. Further details on immediate priorities are set out in Appendix 1.

6.2. Some of the issues and actions arising from the priority workstreams and areas of focus for transformation will need to align with cross-cutting programmes that are developing the enablers for Taking Charge. The most obvious of these at present relates to workforce, as addressing workforce issues is fundamental to improvements in adult social care. Workforce issues will be integral to each of the workstreams, but the approach to solutions will be aligned with and, in most instances, delivered through existing GM workforce development programmes.
6.3. A particular focus of workforce development will be supporting opportunities for new jobs in the social care sector and mitigating risks to workforce supply post-Brexit. Ensuring strong links with the Manchester Growth Company and other key contributors will be important to achieving the workforce outcomes intended.

6.4. Other cross-cutting issues will include identification of the IMT funding requirement to support transformation through the GM Digital Fund; work to gain a clear understanding of the social care estate and future requirement (including identification of the capital requirement, links with supported housing and links with the One Public Estate Programme); and, building out of the GM commissioning capacity review, a clear articulation of what GM’s commissioning infrastructure will need to be to support delivery of the transformation plan.

6.5. As the transformation focus on assurance of system performance suggests, there will also be a need for sufficient performance and intelligence capacity to ensure that social care can make a significant contribution to the GM performance dashboards.

6.6. Principles guiding delivery

6.6.1. The adult social care transformation programme will build on the public service reform principles and commissioning principles that are at the heart of Taking Charge, including:

- Facilitating co-production and joint delivery of services with residents, communities and businesses; supporting commissioners, providers and residents to work together to develop better services more quickly

- Taking a place-based approach that re-defines services and puts individuals and communities at their heart; supporting people and communities to recognise their own vision, drive behaviour change and achieve identified outcomes

- Being asset conscious and focusing on strengths rather than deficits. Building an asset-based approach to care that focuses first on what people can do with their skills and resources, and what the people around them can do in their relationships and communities. The programme will enhance the ability of individuals, communities and populations to maintain and sustain health and wellbeing, with an emphasis on what makes people healthy rather than what makes them ill

- Helping to ensure that collaboration is at the heart of reform, with providers and commissioners working together for benefits to both

- Developing the case for new approaches and supporting decommissioning of those that are failing, as it is evident that improved outcomes will not be
achieved by commissioning more of the same. There is a need to be bold and embrace new models, taking on best practice from around the world.

6.7. **Plan development**

6.7.1. The transformation priorities have been reviewed and two phases of development have been identified to create a transformation plan based around these priorities.

6.7.2. Phase 1 has provided the rationale for a GM-wide social care narrative and sets the scope and approach for a GM-wide transformation programme. This update from Phase 1 to the Strategic Partnership Board in February has focused on:

- Assessment of current position and the case for change, informed by externally commissioned review of social care across GM
- Future vision, informed by review of good practice and ambition across the transformation priorities
- Approach to the programme of work needed for transformation delivery, including identification of immediate priorities.

6.7.3. Completion of this submission for Strategic Partnership Board endorsement marks the end of Phase 1. Moving from baselining and prioritising – and with a mandate from SPB – Phase 2 will engage with delivery planning groups for each priority workstream to develop in parallel plans that:

- Mobilise work on immediate priorities set out in the workstream summaries in Section 5 above, so that where there are opportunities to move at pace they are realised
- Reflect opportunities and imperatives for emergent LCOs, so that this programme to drive transformation at the GM-level complements the different needs and starting points across localities.

6.7.4. Both elements of Phase 2 will need effective engagement across GM and across health and social care; as well as increasing delivery capability at the GM and locality level. This collective working will enable initiation of priority actions and plot the course and schedule to achievement of longer-term transformation aims. It is anticipated that Phase 2 will run from February to May. Engagement and delivery capability needed to support this are discussed further in the next two sections.

6.8. **Engagement**

6.8.1. As identified throughout this paper, although the origins of the programme lie within social care, a successful programme will need to look beyond into the broader health and care system.
6.8.2. Whilst the initial phases of work have focused on developing a clear understanding of current performance, existing and emerging challenges, and identifying potential opportunities to scale up best practice with GM, the next phase of the work will require engagement with parties from across GM and beyond.

6.8.3. Engagement with CCG commissioners has now commenced, with the expectation that colleagues from CCGs will form part of the delivery and planning groups that will be required to mobilise the programmes at pace. Likewise, engagement with NHS provider trusts has also commenced.

6.8.4. In order to foster an innovative environment around care it will be necessary to ensure there are significant inputs from a range of partners, including making best use of the academic centres of excellence that exist across GM. In support of this, work is also progressing with Health Innovation Manchester to create a Social Care Innovation Hub.

6.8.5. Finally and importantly, part of the definition of workstream plans will also include assessment of how best to engage service users in the development of programme plans and outputs.

6.9. Delivery capability

6.9.1. Whilst this paper describes high-level deliverables of the programme and early implementation priorities, Phase 2 will develop the detailed workstream plans to underpin adult social care transformation as a major programme for the GM Health & Social Care Partnership. Part of the work to date has been an ongoing informal assessment of the capacity and capability of GM to deliver a programme of social care transformation whilst simultaneously delivering business as usual in increasingly challenging settings.

6.9.2. GM does not have the capacity or capability to deliver this programme from within its existing resources, so successful development, mobilisation and delivery is contingent on securing appropriate programme capacity to support that which does exist within GM. The programme has secured a commitment of £1m of Transformation Fund Development funding in 2017/18, and a further £0.5m of funding from AGMA.

6.9.3. As the programme is mobilised, alignment will be required with existing and emerging national programmes, including those around residential and nursing homes such as the enhanced health in care homes (EHCH) vanguards. In particular, GM needs to ensure that it is able to access resources that are available nationally.

6.10. Governance

6.10.1. During the development of the programme, there has been broad engagement across the system to understand issues and opportunities and confirm priorities.
The first phase of work will culminate in further review with the Portfolio Holders and submission to the Strategic Partnership Board Executive and then Strategic Partnership Board. It is then proposed that further definition of programme workstreams will be confirmed by the Wider Leadership Team, supported by the formation of a steering group for the programme to be chaired by the lead Chief Executive for Health and Social Care.

6.10.2. The steering group will support mobilisation of resources to develop the programme plan and prepare for implementation. Part of this phase will be to develop an effective programme architecture to enable delivery of a true GM-wide reform programme, with appropriate representation across localities and across health and social care.

6.10.3. In addition to the steering group, there will be regular reviews with the Portfolio Holders for Health and Social Care to maintain democratic oversight.

6.10.4. It is proposed that the governance for programme implementation will align with arrangements for Transformation Theme 2. Through Theme 2, GM is transforming primary care services, with local GPs driving new models of care and LCOs forming to include community, social care, acute, mental health services and the full range of third sector providers. GM is clear in its ambition that it wants LCOs to be the place where most people use and access services, in their communities, close to home.

6.10.5. As a result of the integration of services outlined both in Taking Charge and through the locality planning process, it is also clear that social care across GM will be delivered through – and be a core component of – the LCO in each locality. As such, it is vital that a separate transformation programme is not developed in isolation, and that this programme is defined and located firmly within Theme 2 (which is set in the context of the other transformation themes in Figure 5 below).

Figure 5: The adult social care transformation programme will fit be located in Theme 2
6.10.6. As the programme develops it will be necessary to revise and strengthen the governance arrangements. It is proposed that the AGMA Wider Leadership Team maintains oversight of the programme and signs off the more detailed programme plan for Phase 2.

7.0 NEXT STEPS

7.1. Following further discussions across the GM system immediate work is now required to mobilise a programme of work around the development and adoption of asset based approaches across GM. This work will become one of the programme’s immediate priorities.

7.2. In order to progress the programme identified throughout the report, there is an immediate need to build core capacity to drive the work forward. This will require GM to mobilise immediate resource on an interim basis to ensure that progress is not stalled, whilst simultaneously looking to build the core team outlined above.

7.3. Subject to securing the necessary capacity to mobilise the programmes of work, there is an immediate priority to establish the delivery architecture needed to support the programme, which includes establishing the delivery groups required to shape detailed programmes of work.

8.0 RECOMMENDATIONS

8.1 The Strategic Partnership Board is asked to:

1. Note the content of the report.

2. Confirm the transformation priorities and delivery approach proposed.
3. Support the establishment of a steering group (drawn from across the GM system) to oversee the mobilisation of Phase 2 of the programme.

4. Note and agree the role of each locality in support the development and delivery of the programme outlined.
## APPENDIX 1: AIMS FOR PROGRESS ON PRIORITIES IN NEXT PHASE

<table>
<thead>
<tr>
<th>Priority</th>
<th>By End May</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Residential &amp; Nursing Care</strong></td>
<td></td>
</tr>
<tr>
<td>Convene a GM strategic provider forum to co-design solutions for residential and nursing care settings</td>
<td>Strategic provider forum established, supporting engagement with providers as key partners in the delivery of new models of care</td>
</tr>
<tr>
<td>Work with LCOs to develop GM market position statement on future services and outcomes</td>
<td>Proposal developed for review of current market capacity and approach to service delivery across GM, along with clear statement of expected requirements over the next 3-5 years in terms of type and scale of requirement and potential range of services</td>
</tr>
<tr>
<td>Build a strategic partnership with CQC, developing a shared approach to performance and improvement</td>
<td>Re-framing of working relationship with CQC regional leaders in progress, and practical steps to take during FY17/18 identified that help to raise care home quality, support effective regulation to protect care home residents and reduce avoidable service failures</td>
</tr>
<tr>
<td>Define approach to GM system intervention in service failure</td>
<td>Quick assessment undertaken of how best to support implementation by Winter 2017 of a GM-wide rapid response capability that can stabilise and quickly improve failing services</td>
</tr>
<tr>
<td>Review new service models supporting residential and nursing care, starting with intermediate care provision</td>
<td>Initial consideration of new service models supporting residential &amp; nursing care that indicate potential benefits for use in GM, starting with review of current intermediate care provision and opportunities to expand</td>
</tr>
<tr>
<td>Priority</td>
<td>By End May</td>
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<tr>
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<tr>
<td><strong>Care at Home</strong></td>
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</tr>
<tr>
<td>Convene GM strategic provider forum to co-design solutions for care at home</td>
<td>As with residential and nursing care, strategic provider forum established to support effective engagement with providers as key partners in the delivery of new models of care</td>
</tr>
<tr>
<td>Work with LCOs to develop GM market position statement on future services and outcomes</td>
<td>As with residential and nursing care, proposal developed for review of current market capacity and approach to service delivery across GM, with statement of expected requirements over the next 3-5 years in terms of type and scale of requirement and potential range of services</td>
</tr>
<tr>
<td>Support definition of development contracts for localities with near-term contract expiry/market risks</td>
<td>Intentions of the ASC Transformation Programme set out to inform preparation of local development contracts for care at home providers by those localities with near-term contract expiry or imminent risks of market failure</td>
</tr>
<tr>
<td>Define and pilot new models of care at home focused on the needs of individuals</td>
<td>Initial consideration of new service models for care at home that indicate potential benefits for use in GM and can be quickly mobilised for piloting and evaluation</td>
</tr>
<tr>
<td>Priority</td>
<td>By End May</td>
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<tr>
<td><strong>Support for Carers</strong></td>
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<tr>
<td>Develop a memorandum of understanding to gain agreement on approach to carer support</td>
<td>MoU setting out a framework for agreement by organisations across GM to support implementation of an integrated approach to the identification, assessment and meeting of carers' health and wellbeing needs</td>
</tr>
<tr>
<td>Develop a rights based carers’ charter setting out what carers in GM can expect</td>
<td>Carers’ charter aligned to the MoU that clearly defines what people identifying as carers within GM can expect in terms of information, advice and support</td>
</tr>
<tr>
<td><strong>Learning Disabilities</strong></td>
<td></td>
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<tr>
<td>Convene LD service user/provider forum to support co-design with service users, families, providers</td>
<td>Proposal developed for strategic provider forum that goes beyond development of the ethical procurement framework and supports engagement in addressing challenges and delivery of new models of care</td>
</tr>
<tr>
<td>Increase the scale of family-based care (eg Shared Lives model) across GM</td>
<td>Locality by locality review undertaken of current extent of family-based care, and what could be built on successfully to help support the ambition of increasing access to family-based care</td>
</tr>
<tr>
<td>Develop approach to agreeing GM specialised commissioning model for high cost / low volume</td>
<td>Proposal developed for review of issues, opportunities and implementation options to move to a single specialised commissioning model across GM for high cost, low volume placements for people with learning disabilities</td>
</tr>
<tr>
<td>Priority</td>
<td>By End May</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td><strong>Enablers</strong></td>
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<tr>
<td>Establish <em>Care Innovation Manchester</em></td>
<td>Agreed approach to establishing <em>Care Innovation Manchester</em></td>
</tr>
<tr>
<td>Develop approach to deployment of Apprenticeship Levy, to help build ASC workforce pipeline</td>
<td>Summary of ways in which the new Apprenticeship Levy could be used to enhance the pipeline for addition to the GM ASC workforce</td>
</tr>
<tr>
<td>Develop approach to supported housing as an alternative means of meeting adult social care needs</td>
<td>Proposal developed for review of current supported housing provision, and issues and opportunities associated with wider use</td>
</tr>
<tr>
<td>Improve system-wide performance and assurance through increased focus on appropriate components of social care data</td>
<td>Social care input established for GM-wide integrated performance and assurance reporting</td>
</tr>
<tr>
<td>Adopt asset based approaches across GM</td>
<td>Reviewed current practice across GM and identify existing good practice from GM and beyond.</td>
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</tbody>
</table>