SUMMARY OF REPORT:

In 2017, the GM Adult Social Care Transformation programme was initiated and tasked to deliver on four key and two enabling priorities. Each has been led by a nominated DASS lead with objectives detailed within a delivery plan that was agreed and acknowledged across the GM system. This report details the key achievements to date from the programme and the focus of work for 2019/2020.

KEY MESSAGES

The Adult Social Care Transformation Programme has worked closely with partners and localities to bring about system wide change and transformation across GM. The programme has been successful in supporting improvement and change against a background of financial constraints and other system wide challenges. The programme has also generated significant energy across the system, evident in the volume of activity, partnerships and change that has taken place across adult social care and beyond.

- The scale and pace of change has been significant with new and better models of care and support and a real commitment to change and transform. The conditions are stronger than ever now for continued transformation across GM adult social care.

- The programme has not been without its challenges with some areas not as far ahead as others. The next phase of the programme will refocus on some of the more ‘hard to reach’ areas (such as payment and system reform and technology...
and innovation strategies) as well as ensuring continued improvement on all of the priorities and the upward trajectory on quality, person centred and strengths-based approaches and workforce enabling people to live well at home, wherever that may be.

- Significant progress has been made across all six programmes areas with some key milestones being achieved and early impact of these already being identified. 2019/2020 will see further transformation in a number of areas whilst also embedding some of the products developed in 2018/2019.

- We are also jointly implementing a new range of community standards (or ‘ambitions’) for primary and social care, with a greater focus on reducing delayed transfers of care through a joint UEC/ASC plan whilst also focussing more on mental health across the programme.

PURPOSE OF REPORT:

The purpose of this report is to update partners in relation to the progress and future priorities of the GM Adult Social Care Transformation Programme. A synopsis of each priority area within the programme is detailed, along with key highlights and outputs to date and the focus of work for 2019/2020.

RECOMMENDATIONS:

The Greater Manchester Health and Care Board is asked to:

- acknowledge the outputs and achievements to date;
- confirm agreement and support to the priorities and anticipated outputs to be progressed in 2019/20 in respect of each programme area;

CONTACT OFFICERS:

Jo Chilton, Programme Director – Adult Social Care Transformation

Joanne.Chilton2@nhs.net
1.0 INTRODUCTION AND BACKGROUND

1.1 A transformed Adult Social Care offer that looks beyond traditional boundaries, and is supported through sustainable funding, is core to our plans in Greater Manchester (GM). Across the country local authorities are facing significant budget pressures, as well as increased demand and complexity of need. GM localities have been facing these challenges head on and working extremely hard to bring about reform, with many examples of new and improved commissioning, provision and innovations to ensure people are supported to be independent for longer and live well at home. Where some areas in the country are struggling to meet the pace of change required, not only has GM sustained its strong position but is continuing to show great improvement at pace.

1.2 The scale of the programme is ambitious and rightly so, embracing intended reform in every aspect from the payment and charging system through to the need for technological innovation and a more person centred, targeted approach. This has required us to think beyond traditional social care models and embrace the connections evident in relation to Supported Housing, Healthy Ageing and Community Involvement. Furthermore, underpinning this is a strong value base which recognises the human rights of all individuals to be able to say that they can live safely and well in their own home, wherever that may be. We want everyone to be proud of living in and working for GM and develop a strong shared commitment to enhancing quality of life through recognising what matters to people, based on real conversations and opportunities to get the most out of life.

1.3 In 2017, the GM Adult Social Care Transformation programme was initiated and tasked to deliver on four key and two enabling priorities. Each has been led by a nominated DASS lead with objectives detailed within a delivery plan that was agreed and acknowledged across the GM system. Significant improvement has been made in these key priority areas. Endorsement to the approach has been further provided by the Partnership Executive and continued funding for the programme has now also been agreed up to March 2022.

1.4 Some key outputs to date across the GM Adult Social Care Transformation Programme, include:

- A GM LD Strategy and a GM Autism Strategy; both developed with an ambitious set of deliverables. The number of people in supported employment (LD) has increased. A £4m contract has also been developed to ensure more people with a learning disability are in paid employment.
• There has been a significant investment locally in Shared Lives as a foundation for growth.

• With partners we have developed a GM Carers Exemplar Model enabling localities to know what best practice looks like and work towards achieving this.

• The roll-out of a GM Working Carers toolkit, which is a major resource for all employers and already starting to make an impact on how employers are identifying and supporting working carers.

• A learning and development programme for Registered Managers of care homes and care at home.

• A values-based recruitment model for roll out across the Adult Social Care sector.

• The agreement of GM targets for CQC ratings across GM. There has been an improvement in CQC ratings for inspected care homes from approximately 55% in 2016 to 78% currently\(^1\). There has also been a significant reduction in the number of current inadequate rated care homes, with GM now having a lower rate compared to the North West and the rest of England. Data is indicating that the rate of improvement is faster rate than north west and national comparators.

• For Care at Home Providers, 89% of inspected services in GM are now rated Good/Outstanding, this exceeds the average figure for England of 86%\(^1\). The quality of support in GM has improved by 25%.

• A GM Quality Framework, which represents a shared vision for improving Quality of Life, care and partnerships across health, social care and communities.

• GM and locality commissioning support packs based on the comprehensive supported housing census, predictive modelling for future accommodation need and complimentary research on future care needs.

\(^1\) Data source: GM Tableau based on data from CQC reports as at 26.06.19
2.0 PROGRESS TO DATE: KEY ACHIEVEMENTS AND PRIORITIES FOR 2019/20

2.1 Learning Disabilities

2.1.1 One of the major successes of this programme has been the development and launch of the GM Learning Disability Strategy, with its associated deliverables already taking shape across GM. This was fully co-produced with people with LD and / or Autism and their families and sets out 10 key priorities which reflect people’s needs and experiences. Some of the key highlights include:

- **Strategic Leadership:** A joint governance structure is now in place to oversee all the learning disability work in GM. Local LD Partnership Boards / key groups have been reinvigorated to ensure there is an effective infrastructure in place to support the delivery of the strategy.

- **Belonging not Isolation:** A Meet and Match service is now operational to support people with a learning disability to socialise and meet new people. This is the first of its kind in GM.

- **Bespoke Commissioning:** The PCCA team are working with people who are approaching transition, or about to move home from out of area. Innovations include: a new ISF framework; approaches to transition and SEND including refreshed person-centred planning and workforce development plans.

- **Good Health:** There has been good progress in localities to support the improvement in health outcomes and reducing health inequalities including local engagement strategies with GPs to improve take up of annual health checks; training and support offers; increase in the use of health passports and acting on key learning from LeDeR recommendations.

- **Employment:** Alongside the development of best practice standards, there has also been significant investment to support more people into employment. The GM average of people with LD in paid employment is now above NW comparators. In addition, a further £4m has been secured to develop a GM specialist employment service (MH/LD/Autism).

- **Homes for People:** A review of the evidence base around housing for people with Learning Disabilities has been undertaken. This includes modelling for future needs and will feed into an LD Strategy Priority workshop on Housing. Complex needs workshops are also exploring discharge plans, including housing options. There has been additional investment across GM in the upscaling of shared lives – with commitment
secured from localities to work towards expanding the use of this type of family-based care in GM to 15% by 2022 and implementation plans are underway

- **Workforce:** The Joint Training Partnership is providing training in best practice for providers. LD workforce plans and access to Registered Manager development programmes will also be created.

- **Early Support Solutions (CYP):** The GM Accelerator Programme will aim to introduce the Ealing Model across GM by April 2020, concentrating on avoiding out of area residential placements for CYP with LD/ASD in GM. Further a locality is also testing a seamless pathway with a one team / one worker approach for young people in transition.

- **Justice System:** Work is underway in tackling the issues around the need for greater support for victims of crime and offenders. Links have been made with the GM Health and Justice Board to align priorities and a steering group has been established to take the work forward. Co-produced plans to embed and promote reasonable adjustments within the criminal justice system will also form part of the programme.

### 2.1.2 Looking forward:

The focus of the GM programme for 19/20 will be to work in conjunction with the Commissioning Hub to co-produce bespoke joint commissioning opportunities for people with complex needs. The work will include gathering intelligence around needs/demand/supply. With the transition into adults being a key area, a needs review of children with complex conditions including those in transition, is due to be completed in July 2019. By the end of Nov 2019, we will have produced a GM complex needs service prospectus 2019-2024.

### 2.1.3 Shared GM processes will be developed to further support the upscaling of shared lives, concentrating on the areas of awareness raising and recruitment campaigns, induction and training for shared lives carers, banding and payment approaches and an effective outcomes framework. Integrated health equality resources will also be developed and be available to further support localities raising awareness around good health. The Specialist Employment Service to support people with LD, severe mental health and autism will also be operational. LD workforce plans will be progressed including the expansion of the Joint Training Partnership and access to Registered Manager development programmes to further support the workforce.
2.2 Support for Carers

2.2.1 In January 2018, all 33 member organisations of the GMHSCP undertook a ‘commitment to carers’ and rights based Carers Charter that focussed on a number of priorities that would ensure that carers could be identified as early as possible, supported to achieve better outcomes around health and wellbeing, receive a broadened offer of support so they receive the right help at the right time; and are also better supported with academic, career and personal pursuits.

2.2.2 Much progress has been made in increasing awareness around identifying carers. Working with Primary Care Commissioners, a review of General Medical Standard 5; Support for Carers in GP practices, has been undertaken. This noted good progress in the identification and support provided by GPs and has provided localities with a suite of improvement recommendations to take forward. Through 2019/20, the programme aims to work with GM Primary Care Commissioners and NHSE to pilot the GP Quality Markers for Carers. It is also planned to take learning from the implementation of the Triangle of Care and the Johns Ward campaign in how Trusts identify and support GM’s unwaged Carer population.

2.2.3 Local, regional and national best practice models/standards have been brought together, to identify what good looks like, whilst reviewing a range of services and processes on offer to develop the GM Exemplar Model for Carer Support. This is a comprehensive resource that localities can use to adapt local services and inform service design.

2.2.4 We have developed and implemented the GM Working Carers Toolkit which is a major resource for all employers. It is starting to make an impact on how employers are identifying and supporting working Carers. We are also in the process of setting up dedicated online resources for businesses in GM working with Employers for Carers.

2.2.5 We estimate that in GM there are around 27,000 young carers. From the responses of 233 young carers who took part in a GM survey, they mostly want to carry on caring but need support, to protect them from inappropriate and excessive caring. To support this work, we have devised a set of minimum standards developed by the Children’s Society, that localities are evaluating for local implementation.

2.2.6 Carers as real and expert partners underpins all the work that has and is taking place across GM to improve support for carers. The GM Carers Partnership is compiled of Carer Support Organisations from across all localities. They have played a leading role in supporting the development of the Greater Manchester exemplar model for carer support.
2.2.7 **Looking forward:** Throughout 2019/20, the programme will continue to embed the NHS Commitment to Carers principles. This work will include; piloting with NHS England the quality markers for carer-friendly GP practices developed with the Care Quality Commission (CQC), encouraging the adoption of carer’s passports, assessing how developments of electronic health records can support carers and work with our GM VCSE partners to identify and support carers, particularly those from vulnerable and often unheard communities.

2.2.8 In addition, we will support the uptake and roll out of “Top Tips for supporting Young Carers in General Practices”, monitor further implementation of the Exemplar model whilst also delivering and rolling out the GM Working Carers Toolkit and Employers for Carers Online Digital Platform.

2.2.9 On the 17th May 2019, GM Commissioners, Providers and Carers will come together to review progress so far, prioritise actions for delivery in 2019/20, and most importantly listen to how Carers are feeling these changes within communities. The output of this work will inform the programme’s action plan for 2019/20 and will be completed by end of May 2019.

2.3 **Workforce**

2.3.1 The Workforce programme aims to recruit a workforce ready to deliver new models of care, retain staff through a fair and attractive employment deal and grow the workforce at all levels through innovative development. During 2018/19, there were a number of key areas progressed.

2.3.2 A Registered Manager Leadership Development programme was completed during 2018, with very positive feedback around increased confidence, shared leadership and staff empowerment, more strategic approaches and better networking opportunities. This has led to the creation of a Registered Managers best practice network.

2.3.3 To further support this work, a minimum training /skills standard for care homes across GM was established along with the roll-out of use of NHSP to cover shortages in care homes.

2.3.4 In order to support a more consistent approach to recruitment across GM care homes, a best-practice values-based recruitment model was rolled-out. This was supported by induction standards and recommendations for a buddying / mentoring programme.

2.3.5 A survey of working carers across GM was undertaken during 2018 with a GM working carer toolkit subsequently being launched in November 2018.
Support has also been provided to the Ambition for Ageing Working Potential programme to enable more older carers into employment.

2.3.6 Across GM, a **Training Passport** to allow portability of training to agreed standards has been adopted across the sector, along with a **pre-apprenticeship programme** for entry-level care roles.

2.3.7 **Looking forward**: The 2019/20 ASC programme seeks to build further on the progress in 2018/19, and the next steps for 2019/20 will include developing **neighbourhood based blended roles**, with an underpinning skills development programme. **Best practice recruitment and induction frameworks and toolkits** are being also being developed as well as implementing the **Teaching Care Homes development programme**. The **GM Social Care Skills Academy** is also under development and due for completion in March 2020.

2.3.8 The workforce programme will also look to **influence culture across the sector** by ensuring that products developed via the wider workforce programme are adopted and owned by localities and LCOs to become business as usual. This year will see the workforce programme team continue to improve the perception of ASC as a career within GM, whilst also increasing engagement with public and private sector businesses across GM to support working Carers.

2.4 **Care Homes**

2.4.1 Across GM there are over 500 residential and nursing care homes, supporting 19,000 GM citizens. The ASC programme aims to improve the quality of care and support across all care homes, by maximising the choice of support available, creating better quality of life and experiences for individuals.

2.4.2 Much has already been achieved to date. The **improvement of CQC ratings is improving faster than National and Regional comparators. We have improved from an initial 24 inadequate rated care homes to 4 currently**

2.4.3 **A GM Quality Framework**, which represents a shared vision for improving Quality of Life, Care and Partnerships across Health, Social Care and communities in Greater Manchester. It is not a regulatory tool or a substitute for meeting regulatory standards, but an aspirational model which starts with the essential building blocks needed to ensure the best quality care and support.

2.4.4 Working with the **Registered Managers on a learning and development programme** has seen excellent results, leading to the establishment of a Registered Manager Network enabling best practise to be shared. This has
highlighted and improved the focus on person-centred community approach within care homes.

2.4.5 In addition to this, there is the development of a GM approach to **Teaching Care Homes**.

2.4.6 **Technology** is playing a key role in the programme with **NHS mail** being rolled out across all care homes. **Live bed state capacity trackers** are now operating in all care homes. An electronic **Quality Assurance tool** has also been implemented across GM.

2.4.7 We have also seen the continued roll out of **Enhanced Health in care homes framework**, the red bag transfer scheme is in place as well. Most homes are now aligned to a local GP practice as part of the neighbourhood model, offering weekly ‘home rounds’ to prevent residents becoming unwell and needing hospital admission. The roll out of the Nursing and Residential Triage Tool and Meds Optimisation in care homes continues to progress.

2.4.8 **Looking forward**: 2019/20 will see the Care Home programme look to establish a **dynamic market development** plan using predictive data modelling, developing a GM cost and care model, whilst developing a sufficiently flexible and adaptable commissioning model. **An EMI strategy** is also due to be developed and a move to joint training for Acute and Adult Social Care staff. The **GM quality kitemark** will also be developed, along with a complete quality improvement model. There are also plans to develop an options appraisal for the introduction of a **peer review system across GM care homes**. The programme will also look to test the **GM Teaching Care Home model** as it further develops throughout 2019/20. **Another GM Provider Conference** is also scheduled to take place in November 2019.

2.4.9 It is also anticipated that by improving the quality of care delivered in care homes and building partnerships between Acute Care, Primary Care and Care Homes to provide timely advice as part of a proactive model, this will positively impact on the need to access emergency services be that ambulance or A&E.

2.5 **Living Well at Home**

2.5.1 At the centre of our adult social care transformation programme is **Living Well at Home (LWAH)**. This aims to develop a reformed model of independent living and support to keep people well and independent in their own homes and communities of choice, as well as to ensure high quality support; by developing a strong, attractive and aspirational workforce offer with careers in health and social care that offers progression routes through education, training, apprenticeship opportunities and a good career pathway.
LWAH embraces innovative and alternative opportunities and support solutions, such as wellbeing teams and independent living models, all underpinned by a strength-based approach. It is also aimed to ensure interventions and prevention models are in place so that people can avoid going into long term support services. LWAH is looking to change the way the money drives the outcomes, with payment reform incentivising the retention of independence and improved outcomes for people.

2.5.2 The majority of localities have now moved towards more ‘zoning’ and integrated neighbourhood-based teams developing stronger relationships with providers, on a place-based approach which lays the foundations for much better person-centred care and support. People are now having ‘different conversations’ as opposed to ‘assessments’, connecting people with community solutions and other forms of support other than ‘paid’ support.

2.5.3 A learning and development programme has been commissioned and co-produced to help embed this different way of working, and this will be upscaled. This will build and sustain the skills and confidence of the workforce across health, social care and VCSE, enabling more person-centred conversations and innovative solutions to meet people’s priorities and outcomes. Alongside of this, a train the trainers and coaching infrastructure is in development.

2.5.4 Whilst providers have supported thousands of people across GM to stay safe, well and independent in their own homes, with hard working committed staff, others have struggled to provide the consistency and quality of care required. This was reflected in the CQC ratings in April 2016 which showed that just 63% of inspected home care agencies in GM were rated as Good or Outstanding by the CQC. Whilst still on that journey to improvement, data is now indicating a CQC Good/Outstanding rating of 89% and, the quality of support in GM has improved by 25%. This exceeds the average figure for England (of 86%)

2.5.5 Again the GM Quality Model is now being utilised within the LWAH programme, as guidance to what quality care should look like, wherever you live.

2.5.6 Many localities are changing their QA systems and are enhancing quality as part of re-commissioning service provision to ensure a closer alignment with locality teams and working more closely in collaboration with providers in those neighbourhood teams. A number of areas are also developing ethical frameworks with the aim to drive quality improvement, working in partnership to improve outcomes relating to the choice, quality, safety, wellbeing and dignity of care and support offered to people.
2.5.7 None of the above could have been or will be achieved on our own and we have developed strong partnerships across the system and in different sectors to ensure Living Well at Home is a whole system approach with GM citizens at the centre. We have worked in partnership with Shared Futures on an Independent Inquiry into Care at Home through the Citizens Inquiry, which recently reported its findings and this work has been aligned with the work of the programme. We have also had our second successful GM Provider Conference working with the Greater Manchester Independent Care Sector Network.

2.5.8 We are also linking into the GM Ageing Hub who will be working with some of the Trailblazer projects and will be looking to work closely together in neighbourhood scale models to support ‘ageing in place’.

2.5.9 Looking forward: In respect of next steps for the programme through the first half of 2019/20, a number of ‘trailblazers’ will operate across GM. Each has identified the nature of the challenge it is seeking to address aligned to one or more of the LWAH themes and will develop, test and implement that change with at least one or more identified LCOs. The outcome should be able to demonstrate the benefits, the learning and extent to which this change can then be rolled out across GM. Proposals have been developed, stakeholders identified and the delivery of a series of GM workshops for designated trailblazers is progressing. This will then be scaled up across GM. These will include a personalised care and support journey, a pathway and process regarding nutrition and hydration, technology enabled care tried and tested within individual's homes and a pathway to reduce admissions to acute settings for individuals who would be better cared for in their homes. We will also develop a GM version of the ‘system balance’ model (J.Bolton) in partnership with UEC and localities to ensure the emphasis on supporting people to stay at home and where this isn’t possible ensuing we have the right balance of supported accommodation in the local market.

2.6 Supported Housing

2.6.1 The Supported Housing programme is an integral part of Adult Social Care Transformation. An effective supported housing market enables delivery of the rest of a social care system that promotes independence and prevents reliance on more expensive institutional care. This programme initially focused on developing a clear GM vision and strategy for a housing offer that would be able to respond to the needs of our older population and those requiring support, enabling them to live healthy, safe, fulfilling lives. As some key highlights, we have:
• Established **support across a number of sectors** and buy in to our vision to ensure their ongoing involvement in the programme, including sharing our approach with National and Regional stakeholders;

• Developed a **robust evidence base** to inform and underpin our strategic approach.

• Published GM and locality **commissioning support packs** based on our comprehensive supported housing census, predictive modelling for future accommodation need and complimentary research on future care needs.

• Supported a joined-up approach across GM systems - **supported housing requirements** are now reflected within **GM housing, planning and estates strategies/spatial frameworks**;

• Undertaken collaborative work with partners on development of **age friendly housing strategy** and supported ‘Right sizing’ older person’s housing research; and

• Setting a clear vision for an **ambitious upscale and improvement in extra care housing** and enabling localities to deliver this.

• Launched an **Extra Care CBA tool for localities** and aligned this work to the development of a GM strategic approach to housing for older people.

2.6.2 Localities investment in the development of housing and care options to ensure people can be supported in **fit for purpose accommodation** closer to their families and communities of choice have also progressed well. These developments, from extra care to individual self-contained flats, are **facilitating regeneration of neighbourhoods** by repurposing old, no longer fit for purpose buildings into high specification settings specific to people’s needs. They are connecting people back into their communities and supporting people to **form genuine supportive friendships and natural support networks** whilst also supporting those who would have traditionally been in high cost care settings to make their next important move to independent living. In addition, these services have also **delivered significant savings**.

2.6.3 We know that a shift in approach to supported housing can only be delivered in **collaboration with partners across housing, planning, health and care**. Drawing together these key stakeholders and making a collective commitment to change has been central to taking this work forward.

2.6.4 **Looking Forward:** Through 2019/20, we will continue to drive the programme in this way, now focusing on **replicating these GM partnerships in localities**.
as they develop **local supported housing strategies** and enabling delivery of supported housing schemes, with some activities becoming ‘Business as Usual’ in localities. We will continue to deliver enabling activity within the GM system such as engagement with estates and planning colleagues and Homes England.

2.6.5 We will ensure localities have a **clear vision for their strategic approach to supported housing**, aligned to that of the GM programme and by building on existing good practice, facilitating learning and increasing **market shaping** through supported housing strategies / prospectuses. We will be in a position to develop a **clear pipeline of supported housing development** across all client groups, linked to these strategic objectives. We will be providing a refreshed evidence base for localities, including a pipeline of supported housing development, as well as information on **future accommodation need for a wider variety of client groups**, such as those with Mental Health needs and Learning Disabilities, in order to support the GM Mental Health Housing Strategy and the housing priority of the Learning Disability Strategy. At a regional and national level, the GM programme will continue to share our approach and learning with partner organisations and learn from best practice elsewhere.

### 3.0 ADULT SOCIAL CARE TRANSFORMATION PROGRAMME MOVING FORWARD

3.1 Significant progress has been made across all six programme areas with some key milestones being achieved and early impact of these already being identified. 2019/2020 will see further transformation in a number of areas whilst also embedding some of the products developed in 2018/2019.

3.2 The programme also now has a **much broader reach across the system and beyond transformation** as we start to work much more closely with UEC and localities and develop **joint plans around admission avoidance, standards and market shaping**. We are also jointly implementing a new range of community standards (or ‘ambitions’) for primary and social care, with a greater focus on reducing delayed transfers of care.

There will also be a whole system demand and capacity review undertaken for each locality that includes all aspects of the UEC pathway including health and social care. As part of this we are also recommending that we use the “system balance approach” developed by John Bolton which sets out the balance needed between discharge destinations required to manage a balanced system.

3.3 The programme has not been without its challenges with some areas not as far ahead as others. The **next phase of the programme will refocus** on
some of the more 'hard to reach' areas (such as payment and system reform and technology and innovation strategies) as well as ensuring continued improvement on all of the priorities and the upward trajectory on quality, person centred and strengths-based approaches and workforce enabling people to live well at home, wherever that may be.

3.4 We are also working with localities over the coming months to integrate elements of the transformation work and in particular around the Support for Carers and LD Programmes to ensure that the work done to date becomes integrated into local business planning and operations.

3.5 A review of the ASC programme structure will also take place over the Summer to ensure the structure is fit for purpose and aligned with the direction of travel of the programmes deliverables.

4.0 RECOMMENDATIONS

4.1 The Greater Manchester Health and Care Board is asked to:

- acknowledge the outputs and achievements to date;
- confirm agreement and support to the priorities and anticipated outputs to be progressed in 2019/20 in respect of each programme area.
GM ADULT SOCIAL CARE TRANSFORMATION PROGRAMME

Summary of progress and priorities for 2019/2020

GM Health and Care Board
26 July 2019
OVERVIEW

• The Adult Social Care Transformation Programme has worked closely with partners and localities to bring about system wide change and transformation across GM

• The scale and pace of change has been significant with new and better models of care and support and a real commitment to change and transform

• The conditions are stronger than ever now for continued transformation across GM adult social care

• Significant progress has been made across all six programmes areas with some key milestones being achieved and early impact of these already being identified.

• The programme has not been without its challenges with some areas not as far ahead as others. The next phase of the programme will refocus on some of the more ’hard to reach’ areas
# Summary of Progress

## Key Achievements to Date

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<th>Learning Disabilities</th>
<th>Unwaged Carers</th>
<th>Workforce</th>
<th>Other</th>
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<tr>
<td>• GM LD and Autism Strategies co-produced, priorities being implemented</td>
<td>• Charter and Commitment</td>
<td>• RM Leadership Development programme</td>
<td>• Stronger partnerships with providers – GM Independent Care Sector Network and Board</td>
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<td>• Meet and Match developed</td>
<td>• The GM Carers Exemplar Model of Support developed</td>
<td>• RMs best practice network</td>
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<td>• Significant investment in shared lives</td>
<td>• Working Carers Best Practice Toolkit developed/implemented</td>
<td>• Minimum training/skills standard</td>
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<td>• Increase in people with LD in paid employment</td>
<td>• Digital platform being developed</td>
<td>• Training passport</td>
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<td>• GM Specialist Employment Service Contract with £4m investment</td>
<td>• Ambition for Ageing’s Working Potential programme</td>
<td>• Pre-apprenticeship programme</td>
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<td>• GM Carers Partnership in place</td>
<td>• Neighbourhood based blended roles</td>
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<td>• Minimum Standards for Young Carers developed</td>
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<td>• Awareness raised significantly</td>
<td>• Best-practice values based recruitment model</td>
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<th>Care Homes</th>
<th>Living Well at Home</th>
<th>Supported Housing</th>
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<td>• Improvement of CQC quality ratings from 55% to 79% and reduction of inadequate from 24 to 4 over the course of the year</td>
<td>• CQC Good/Outstanding rating of 89% (from 63%)</td>
<td>• Supported housing commissioning support packs</td>
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<td>• Co-production of a GM Quality Model</td>
<td>• Different conversations</td>
<td>• Supported housing requirements reflected within GM housing, planning and estates strategies</td>
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<td>• Roll out of Enhanced Health</td>
<td>• Better commissioning models - Ethical Frameworks</td>
<td>• Extra Care collaboration with LGA</td>
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<td>• GM Red Bag transfer scheme</td>
<td>• Innovative models of care/support</td>
<td>• GMHP led Vision Statement and Strategic Plan for retirement housing across GM</td>
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<td>• Nursing &amp; Residential Triage Tool</td>
<td>• Localities moved towards ‘zoning’ and integrated neighbourhood based teams</td>
<td>• Collaboration on development of age friendly housing strategy</td>
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<td>• Buddying system and clinical supervision programme for Registered Managers</td>
<td>• Independent inquiry-Citizen’s Jury</td>
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<td>• Person Centred Community approaches</td>
<td>• Trailblazers</td>
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**Other**

- Market development
- Metrics
- UEC
- Mental health
- BAU
PRIORITIES FOR 19/20

Programme objectives

- Implement GM wide initiatives to deliver the priorities within the GM Learning Disabilities and Autism Strategies
- Re-shape the offer and support available to unwaged carers across GM through the delivery of the Carers Charter and implementation of the exemplar model
- Recruit, retain and grow a workforce ready to deliver new models of care
- Improve the quality of care and support, by maximising the choice of support available, creating better quality of life and experiences for individuals.
- Develop a transformed model of independent living and support to keep people living well at home wherever that may be
- Enable localities to deliver a strategic approach to supported housing, aligned to the GM programme
LEARNING DISABILITIES

**Advocacy:**
Supporting people and their families to speak up for themselves

**Business case for citizen advocacy model for GM**

**LD Provider / Partnership approaches May 2019**

**Bespoke commissioning:**
Embedding person centred approaches and new commissioning arrangements for complex support

**Bespoke Joint commissioning Solutions for people with complex needs Nov 2019**

**Delivering of the GM LD Strategy**

**Employment:**
Enabling more people to obtain paid employment and supporting young people to consider their employment options during transition.

**GM Specialist Employment Service Oct 2019**

**Co-produced plans for Justice Jan 2020**

**LD Workforce Plan inc expanding JTP, RM development programme Apr 2019**

**LD and Autism Housing Plan supporting future commissioning Oct 2019**

**Good health:**
Reducing health inequalities by improving access - Increasing number of people receiving annual health

**Justice system:**
Embedding reasonable adjustments for people with LD/autism within criminal justice sector

**Reasonable adjustments within criminal justice system (Mar 2020)**

**Integrated Health Equality Resource Nov 2019**

**Strategic Leadership:**
Coproduction and leadership to reduce inequalities experienced by people with LD.
Continuous improvement of LD services across through provider engagement forum

**Homes for people:**
Ensuring people have a choice about where they live, which kind of housing they live in and are supported to live as independently as possible. Expanding shared lives

**Upscaled Family Based Care Offer / Processes Jul 2019**

**Workforce:**
A skilled workforce and quality providers that know how to support people and demonstrate humanity and values

**Integrated Housing for people:**
Ensuring people have a choice about where they live, which kind of housing they live in and are supported to live as independently as possible. Expanding shared lives

**Integrated Health Equality Resource Nov 2019**

**Strategic Leadership:**
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**Bespoke Joint commissioning Solutions for people with complex needs Nov 2019**
Greater Manchester Health and Social Care Partnership

**Implementation of GM Exemplar Model in Localities**
- Sept 2019

**Roll out of GM Minimum Service Standard for Young Carers Support Services**
- Sept 2019

**GM Carers Performance Dashboard**
- Nov 2019

**Delivery of the GM Carers Charter**

**Wider Implementation of the Best Practice Working Carers Framework**
- Jul 2019

**Pilot and roll out of the national GP carers Quality Mark**
- Jan 2020

**GM approach to supporting carers in Acute Trust**
- Mar 2020

**SUPPORT FOR UNPAID CARERS**

GM Adult Social Care Transformation

**PRIORITIES FOR 19/20**
WORKFORCE

RECRUIT
a workforce ready to deliver new models of care

RECRUIT Best Practice Recruitment Framework and Toolkit Sept 2019
RECRUIT Blended Roles in Operation Aug 2019

RECRUIT

GROW
And develop the workforce at all levels through innovative training, development and improved career pathways

GROW Teaching Care Homes Workforce Development Programme April 2019
GROW Aspiring Registered Manager programme Jun 2019
GROW Induction Best Practice Framework and Toolkit Sept 2019
GROW Working Carer Locality Support May 2019
GROW GM Social Care Skills Academy Mar 2020

RETAIN
staff through a fair and attractive employment deal

RETAIN GM Training/ Skills Passport and Protocol Jul 2019
RETAIN GM Social Care Skills Academy Mar 2020
RETAIN Induction Best Practice Framework and Toolkit Sept 2019
RETAIN Working Carer Locality Support May 2019
RETAIN Blended Roles in Operation Aug 2019
RETAIN a workforce ready to deliver new models of care

GM Adult Social Care Transformation
Greater Manchester Health and Social Care Partnership

PRIORITIES FOR 19/20

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RETAIN a workforce ready to deliver new models of care
LIVING WELL AT HOME

*The development of the LWAH Trailblazers will further inform the products and outcomes moving forward.

QUALITY
- Quality Improvement Model
  - Apr 2019
- Quality of Life / Care Exemplar Model
  - Sept 2019
- Pathway and Process re Nutrition and Hydration
  - Sept 2019
- GM Quality Kitemark
  - Mar 2020

PERSONALISED CARE and SUPPORT
- RM Networks (CH and HC)
  - May 2019
- Personalised Care Support Journey
  - Aug 2019
- Roll-out RM Programme
  - May 2019

HIGH IMPACT CHANGE MODELS
- New GM System balance model
  - Mar 2020
- Discharge Plan
  - Mar 2020
- Prevention / Admission Avoidance
  - Mar 2020
- UEC / ASC Joint Plan
  - Sept 2019

TECH and INNOVATION
- Technology Enabled Care trialled in Individual’s homes
  - Sept 2020

SYSTEM REFORM
- New Commissioning and Contracting Model
  - Mar 2020

FUTURE MARKET
- GM Market Development 5 year Plan
  - Mar 2020
SUPPORTED HOUSING

Build on existing good practice and facilitate sharing of learning between localities

Locality Supported Housing Strategies May 2019

LGA Extra Care Resource Pack May 2019

BEST PRACTICE

LGA Support Workshops with DASSs / SH Steering Group Jun 2019

MARKET SHAPING

Support to Localities Plan in place April 2019

Extra Care Prospectus April 2019

Predictive Modelling of LD/MH Housing Need April 2019

Ensure Localities have a clear vision for their strategic approach to supported housing, aligned to that of the GM programme

Build on our evidence base across client groups and better understand the quality of current supported housing stock in GM and whether it is fit for purpose

Increase market shaping through engagement with supported housing strategies / prospectuses
ASC / UEC JOINT PRIORITIES

- Test repatriation in a couple of sites – leading to a trusted assessor model (agree one model)
- Relaunch GM Pathways in the discharge standards
- Link to system balance model

- How we share resources – i.e., joint commissioning

- System support at a GM level
- Measuring avoidance
- System balance model

- Community Standards
- Repatriation standards/out of area discharges

- Length of stays
- Re-admissions

- Implications of LPS

- Understand what a balanced system looks like from an ASC point of view
- What are the each locality’s plans

- Formal launch
- Link to Min ASC
LOOKING FORWARD

- **Further transformation** across all areas with **products developed** in 2018/19 **being embedded** within localities.

- Work closely with **UEC and localities** to develop joint plans around admission avoidance, standards and market shaping.

- Refocus on the ‘hard to reach’ areas such as **payment and system reform, technology and innovation strategies**.

- Integrate elements of **Support for Carers and Learning Disabilities** into localities **business planning and operations**.

- A **review of the ASC programme structure** to ensure it is **fit for purpose and aligned** to the travel of the programme deliverables.