Manchester City Council
Report for Resolution

Report to: Health and Well-being Overview and Scrutiny Committee – 21 October 2010

Subject: Health and Wellbeing Update

Report of: NHS Manchester
Strategic Director of Adult Services

Summary

This report provides Members of the Committee with an overview of developments across Adult Services, NHS Manchester and the Adults Health and Wellbeing Partnership. The report incorporates the NHS monthly update.

Recommendations

To note contents of the report.

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Wards Affected:

All

Background documents

None
This is the update paper produced by NHS Manchester for the Health and Wellbeing Overview and Scrutiny Committee. NHS Manchester is responsible for ensuring funding for health services is targeted where it is needed the most, that NHS care is of the highest standards and ultimately that local people lead longer, healthier lives.

This update provides a brief summary of issues or news items that may be of interest to the Committee.

1. NHS Manchester Finances

NHS Manchester has made progress in delivering some of the savings necessary to achieve financial balance this year. However, the current position is that we are forecasting financial pressures of £14m for this year, much of which is due to higher than planned levels of demand for health services in the city. Measures are therefore being taken to address this by:
Reducing the number of patients using hospital services where appropriate, clinically effective care can be provided by a GP or elsewhere in the community.
Providing a wider range of GP and nursing services at Accident and Emergency departments in North and South Manchester.
Reducing agency staffing costs, and strengthening vacancy control.

We are working closely with Practice Based Commissioning (PBC) hubs to implement these measures and to identify any further opportunities.

2. Transforming Community Services (TCS)

The TCS programme is on track to meet the national requirement for PCTs to transfer their community services to alternative providers by April 2011. Key recent developments include:
Establishing the comprehensive list of all MCH services and their proposed destination. This has changed since the initial proposals as there will not now be a regional community foundation trust created. Additionally, the destination of some city wide services has changed.
The transfer of all staff, including support and administrative staff, associated with MCH services to receiving organisations. Where staff work across both MCH and the commissioning/corporate side of NHSM, the proportion of their time spent on MCH will be calculated and the financial value will be calculated. A process will then be undertaken to align individual members of staff to receiving organisations.
For further information on progress with TCS, please see the relevant pages on the NHS Manchester website.

3. Preparing for the future:
NHS Manchester is being proactive in its response to the coalition government’s plans for the NHS as outlined in the white paper “Liberating the NHS”. This has included:
Work with existing practice based commissioning hubs to support the development and formation of GP consortia on a shadow basis by April 2011.
Ensuring sufficient resource remains within NHS Manchester to meet our statutory duties from 2011.
Action to support the long term security of staff whilst, were possible, meeting their individual aspirations.
Along with achieving sustainable financial balance and TCS, the transformation of our commissioning and corporate functions will be a key priority for NHS Manchester over the coming months.

4. Safeguarding Children / Looked After Children:

An annual report showing the progress made in Safeguarding Children within NHS Manchester has been produced. Significant work has been carried out across the health and social care economy to develop services targeted at vulnerable children whilst at the same time ensuring that staff from all services are aware of safeguarding issues and have the skills and knowledge to act in the best interests of the child.

The first annual report on Looked After Children has also been produced. Manchester has a relatively large population of Looked After Children, a vulnerable community who face greater challenges than their peers and suffer worse health outcomes. The report explains the work that has been done up until now and describes plans for the future.

Copies of both reports are available on request.

5. Personal Health Budgets:

NHS Manchester, working with Manchester City Council, is taking part in a Department of Health pilot introducing the use of personal budgets within healthcare. The project is focussed on patients eligible for Continuing Health Care funding with an aim for 75 patients to be holding personal budgets from December 2010. The budget will be calculated according to need and the individual will then be supported to decide how they want to spend their budget to achieve the health outcomes they have identified. The pilot will be fully evaluated locally and by the Department of Health to assess its effectiveness.
This is the update paper produced by the Strategic Director of Adult Services for the Health and Wellbeing Overview and Scrutiny Committee. The City Council's Directorate for Adults provides social care services for the residents of Manchester. This update provides a brief summary of issues or news items that may be of interest to the Committee.

- The integrated care project document is now finalized. Transformation boards have been set up in central and south with Director and Assistant Director representation from Adult Services on them.

- Arrangements are being made to support elected members and practice based commissioner leads to share communications on healthcare changes in the city

- Manchester City Council has initiated early talks with acute chief officers and with Practice Based Commissioning Leads, on whole systems finance. We are looking to do early financial modelling in order to understand the financial impact of shifting care closer to home
1.0 Introduction

1.1 The Manchester Adults Health and Wellbeing Partnership Board provides strategic leadership for co-ordinated action to promote health and wellbeing in the city. The Board will share information and update members on the transfer and transformation of Manchester Community Health and the city’s responses/actions to reform across health and social care.

1.2 This paper updates Members on the work of the Adults Health and Wellbeing Partnership Board during 2010.

2.0 Context

2.1 Between November 2009 and spring 2010, the Adults Health and Wellbeing Partnership Board did not meet. This was during the period that Securing Our Shared Future Programme was instigated by NHS Manchester and appeared to take over some of the functions of the Partnership Board. However, not all partnership members were represented, and the Board was reinstated in May 2010.

2.2 The NHS White Paper ‘Equity and Excellence – Liberating the NHS’ published in July 2010, contained the proposal to establish a statutory Health and Wellbeing Board for each local authority area. This will result in changes to the function, membership and shape of the current Partnership Board. Until more details are known the Board will continue to operate and Members will be kept informed of any developments.

3.0 Membership of the Partnership Board

3.1 The Board is chaired by the Strategic Director for Adults and its membership comprises of: the Executive Councillor for Adult Services, senior NHS and city council officers representing Adults, Children's Services, NHS Commissioning and Public Health, and representatives from the Community Network for Manchester, the Carers' Forum and the LINk.

3.2 The Board will update the Overview and Scrutiny Committee on its priorities and progress at regular intervals.

4.0 The Priorities of the Board

4.1 The Board has identified four key priorities with named officers and lead organisations:
• Dementia – Directorate for Adults
• Obesity, linked to obesity in children – Joint Health Unit
• Stroke – NHS Manchester/ Joint Health Unit
• Mental Health – Directorate for Adults

4.2 These are underpinned by the themes of the Whole Family Working, Carers, Worklessness and Safeguarding. A copy of the Strategic Map that illustrates the organisation of the Board, its agreed priorities, and the mechanisms by which it is monitored and outcomes reviewed is attached at the Appendix A and copies will be made available at the meeting.

4.3 One of the priorities is to be discussed at each Board meeting, where updates on the strategy underpinning the priority, progress on delivery and the level of partnership working and integrated working in that priority area are to be supported and challenged.

4.4 In addition, the Board has acted on a number of related issues some of which are listed below.

5.0 Actions

5.1 Actions of the Board in 2010 include:

• Carers – Following the publication of the White Paper, the Board raised a number of concerns about the apparent lack of clarity on how Carers would be supported and wrote to the Secretary of State for Health. An e-mail response was received. A copy of the letter and the response are attached at Appendix B.

• De-commissioning Process – The Partnership Board is faced with funding cuts and potentially difficult decisions will need to be made in the near future. Whilst the Board was dormant, it’s Resources and Performance sub group which monitors the Investment Plan also did not meet. This too has been reinstated and has re-looked at the Investment Plan in order to reduce its allocation year on year. In order to ensure a robust process is in place to support transparent and objective decision making on the de-commissioning of Partnership Board investments, it has developed a Decommissioning Impact and Exit Planning Procedure which is to be regularly reported to the Board. This is being adopted across other Manchester Partnerships.

• Living Well across the North West: Prioritising wellbeing to reduce inequalities – The Board considered a report produced about a possible new approach to public health across the North West. The document had emerged from various discussions with key stakeholders across the North West. The Director of Public Health and Partnerships has been tasked with considering the best way of incorporating the approach into local developments and will report back to the Board.

• Local Democratic Legitimacy in Health - The Board had been tasked with the co-ordination of the response to the Government consultation paper on Local Democratic Legitimacy in Health with proposals to
6.0 Recommendation

6.1 That Members note the report.
Manchester City Council
Health and Wellbeing Overview and Scrutiny Committee

Item 10 – Appendix 1
21 October 2010

What is monitored?
- MMHSC
- Joint Commissioning strategies
- Safeguarding
- Dementia Strategy
- Areas of concern / under performance
- Public Health issues linked to Mental Health, Obesity, and Stroke (e.g. CHD, Smoking, Alcohol)

Agreed Priorities of board
- Stroke (Lead: David Regan)
- Dementia (Lead: Fornuala Stringer)
- Obesity (Lead: David Regan / Colin Cox)
- Mental Health (Lead: Assistant Director Integration and Partnerships)
- Political and multi-agency support
- Personalisation
- Funding/Resource Allocation
- Joint working delivery
- Prioritisation of Prevention and Early Intervention

Worklessness
- Reducing delays and blockages in delivering improvement plans
- Review outcomes
- Monitor delivery

Adults Health and Well-being Partnership Board

Multi-agency Delivery Boards currently in place:
- Voluntary Sector
- Safeguarding Adults and Children’s Board
- Vascular Programme Board (tbc)
- Seasonal Excess Deaths Programme Board (tbc)
- Stroke Strategy Group
- Cancer Programme Board
- Infant Mortality Steering Group
- Strategic Healthy Weight Executive Group
- Sport and Physical Activity Alliance
- Food Futures Programme Board
- Alcohol Joint Commissioning Group
- Smoke-free Working Group
- Sexual Health Commissioning Group
- Mental Health & Well-being Subgroup
- Cross-cutting Initiatives Programme Board
- Valuing Older People Board
- Manchester Learning Disability Partnership
- Carers Strategy Group
- Long Term Conditions Board
- Older People’s Forum
- Joint Dementia Strategy Implementation Group
- Citywide Stroke Group
- Physical Disability Partnership
- Manchester Public Health Development Service
- Supporting People Commissioning Group
- SP Core Strategy Group
- Domestic Abuse Management Group

AHWB will work thematically and invite relevant partners from other boards to feed into the work.
The Rt. Hon. Andrew Lansley MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS
Date: 30 Jul 2010
Our Ref: NHS WP1

Dear Mr. Lansley

Re: NHS White Paper: “Quality and Excellence: Liberating the NHS”

We have read the White Paper with interest and welcome an approach that places strong emphasis on healthcare outcomes for patients, a vision of an NHS centred on patients and their Carers, and using the position of Local Authorities to promote the integration of health and social care services for health improvement.

Given the valuable contribution of Carers to health and social care services in helping us to support the person they care for, it is of concern that there appears to be a lack of clarity in the White Paper on how we will continue to support Carers. We have made progress over the last few years to ensure that Carers are treated as expert partners who have helped us improve the delivery of effective and quality healthcare services.

There are a number of specific points to make from our experience of working across Manchester City Council and NHS Manchester to improve outcomes for patients and Carers.

Identification of Carers by GP practices

The White Paper considers Primary Health Professionals in general practice to be closest to patients and best placed to commission services to support them. We recognise, however, that despite work already undertaken locally and nationally, there is still more to be done to support health professionals to identify Carers within GP practices and acute health settings, before being able to provide information and support in ways that fully include Carers as partners in the delivery of care.

We have been working hard to increase GPs’ awareness of Carers’ needs. We have worked closely with the Primary Care Commissioning Team specifically to support GPs in identifying Carers. When we carried out a Focus Group and questionnaire survey in 2008 to find out what Carers think, the questionnaire highlighted that only 18% of Carers were offered information or support during hospital discharge. We needed to do more to support Carers in hospitals and responded by having Carers’ Care Managers based in each of the 3 Acute Trusts, focused on identifying and supporting Carers. We have noticed a big increase in the number of Carers using our services, with 1,711 new Carers in 2009/10 receiving an individual budget compared with 980 new Carers in 2008/9.
Care Trust have employed four Carers' Support Workers, which has seen a 44% increase in assessments and Carers accessing support in 2009/10. This has been the result of collaborative working with the NHS and our partners in ensuring that Manchester continues to support Carers.

This is not an easy task and complications such as patients and their Carers often being registered at separate GP practices, compound the structural difficulties to be overcome in joining up such personalised elements in healthcare. These challenges need to be addressed alongside any transfer of the commissioning of effective services to GP practice consortia.

**Preventing the breakdown of the Carer-patient relationship**

It is important to acknowledge the role played by Carers in bringing benefits, not just to patients and those cared for, but across the health and social care economy. Carers UK estimate an annual saving nationally of £87 billion, or £14,500 per Carer, in services which would otherwise have to be funded. Ensuring high quality support to Carers in their role is therefore of vital importance and it is necessary to reflect this in national and local policy as we continue to improve our delivery of successful healthcare outcomes.

To inform the development of our Prevention Strategy (2008) we carried out a detailed case file analysis which highlighted that Carer breakdown was a significant key trigger for each service user group accessing Adult Social Care Services, these being older people 65-74 years (15%), older people 75+ years (25%), people with physical disability or long term condition (18%), and people with learning disability (25%). A further cost-benefit analysis also shows that each Carer breakdown costs Manchester £6,191 to support a person. Multiplied by the projected 818 cases of the total assessed population, Carer breakdown costs an estimated £5 million cost to the social care economy per year.

Investment in preventative services helps the patient/service user and their Carer, as they contribute to both NHS and Social Care Services by saving money and improving patients' health and well-being. Evaluation of Manchester's 47 Partnership for Older People's Project (POPPs) schemes by Manchester Metropolitan University shows that between 2006/7 and 2007/8, fewer people age 65 years+ were admitted to residential or nursing care and fewer assessments led to care and support provision. For all over 50s there were fewer avoidable hospital admissions and reduced numbers of bed days length of stay in hospital.

The Government has confirmed a commitment to increasing the range of preventative services for service users and Carers. Manchester is committed to this. Indeed, 9776 Carers have accessed grant funded Carers' services in 2009/10 compared with 7766 in 2008/09, indicating a high level of Carers’ support is needed to prevent Carer-patient relationship breakdown, thereby helping Carers to continue to support the person they care for.

Decision about patients may adversely impact on the ability of Carers to fulfil their role.
We very much welcome the emphasis on greater involvement of patients in decisions about their care. However, it is imperative that Carers are also treated as partners in this process. This is a significant omission from the paper as there is a risk that not including Carers in decisions and decision making processes about patients may adversely affect the caring relationship, leading to Carer breakdown.

Being a Carer can also bring its own health risks. Breakdown of the caring relationship is a significant factor in health deterioration, hospital admission and increasing people’s need for more intensive health and care services. We believe that it is of vital importance to support Carers through the provision of Carer specific information and services. The extent of those with caring responsibilities is estimated at £6million, with 1 in 6 households containing a Carer. Supporting all these Carers adequately therefore provides support for the wellbeing of communities and promotes social and personal responsibility.

‘No decision about me, without me’ needs to include Carers

Not only do Carers practically support the care provided by Local Authorities and the NHS, they also have a key role to play in helping us to understand the needs of the person who they care for. We support a move towards more personalised decision making about patients. However, this should include the voice of Carers within the process. Carers should be more than just informed about decisions made about patients, but can often be a useful source of information to support more effective decision-making which can both improve a patient’s health and support the caring relationship.

The inclusion of Carers in decision making ensures that Carers can find a balance in caring for the person they care for and are able to have a social life and to use leisure, learning and other local services. We have also expanded this work to support Young Carers to ensure that children do not have to take on inappropriate caring roles and are able to focus on their education.

The Carers' Annual Survey (2009/10) illustrates the importance of ensuring that the Carers’ voice is included. The survey reveals that 75% of Carers felt that their needs were taken into account, 70% of Carers said that it increased their quality of life and 27% of Carers were offered an assessment during discharge from hospital (18% in 2008/09). 89% of Carers said that the break helped them to continue caring and 87% of Carers said it improved their health & wellbeing.

Future plans for supporting Carers

The Coalition Government wants to build the Big Society to ensure that citizens, communities and local government work together to achieve the aspirations of local communities. In effect, this means valuing service users/patients and their Carers to ensure that they continue to be supported in their own communities, and Carers be given support to ensure they can continue to play an active role in supporting the person they care for.

It is not clear how the NHS and Local Authorities will support Carers in the future. Local Authorities need greater clarity on how we will continue to support Carers, how Carers will be funded both on a personal level (Carers Allowance and Attendance Allowance) for Carers themselves, and funding for preventative Carers' Services.
Work over the last few years has highlighted some of the difficulties inherent in integrating Carers into the processes of care provided by statutory health and social care organisations. It is therefore of concern that the structural mechanisms for the inclusion of Carers as full partners in the process of healthcare delivery have been omitted from this White Paper.

Given the lack of references to Carers, we are then further concerned about the potential for a lack of adequate funding for work to support Carers in their role, as responsibilities for commissioning services transfer from PCTs to GP consortia.

Finally, we would be grateful for your assurances that the role of Carers will be considered in future proposals.

Yours sincerely

Councillor Glynn Evans
Executive Member for the Directorate for Adults

Liz Bruce, Strategic Director, Directorate for Adults

Dave Williams
Manchester Carers Forum
Response

Our ref: DE00000530861
Your ref: NHS WP1

Thank you for your emails of 5 August and 6 August to the Department of Health and the letter of 30 July from Councillor Glynn Evans, Ms Liz Bruce and Mr Dave Williams to Andrew Lansley about carers. I have been asked to reply on Mr Lansley’s behalf.

I note the concerns that are raised about support for carers. I can assure you and the signatories of the letter that the Government recognises the valuable contribution made by carers, many of whom spend a significant proportion of their life providing unpaid support to family members or friends. As a new Government committed both to change and to reviewing public expenditure in the light of the current financial position, Ministers will assess priorities very carefully. The Government will consider how best to support carers in light of this year’s spending review.

Ministers believe that much better support for carers can be achieved by statutory services. Local authorities and the NHS must identify more carers so that they are put in contact with the services that can help them; there must be effective integration of services so that they respond to the entire picture of a family’s circumstances; and personalisation must become a reality that ensures packages of support genuinely fit around a family’s needs.

To achieve these aims, the Government will develop a new carers’ strategy. The strategy will build on the work that has been done in recent years, but also ensure that carers’ concerns are addressed in a way that is deliverable and affordable. Ministers intend that the new strategy will not just be a statement of intent, but will deliver tangible results. The Department is consulting with carers and carers’ organisations before publishing the updated strategy. More information can be online at:

Turning to the other points that are raised, the Government is currently considering its options regarding carers, including how to support GPs to identify carers’ needs. Ministers have also made a clear commitment to supporting the physical and mental wellbeing of carers and to increasing access to respite care, through the increased use of direct payments to carers and better community based provision.

With regard to the concerns raised about the involvement of carers in decisions about patient care in the White Paper “Equity and excellence: Liberating the NHS”, I hope it is helpful if I explain that the White Paper, which can be viewed at:

Paragraph 1.10 states that the Government’s vision is for an NHS that ‘Is genuinely centred on patients and carers’. Paragraph 1.17 further emphasises the Government’s recognition of ‘the critical interdependence between the NHS and the
adult social care system in securing better outcomes for people, including carers’. The White Paper also sets out the Government’s intention to establish an NHS Commissioning Board, which will have a responsibility for ‘championing greater involvement of patients and carers in decision-making and managing their own care’.

In light of the current consultation for the new carers’ strategy, and the upcoming spending review, I hope you will appreciate that the Department cannot make any further commitment or statement on future policy on support for carers at this stage.

I would be grateful if you could forward a copy of this reply to the signatories of the letter. I hope this reply assures you and them of the Government’s commitment to supporting carers.

Yours sincerely,
Rahul Patel Customer Service Centre
Department of Health