

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 12 February 2015
Subject: Health and Wellbeing Update – Part 1
Report of: Strategic Director for Families, Health and Wellbeing

Summary

This report provides Members of the Committee with an overview of developments across Health and Social Care.

Recommendation

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Care Act Funding Reallocation¹

- 1.1 The government has published its response to the consultation on funding formulae for implementation of the Care Act in 2015/16. Planned funding to resource the assessment of self-funders who want to take advantage of the cap on care costs will fall from £175 million to £146 million, and investment in the deferred payments scheme will fall from £108.5 million to £83.5 million. The £55.5 million released will fund a new Carers and Care Act Implementation Grant mostly to meet the demands of the national threshold for assessments and carers' right to support.
- 1.2 The consultation presented a single option for deferred payment agreement allocations, based on the independent Review of Adult Social Care Relative Needs Formulae. Respondents were asked whether they agreed with this option and if they preferred national or local netting off of existing deferred payments activity, their reasons for this, and for data on the scale of their existing deferred payments scheme.
- 1.3 Consultation responses were largely supportive of the deferred payments formula. Following the consultation, the government has chosen to adopt national netting off of deferred payment activity. Whilst local netting off does have some advantages, national netting off was preferred by a clear majority of respondents and avoids the problems associated with using an incomplete and potentially biased dataset that could not be updated in future years.

2. A Policy Framework has been published by the Government on implementation of The Better Care Fund 2015 to 2016.²

- 2.4 The Better Care Fund was announced in June 2013 to drive the transformation of local services to ensure that people receive better and more integrated care and support. The fund will consist of at least £3.8 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. This document, published in December 2014, sets out the detailed policy framework for the implementation of the fund, as agreed across the Department of Health, Department for Communities and Local Government, the Local Government Association and NHS England.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389071/Consultation-response.pdf

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/381848/BCF.pdf

- 2.5 NHS England will oversee and implement the agreed payment for performance framework, using their powers in the NHS Act 2006 to direct the use of funding where specified conditions have not been met. As set out above, NHS England will consult Ministers in the use of these powers. This will include both:
- The release of funding where targets have been met
 - Any direction to a Clinical Commissioning Group to spend the money in consultation with the Health and Wellbeing Board where targets have not been met
- 2.6 Local areas will also be asked to set targets against five other key metrics:
- Admissions to residential and care homes
 - Effectiveness of reablement
 - Delayed transfers of care
 - Patient / service user experience
 - A locally-proposed metric

3. Ebola Virus Disease

- 3.1 There are now encouraging indications that the Ebola Virus Disease (EVD) outbreak in West Africa is being better tackled, particularly in Liberia, where case numbers have fallen considerably. However, the situation remains serious and case numbers in Sierra Leone and Guinea remain high, though do show signs of stabilising or falling. Spread to other countries in West Africa is not currently a problem.
- 3.2 There has been one further imported case to the UK, the second, in a healthcare worker returning from Sierra Leone - this was the case of Pauline Cafferkey from Glasgow, as reported in the media, from whom hopes are now increasing of a good recovery. The risks associated with such a case are well-understood and well-controlled. The risk of a case in an 'ordinary' member of the public still remains low.
- 3.3 There have however been several 'false alarm' *possible* cases nationally, one of which recently occurred in Manchester. These 'cases' will occur fairly frequently across the country as it is necessary, as a precaution, to test some individuals for Ebola even when the likelihood of that is low. Around 99% of Ebola tests in the UK have been negative.
- 3.4 The recent possible case in Manchester was always unlikely to be a true case of EVD and this did indeed prove to be the case. Arrangements for dealing with possible cases, primarily handled by the North Manchester General and Public Health England have proved robust, and we can be confident that, should such a possible case actually prove to be EVD, that strong arrangements are in place to make sure that no further cases occur.