

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 12 March 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.

Recommendations

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. Self Funder Report – National Institution for Health Research (NIHR)¹

1.1 The report was written recognising that numbers of self funders are likely to increase in the future due to population aging and rising eligibility thresholds. The Care Act 2014 means that self funders will become more important to Local Authorities. From 2016, all those paying for their own social care, whether in residential or community/domiciliary settings, will be able to ask for an assessment to establish which of their care costs are eligible to be included in their 'care account' and count towards their care costs 'cap' of £72,000.

1.2 For the purpose of the report, a self-funder was defined as someone who pays for all of their social care or support from their own private resources or tops up their local authority residential or domiciliary care funding with additional private spending. Social care was defined as care homes (both with and without nursing), domiciliary care, day care and care received as part of extra-care housing.

The evidence suggests that the number and percentage of self-funders has increased in both residential and home care but there are regional differences. These reflect national economic differences and there are more self funders in the south than in the north. The report contains evidence on the size of the evidence base, characteristics of the self-funding population, information and advice sought by and available to self-funders and providers' experiences of self-funders.

1.3 The evidence shows that self-funders of care home places generally lack information about fees, top up fees or their financial implications. Older people in care homes were confused about finances, and their relatives were worried by their own very poor understanding of the financial implications if, for example, they had to sell a parent's house.

2. Government Consultation on The Care Act²

2.1 The government is consulting on the draft regulations and guidance needed to introduce the cap on care costs and proposals for a new appeals system. The consultation started on the 4th February 2015 and the Department of Health website will continue to be open to accept comments until 30th March 2015.

2.2 There are various topics to respond on under the two headings of Funding Reform and Appeals. Comments will be published on the site, and will be used to clarify and improve the guidance, regulations and proposal

3. Ebola Virus Disease (EVD)

3.1 The incidence of Ebola Virus Disease (EVD) in West Africa has now significantly fallen. However, case numbers remain high in places, and it could still be months before the outbreak can potentially be fully controlled. It is reassuring that spread to other countries in West Africa has remained very limited.

¹ <http://www.york.ac.uk/inst/spru/pubs/pdf/sscrSelfFundSR11.pdf>

² <http://careact2016.dh.gov.uk/>

- 3.2 There have been very few imported cases to Europe and the USA (only three true imported cases in total, most other cases being planned repatriations). But, although low, the risk of an imported case remains. This is most likely in a returning volunteer healthcare worker, a known and well-controlled risk.
- 3.3 The plans of the NHS and its partners locally, including Manchester CC, remain fully in place and have recently been tested by a number of 'false alarm' possible cases.

Public Health Update

1 Falls Prevention Update

- 1.1 In 2014, in line with the Health and Wellbeing Board's recommendation a review of the falls services commissioned by the Council's Public Health team was undertaken. This was led by Dr Helen Hosker a local GP and Julie Jerram at the City Council.
- 1.2 The key findings of the reviews were as follows:
- 1.2.1 Due to historic commissioning arrangements, there has been uneven provision of community falls services across the city. Specifically, the South Manchester Clinical Commissioning Group (CCG) area has received less investment than North and South. Negotiations are now underway with providers and South Manchester CCG to resolve this issue.
- 1.2.2 There were also significant differences operationally in terms of the way that services were delivered in north and central Manchester. Work is ongoing with current providers and all three Clinical Commissioning Groups to agree a revised specification which will be the same for all areas of the city and all Community Falls Teams.
- 1.2.3 The exercise classes provided through GATE (Get Active Through Exercise) were also reviewed. Some classes were excellent and some needed improvement. Commissioners will be working with the current provider to bring all of the classes up to a consistently high standard over the next 12 months and ensure there is a good offer in terms of Falls Prevention Exercise.
- 1.3 It is clear from the Council Budget Options Consultation process that the importance of Community Falls Services is recognised, albeit within a reduced funding envelope. The next step is to continuing to negotiate with clinicians, NHS Trust managers and Clinical Commissioning Groups to move to a standardised falls service, with equity across the city in 2015/6.

2 Redesign of Alcohol and Drug Early Intervention and Treatment

- 2.1 Options for the redesign of alcohol and drug early intervention and treatment services were recently considered as part of the Council's Budget Options Consultation process consultation. The options proposed for consideration were:

- To integrate alcohol and drug treatment services that are currently commissioned separately
- To rebalance investment to reflect the relative prevalence of alcohol and drug misuse in the city
- For the integrated system to include services for targeted prevention and early intervention, access and engagement, clinical treatment, and recovery support
- To review current arrangements with GPs and pharmacies for treating substance misuse
- To review young people's substance misuse services and look at linking these more closely to other health services for young people

2.2 Feedback from the alcohol and drugs consultation process indicated that the majority of respondents (around three quarters for each option in the consultation) agreed or strongly agreed with the proposals. Implementation of these proposals, alongside the decommissioning of some other historical investments, will achieve £3.05 million in savings in 2015/16 and 2016/17. These proposals have now been approved by the Council Executive.

2.3 Pending the Full Council budget ratification on 6th March 2015, the next stages of the process to develop an integrated alcohol and drug treatment system for adults will be as follows:

- Development of a proposed model for the new system, outlining the required components of the system. Qualitative feedback received during the consultation process will be considered as part of this process, and there will be further engagement on the proposed model with a range of stakeholders, including with service users. A market testing event will also be held.
- The new system will aim to make it easier for people to get into treatment services earlier, to provide high quality treatment for a range of alcohol and drug problems, and most importantly, to support recovery and help people who have had alcohol and drug problems to live healthy and happy lives. As part of this, the Council will be looking to make sure the things that work and are valued in the current system, such as the alcohol related services commissioned from the Brian Hore Unit, are reflected in the new system and service models.
- An open tender process will be held during summer 2015 to identify suitable provider organisation(s) to deliver the integrated alcohol and drug system; it is anticipated this will be through a prime provider (with an option for sub-contracting elements within the service specification)
- The target implementation date for the integrated alcohol and drug system is January 2016

2.4 In addition to the above, work will also begin shortly on reviewing and remodelling the substance misuse services provided in general practice and community pharmacy settings. There will be a review of the young people's substance misuse service which will identify opportunities for linking this more closely with other health services for young people.

3 Cancer Prevention Update: The role of Public Health Manchester

- 3.1 The Director of Public Health (DPH) is represented on the Manchester Macmillan Cancer Improvement Partnership (MCIP) Board and pathway redesign groups for breast and lung cancer.
- 3.2 The MCC Public Health team has been involved in supporting the workshops for members of the public affected by breast cancer who have volunteered their time to contribute to the discussions to redesign services. The redesign groups addressed:
- Optimising the patient experience of diagnostic and treatment services
 - Access to support services
 - A new model of monitoring and aftercare
 - Meeting the needs of those living with breast cancer including the pathway for disease
- 3.3 Public Health staff, also contribute to the MCIP primary care work stream and the work on End of Life Care. Furthermore the Director will work collaboratively on the proposed MCIP lung cancer early detection project, in partnership with clinicians from the Christies and hospital trusts and the University. The public health benefits of this project could be considerable
- 3.4 The Public Health Nurse actively supports the steering group for the Macmillan Community Awareness project and has secured an extension to the funding of this project, which was highlighted in the recent Annual report of the DPH. She also chairs the steering group for the Manchester Information and Support Service, provided through Libraries and has had input to the development of the resources that are supporting people living with and beyond cancer
- 3.5 The joint work with Macmillan agreed for the next phase includes the Manchester based Macmillan Move More Project based on National Institute for Clinical and Health Excellence (NICE) guidance. This will provide appropriate input and advice on physical activity at a number of points along the cancer care pathway.
- 3.6 Finally it is important to note that in relation to primary prevention the public health team are redesigning wellbeing services that will look at lifestyle issues in the round (i.e. smoking, alcohol, food and physical activity and mental health) and encourage greater community involvement in Healthy Living Network developments. Manchester will also continue to invest in Greater Manchester collaborative contracts for Tobacco Control (Tobacco Free Futures) and the Promotion of Sensible Drinking (Drinkwise) as these have demonstrated real success in supporting the social and environmental changes that are required to make healthy choices easier.