

Manchester City Council Report for Resolution

Report to: Manchester Health and Wellbeing Board – 4 July 2012

Subject: Proposal for External Study into the Future of Health and Social Care in Manchester

Report of: Sir Howard Bernstein, Chief Executive, Manchester City Council

Summary

The Board received a presentation on Safe and Sustainable in May, which highlighted some of the key challenges facing the Greater Manchester health and social care economy. This report proposes that the Health and Wellbeing Board consider commissioning an external assessment of the future configuration of the health and social care system in Manchester. This will not only support the Manchester input to Safe and Sustainable but will also be useful when considering the outcomes of the Community Budget pilots.

Recommendation

1. That the Board is asked to comment on the proposal and agree to commission the study as set out in the report
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1. Context

This paper proposes that the Health and Wellbeing Board consider commissioning an external assessment of the future configuration of the health and social care system in Manchester.

There are significant shifts taking place at the moment as the Health and Social Care Act begins to be implemented. The Clinical Commissioning Groups (CCGs) are becoming established in their new role. Public health is in the process of transferring to the City Council. The financial and quality challenge facing the NHS bodies in the city, the City Council and other local public services is challenging us all to find more radical changes to delivery models. The Safe and Sustainable programme is reconfiguring the acute sector and looking at primary care provision in GM and the GM Whole Place Community Budget is tasked with demonstrating how new delivery models and new investment models can support radical reform of health and social care.

Within this environment Manchester is at the forefront of innovation. Very substantial progress has been made in the South, Central and North CCG areas on collaboration across the primary, acute and community and social care sectors. The CCG governance structures in all three areas have already been used to co design plans for more integrated services in the community. Supported by the Whole Place Community Budget pilot, Manchester has the most well developed proposals within GM for the use of community budget methods to make integrated models financially sustainable. At the same time, we know that our work to manage the health and social care system as a whole is not without its challenges, as the attempts to reform urgent care provision and the reconfiguration of walk in centres has shown.

2. Purpose of the Study

The Executive Health and Wellbeing Group (see previous agenda item) has discussed the need for a study to engage all stakeholders to establish a shared vision of what we want the city's health and social care services to look like as a consequence of the changes now taking shape across the system. This is not to suggest that it is possible to predict in precise terms what the configuration of services will be in the future, but a description of what the outcome looks like would help the Board and partners to guide decisions. It would also help when engaging patients, residents and their elected representatives to consider what will be put in place as well as what will be withdrawn or moved.

The requirement for such a study is most relevant to the Board's priority of moving more health care provision into the community. We know that we can not afford the future elderly population with out the integration of services in patients homes or in the community being delivered at scale and speed. This is necessary to avert financial crisis in both the NHS and local government caused by an increasing and ageing population. As the NHS GM report setting up the Safe and Sustainable programme put it:-

“The management of multiple long term conditions is now the NHS core business (30% of patients who are in the main older people with long term conditions, require 70% of spend, 70% of all inpatient bed days and 50% of GP appointments) and the balance between hospital and community care needs to shift. This shift will generate step changes in relation to the integration of services, personalised care and choice for individuals and the quality and consistency of care across hospitals, general practice, social care and community services.”

3. Scope

It is suggested that the Board task the Executive Health and Wellbeing Group with commissioning an external assessment to describe what the outcome of moving more health provision into the community in Manchester will look like in practice. This would consider the impacts in different areas of the city of integration of health and social care alongside the reconfiguration of acute services.

The study would engage all partners represented on the Health and Wellbeing Board. It would also engage those leading the programmes to integrate health and social care in each of the three CCG areas and NHS GM in respect of the Safe and Sustainable programme. The proposed scope of the study would be:-

- (a) to describe what integrated services in the community should look like in practice and the approach to integrated commissioning ;
- (b) to consider the likely combined impact of moving more health care into the community and the Safe and Sustainable programme; and
- (c) to describe the collective impact of these change programmes on acute services in Manchester, the commissioning role of CCGs, integrated commissioning and the future of social care services.

4. Focus

Changes are being implemented quickly and it is therefore suggested that this should be a relatively quick piece of work. It is also suggested that to get to the core issues quickly, it should focus it on specific examples. Subject to discussion, these could include the current work to integrate health and social care in relation to a specific condition, e.g., the work on dementia and / or integration in a specific geographic area, e.g., the proposed multi disciplinary teams in Central Manchester.

This study would also focus on the different impact on the three acute trusts serving Manchester. The impact of moving more health care into the community when combined with the re-design of acute services will have different impacts for each of the three acute trusts and for their hospitals located within Manchester.

The outcome of the study should therefore be of use to NHS GM and AGMA in starting to understand how the application of a community budget approach to support investment to support the scaling up of integration of services in the community will work differently for Trusts providing mainly district general hospital services from Trusts providing both district general hospital services and specialist tertiary services.

5. Next Steps

If the Board agrees to commission a study of this nature, a more detailed specification would be agreed with members of the Executive Health and Wellbeing Group and a sub-group would be established to oversee the commissioning of the study involving the three CCGs. Subject to procurement and availability of suitable consultants, it is envisaged that the final report should be produced by October this year.

The timing is to make the study useful when considering the outcomes of the Community Budget pilot, as well as providing an input to the Safe and Sustainable programme and our own work on collaboration within Manchester.