Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 8 July 2015

Subject: Implementation Plan for Public Health Services

Report of: Director of Public Health

Summary

Following the conclusion of the consultation on the Council Budget options the report provides a further update on the plans to redesign a number of public health services in Manchester.

Recommendations

The Board is asked to note the report

Board Priority(s) Addressed:

| Health and Wellbeing Strategy priority | Summary of contribution to the strategy |
|--|--|
| Getting the youngest people in our | The redefined school nursing offer will be |
| communities off to the best start | part of a more integrated approach to |
| Educating, informing and involving the | children's public health services. The |
| community in improving their own | redesign of sexual health services will |
| health and wellbeing | impact positively on starting well and |
| Moving more health provision into the | developing well. The other redesigns will |
| community | contribute to efforts to improve the health of |
| Providing the best treatment we can to | working age adults and their families. The |
| people in the right place at the right | Falls service redesign will support older |
| time | people to live independently. |
| Turning round the lives of troubled | |
| families | |
| Improving people's mental health and | |
| wellbeing | |
| Bringing people into employment and | |
| leading productive lives | |
| Enabling older people to keep well and | |
| live independently in their community | |

Lead board member: David Regan, Director of Public Health

Contact Officers:

Name: David Regan-Director of Public Health

Telephone: 0161 234 3981

E-mail: d.regan@manchester.gov.uk

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.

Reports to Council Executive, 13 February 2013:

Children and Families Budget Options Consultation –Children and Young People (Agenda item 5d)

Children and Families Budget Options Consultation- Wellbeing Services (Agenda item 5g)

Children and Families Budget Options Consultation –Sexual Health (Agenda item 5h)

1. Introduction

Following the conclusion of the City Council's Budget Options Consultation, this report provides a brief summary of the proposed service models and next steps in relation to the following public health consultation themes:

- children's public health services
- sexual health services
- NHS health checks
- Community nutrition services
- Falls prevention services

2. Children's Public Health Services

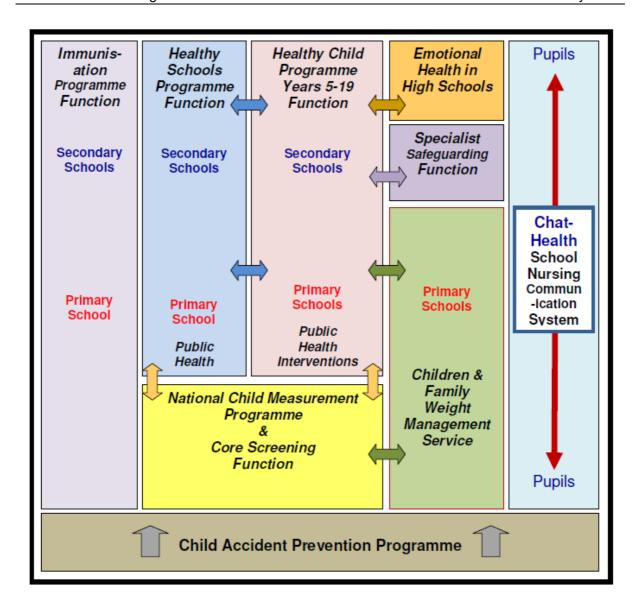
2.1 Introduction

The children's public health services, commissioned from Central Manchester Foundation Trust (CMFT) will be a critical part of our delivery of the Joint Health and Wellbeing Strategy Priority 1. The key elements of this service are the School Nurse Service and Healthy Schools Service (School Health Service), with the Child Accident Prevention programme to be better aligned with these services in the future. The priorities for the service are:

- National Child Measurement Programme at Reception and Year 6
- Core Screening including vision and hearing at Reception
- Healthy Children Programme Years 5-19
- Support with medical conditions
- Safeguarding procedures
- National Immunisation Programme

2.2 Overall Model

The service priorities have been aligned to core 'functions' as shown in the model below.



Key performance indicators for the different elements of the service are contained within the service specification.

2.3 Next Steps

Following the report to the Council Executive on 13 February 2015 (Children and Families Consultation- Wellbeing Services), MCC Public Health staff have been working with CMFT to agree the service specifications and KPIs, and provide communications to primary and secondary school headteachers regarding the future service model with a view to having this fully implemented by November 2015.

3. Sexual Health Services

3.1 Introduction

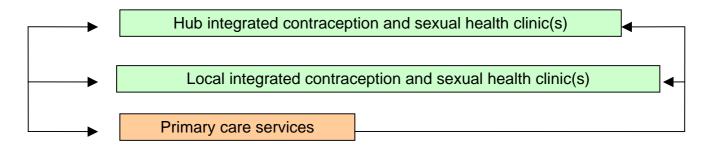
Manchester City Council is mandated to commission and fund universal contraception and sexual health STI treatment services for all residents. Evidence

shows that certain population groups e.g. young people, men who have sex with men, women and men from African communities and sex workers are at higher risk of sexual ill-health. Our overall aim is to use better targeted approaches to improve sexual health and reduce demand on clinical services.

3.2 Overall model

The new delivery model for sexual health services is summarised below.

Integrated contraception and sexual health service for people of all ages



In addition, there will be a specific service for young people:

Hub clinics – to provide specialist services as well as intermediate and routine services. Also HIV treatment (funded by NHS England)

Local clinics – to provide intermediate and routine services

Primary care – some routine services can be provided within primary care (e.g. pill prescribing/ opportunistic screening).

The key outcome measures (Public Health Outcomes Framework) include:

- Chlamydia detection rate (15-24 year olds)
- Sexually transmitted infection diagnosis rate
- HIV testing uptake and prevalence rate
- Under 18s conception rate

3.3 Next Steps

It is intended to progress the collaborative commissioning of sexual health services with a number of other GM authorities. LAs have been asked to identify their financial allocation for 2016/17, 17/18 and 18/19 and what population it needs to cover (all age with/without young people's services?). The target date for the development of the specification and the costings for each area is the end of July.

4. NHS Health checks

4.1 Introduction

The aim of the national NHS Health Check is to provide a vascular risk assessment designed to identify people at risk of heart disease, diabetes, stroke or kidney disease and to offer appropriate interventions and advice to avoid, reduce or manage

the risk of developing future vascular health problems and contribute to the reduction of premature mortality rates of vascular disease in Manchester.

Population covered

National guidance requires all Local Authorities to offer an NHS Health Check to residents aged 40 to 74. There are currently 105,000 adults in the eligible cohort (ONS 2014) in Manchester. The national programme requires that the NHS Health Check is offered to all eligible adults. The programme aims for an uptake of 70%, giving a Manchester figure (when operating to projected capacity) of 14,700 health checks required per year.

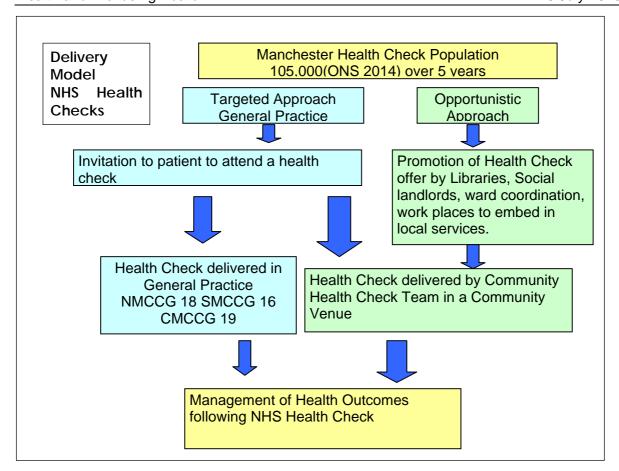
Local Context

Manchester City Council is aiming for an uptake rate of at least 66% and, to achieve this target, more work is required to:

- raise awareness in local communities
- improve the quantity and consistency of NHS Health checks provided in GP practices
- maximise the potential of the community model to reach into communities of greatest need.

4.2 Overall Model

The service will be delivered in line with national guidance on the NHS Health Check programme and introduce any additional elements to the NHS Health Check as recommended nationally if appropriate for the local programme. The service will ensure that the NHS Health Check programme is delivered as an equitable and accessible service to all the eligible population (40-74yrs). The service will ensure the targeted population receive high quality consultations.



4.3 Next steps

For 2015-16, the NHS Health Checks will be delivered via GP practices. Through the Executive Member for Adults and Health, the views of local ward councillors about the proposed new service model have been collated and will inform the next stage of development.

Therefore the programme will also be delivered two days per week, working with libraries, community services and social housing managers to identify community free-of-charge venues that offer convenient, accessible locations for local residents. There will also be 15 additional days available for one off events, such as the community games with plans already underway with Games Coordinators.

It is hoped that by working with partners who maintain regular contact with residents, the NHS Health Check offer will become embedded in local support networks, where promotion of health awareness will sit alongside local activities opportunities.

5. Community Nutrition Services

5.1 Introduction

Manchester City Council currently commissions Community Nutrition Services (CNS) from Pennine Acute Trust (PAT), the University of South Manchester Foundation Hospital Trust (UHSM) and Central Manchester Foundation Trust (CMFT). The

outcome of the council's budget options consultations was to reduce the budget to £756.001 (from £1,412,629). The intention is to commission a single citywide service.

5.2 Overall Model

The CNS will provide a more consistent outcome based service for children and families using evidence based interventions to achieve this. This will include:

- providing an evidence based weight management service for overweight and obese 2-17year olds in Manchester, targeted to those population groups more at risk of obesity.
- providing an evidence based weight management service for overweight adults in Manchester, targeted to those population groups more at risk of future obesity.
- improving the health outcomes of individuals attending the CNS programmes through evidence based interventions.
- providing evidence based Nutrition and Dietetic service for enteral feeding and oral nutrition support for adults in Manchester.

5.3 Next steps

The Board is asked to approve a procurement project to have a new service in place for 1/4/16.

6. Falls prevention service

6.1 Introduction

The council commissions Community Falls Prevention Services from Pennine Acute Trust (PAT) and Central Manchester Foundation Trust (CMFT). It also commissions the Get Active Through Exercise Service (GATE), which comprises a series of specialist falls prevention classes delivered in a community setting. All services were thoroughly reviewed in 2014. The outcome of the council's budget options consultations was a reduction of £250,000 to the budget for Community Falls Services. £150,000 of this was monies earmarked for future investment. £100,00 constituted reduced budgets, pro rata, for Pennine and Central Manchester Acute Trusts. No reductions were made to the funding for Falls Prevention exercise classes.

6.2 Overall Model

The council wishes to see a more equitable delivery model for Community Falls Prevention Services across the whole of the city. PAT and CMFT have agreed to work collaboratively - with University Hospital South Manchester- to redefine their delivery models so that provision and outcomes are the same across the city (a citywide service in effect). This will also ensure that service provision is increased in South Manchester. PAT and CMFT have been given a deadline by which to agree the new model with Public Health Manchester.

No changes were proposed for the GATE service at this time, but reviews in 2014 did show that there needed to be some changes to the delivery model and some reprovisioning of classes across the city, in terms of their geographic spread. This work will be done as part of wider negotiations with Manchester Mental Health and Social Care Trust. Evidence based exercise will be a core component of our Falls Prevention offer and the public consultation supported this.

6.3 Next steps

PAT and CMFT have been asked to formulate a proposal for delivery of a city wide falls prevention service by 31 July 2015. This will be considered by commissioners and the next steps agreed.

The management and model for the Get Active Through Exercise service will be discussed by the Transformation Board as part of broader discussions with Manchester Mental Health and Social Care Trust.